DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00

2019-924550 01/14/2019 03:20 PM

WHITE ROCK TITLE, LLC

Pas=2

KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-819-001 PTN
Contract No.: 000570809293
Recording requested by: White Rock Title, LLC
WHEN RECORDED RETURN TO:
White Rock Title, LLC
2907 E Joyce Blvd, Suite 2
Fayetteville, AR 72703

### AFFIDAVIT OF DEATH

## STATE OF FLORIDA

# COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT ROBERT CLIFFORD COLBURN, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as ROBERT COLBURN, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Robert Colburn and Lucy Colburn, Husband and Wife, , recorded as instrument No. 1094584 on January 23rd, 2009 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 105,000/90,245,000 undivided fee simple interest as tenants in common in Units 9101, 9102, 9103, 9104, 9201, 9203 and 9204 in South Shore Condominium ("Property"), located at 180 Elks Point Road in Zephyr Cove, Nevada 89449, according to the Final Map #01-026 and Condominium Plat of South Shore filed of record in Book 1202, Page 2181 as Document Number 559872 in Douglas County, Nevada, and subject to all provisions thereof and those contained in that certain Declaration of Condominium - South Shore ("Timeshare Declaration") dated October 21, 2002 and recorded December 5, 2002 in Book 1202, Page 2182 as Instrument Number 559873, and also subject to all the provisions contained in that certain Declaration of Restrictions for Fairfield Tahoe at South Shore and recorded October 28, 2004 in Book 1004, Page 13107 as Instrument Number 628022, Official Records of Douglas County, Nevada, which subjected the Property to a timeshare plan called Fairfield Tahoe at South Shore ("Timeshare Plan").

Being more particularly described in the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

Affiant: Grace Bernaldy

ACKNOWLEDGEMENT

Dated this 09/21/2018

Subscribed and Sworn before me, Notary Public, on 09/21/2018 personally appeared Grace Bernaldy, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official scal

SIGNATURE:

