

APN Parcel No. 1318-15-817-001 PTN
Contract No.: 000570802645
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 Keith Randolph Vancil, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as KEITH R VANCIL, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Margaret Vancil and Keith R. Vancil, , recorded as instrument No. 07082375 on July 14th, 2008 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A **64,000/138,156,000** undivided fee simple interest as tenants in common in Units **7101, 7102, 7103, 7201, 7202, 7203, 7301, 7302 and 7303** 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.

N. Richmond
Affiant: Nicki Richmond

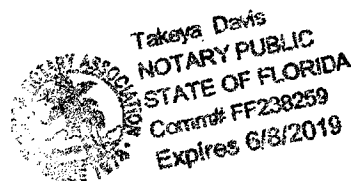
ACKNOWLEDGEMENT

Dated this 03/08/2018

Subscribed and Sworn before me, Notary Public, on 03/08/2018 personally appeared Nicki Richmond, 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 seal

SIGNATURE: Takeya Davis
Printed Name: Takeya Davis
My Commission Expires 06/08/2019



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH 3200901005099

STATE FILE NUMBER		DATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
KEITH		RANDOLPH		VANCIL	
4. DATE OF BIRTH mm/dd/yyyy 5. AGE Yrs. <input type="checkbox"/> UNDER ONE YEAR <input type="checkbox"/> UNDER 24 HOURS					
03/24/1946 63 <input type="checkbox"/> MONTH <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MINUTES					
6. SEX		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
M		08/13/2009		2350	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		-5388		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. DECEASED'S RACE - Up to 5 races may be listed (see worksheet on back)		14. DECEASED'S RACE - Up to 5 races may be listed (see worksheet on back)	
MARRIED		CAUCASIAN		CAUCASIAN	
15. EDUCATION - Highest Level Degree (see worksheet on back)		16. DECEASED'S RACE - Up to 5 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
HS GRADUATE		18. DECEASED'S RACE - Up to 5 races may be listed (see worksheet on back)		PUBLIC UTILITIES	
19. YEARS IN OCCUPATION		20. DECEASED'S RESIDENCE (Street and number or location)		21. CITY	
35		4939 TENOR CT		FREMONT	
22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
ALAMEDA		94538		63	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
CA		MARGARET VANCIL, SPOUSE		4939 TENOR CT, FREMONT, CA 94538	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (maiden Name)	
MARGARET		-		TRUJILLO	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
EUGENE		-		VANCIL	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. BIRTH STATE	
UNKNOWN		LOUISE		UNKNOWN	
37. LAST (maiden)		38. BIRTH STATE		39. DEPOSITION DATE mm/dd/yyyy	
DAVIS		UNKNOWN		08/14/2009	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
MARGARET VANCIL		CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
-		NEPTUNE SOCIETY OF NORTHERN CAL		FD1397	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
ANTHONY ITON, M.D.		08/14/2009		ANTHONY ITON, M.D.	
49. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
KAISER FOUNDATION HOSPITAL - FREMONT		<input checked="" type="checkbox"/> IP <input type="checkbox"/> SNOP <input type="checkbox"/> DCA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
ALAMEDA		39400 PASEO PADRE PKWY		FREMONT	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A) CARDIO RESPIRATORY ARREST		MINS		(B) DISPSY PERFORMED?	
(B) ENDSTAGE METASTATIC LUNG ADENOCARCINOMA		YRS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) _____		(C) _____		110. AUTOPSY PERFORMED?	
(D) _____		(D) _____		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(E) _____		(E) _____		111. USED IN DETERMINING CAUSE?	
(F) _____		(F) _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		114. IF FEMALE, PRESENT IN LAST YEAR	
SEPSIS, ANEMIA, PNEUMONIA, RENAL FAILURE		NONE		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NUMBER	
Decedent Absent Since _____ Decedent Last Seen Alive _____		YAMINI MADHAVAN M.D.		A90408	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy		120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
YAMINI MADHAVAN M.D.		08/13/2009		YAMINI MADHAVAN M.D.	
39400 PASEO PADRE PKWY, FREMONT, CA 94538		121. INJURED AT WORK?		122. INJURY DATE mm/dd/yyyy	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		124. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. STATE REGISTRAR		130. FAX AUTH. #	
129. STATE REGISTRAR		A B C D E		131. CENSUS TRACT	
130. FAX AUTH. #		131. CENSUS TRACT		132. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

DATE ISSUED APR 13 2018

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.



000312041

Steve Manning
STEVE MANNING
COUNTY CLERK RECORDER