Printed Name: Patrick O. Ott

My Commission Expires 06/08/2019

PATRICK C. OTT NOTARY PUBLIC STATE OF FLORIDA Comm# FF238310 Expires 6/8/2019

# **COUNTY OF SHASTA**

REDDING, CALIFORNIA

3052015037377		CERTIFICATE OF DEATH		3201545000346		
	STATE FILE NUMBER  1. NAME OF DECEDENT - FIRST (Given)	STATE OF CALLFORNIA  USE BLACK 8K ONLY / NO BRASURES, WATEOUTS OR ALTERATIONS VS-1 WREV 3/05.			LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	ROBERT			3. LAST (Family) COLBURN		
	AKA. ALSO KNOWN AS Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/d		UNDER ONE YEAR IF UND	ER 24 HOURS 6. SEX
			11/19/1945	69		M
	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY N CA -8602	UMBER 11. EVER IN U.S. ARMED I	ORCES? 12. MARITAL STA	TUS/SRDP* (at Time of Death) 7.	DATE OF DEATH mm/dd/cir	y 8. HOUR (24 Hours)
	(See Workshoet on Gack)	ATINO(AVSPANISH? (If yes, see worksheet o	n back) 16. DECEDENT	S RACE - Up to 3 races may		1 1
ECED	BACHELOR YES	TITLE OF THE PARTY	X № WHITE			<u> </u>
۵	MILLWRIGHT		MANUFACTURII	NG COMPANY	, employment agency, etc.)	19. YEARS IN OCCUPATION
EŲ.	20. DECEDENT'S RESIDENCE (Street and number, or location)					
USUAL	6805 EAST WAVERLY AVE	UNTY/PROVINCE	23. ZIP CODE	Tou works to souther	25. STATE/FOREIGN COU	
RESI		ASTA	96001	69	CA CA	NIHY
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP LUCY COLBURN, SPOUSE	77. INFO 6805	RMANT'S MAILING ADDRESS EAST WAVER	(Street and number, or rural rook LY AVE, REDIN	ute number, city or town, state	and zip)
7	28. NAME OF SURVIVING SPOUSE/SRDP'-FIRST	29, MIDDLE		IRTH NAME)		
SPOUSE/SRDP AND PARENT INFORMATION	LUCY	MICHELE	STAP	76. 10		
	31. NAME OF FATHER/PARENT-FIRST EDWARD	32. MIDDLE CLIFFORD	ss. LAST COLB	IIRN		34. BIRTH STATE
	35. NAME OF MOTHER/PARENT-FIRST	36. MIDDLE	75	IRTH NAME)		38. BIRTH STATE
	GEORGINA	MARIE	MATH			CA
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE IMPURISHED 40. PLACE OF FINAL DISPOSITION LAWNCREST MEMORIAL PARK 1522 EAST CYPRESS AVE, REDDING, CA 96002					
	41. TYPE OF DISPOSITION(S)  42. SIGNATURE OF EMBALMER				4	3. LICENSE NUMBER
	BU NOT EMBALMED  44. NAME OF FUNERAL ESTABLISHMENT  45. LICENSE NUMBER   46. SIGNATURE OF LOCAL PEGISTRAR				7. DATE mm/dd/ccyy	
	FD1435 ANDREW W DECKERT, MD			Direction 1	02/24/2015	
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SP	ECIFY ONE 103, IF OT	HER THAN HOSPITAL, SPEC	Decedent's Decedent's
	104. COUNTY 105. FACILITY ADDRESS	OR LOCATION WHERE FOUND (Street a			Home/LTC [	A Home Use
	SHASTA 21615 DERSC	H ROAD eases, injuries, or complications that direct	\		ANDERSO	
CAUSE OF DEATH	as cardiac arrest, respiratory air	est, of ventricular tortilation without showing	the ettology. DO NOT ABBREN	ar terminal events such MATE.	Cosel and Death F	DEATH REPORTED TO CORONER?
	(Final disease or condition resulting In death)				MINS 11	5-0207
	Sequentially, list conditions, if any,	DISEASE	1 1		1,4	9. BIOPSY PERFORMED? YES X NO
	leading to cause on Line A. Enter UNDERLYING	<del></del>	<del></del>		YEARS L	D. AUTOPSY PERFORMED?
	CAUSE (disease or Injury that Initiated the events (D)		-//		(01)	YES X NO
	resulting in death) LAST		/ /		[	YES NO
	112. OTHER SIGNIPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS TYPE II					
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (1 yes, 1st type of operation and date.)  CORONARY ARTERY BY PASS GRAFTS 10//1999					
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED		All and the second		YE	<u> </u>
PHYSICIAN'S CERTIFICATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  Decedent Attended Since Decedent Last Seen Alive	NORMAN KAZLIMA	DALME	<b>5</b>	005000	02/24/2015
	(A) mm/dd/ccyy (B) mm/dd/ccyy 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NORMAN KAZUMA ARAI M.D.					
- 5	02/23/1998 06/18/2014 1 119.1 CERTIFY THAT IN ANY OPINION DEATH OCCURRED AT THE HOUR, DATE, A	100 COOK I STREET	, REDDING, G	N 96001 WRED AT WORK?	121, INJURY DATE mm/d	
	MANNER OF DEATH Natural Accident Homicide	Suicide Pending Investigation	Could not be determined Y	ES NO UNK		
(INC	123. PLACE OF INJURY (e.g., home, construction site, wooded area, ctc.)					
's us	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
CORONER'S USE ONLY	125. LCCATION OF INJURY (Street and number, or location, and city, and zip)					
Ö						
Name of the last	126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE m	m/dd/ccyy 128, TYPE	NAME, TITLE OF CORONER.	DEPUTY CORONER	
ST	ATEI his is a true and exact reproduction of	the dosument officially	rng i stromert na metruum	NATISTICI TINI CONTENIEN	FAX AUTH.#	CENSUS TRACT

SEP 0 4 2018



