DOUGLAS COUNTY, NV

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2019-931001 06/27/2019 08:59 AM

WHITE ROCK GROUP, LLC

KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-818-001 PTN

Contract No.: 000570800177

Recording requested by: White Rock Title, LLC

WHEN RECORDED RETURN TO:

White Rock Title, LLC 700 South 21st Street Fort Smith, AR 72901

AFFIDAVIT OF DEATH

STATE OF FLORIDA

COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly swom, deposes and says: THAT <u>WILLIAM D HARGROVE</u>, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as <u>WILLIAM D HARGROVE</u>, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to William D. Hargrove and Kathleen Hargrove, Joint Tenants With the Right of Survivorship, , recorded as instrument No. 05083169 on May 14th, 2008 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 84,000/109,787,500 undivided fee simple interest as tenants in common in Units 8101, 8102, 8103, 8201, 8202, 8203, 8301, 8302 and 8303 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: Lashunda Thomas

ACKNOWLEDGEMENT

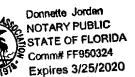
Dated this 06/10/2019

Subscribed and Sworn before me, Notary Public, on 06/10/2019 personally appeared Lashunda Thomas, 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:

Printed Name: Donnette Jordan My Commission Expires 03/25/2020





MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS





PILING JAN 0 5 2018 CERTIFICATE OF DEATH DATE STATE PILE 123- 200 NUMBER NUMBER HAR LIST 12 DECEMPORATION OF THE PILE 123- 12 DECEMPORATION OF THE PILE 123- 200 NUMBER NUMBER HAR LIST 12 DECEMPORATION OF THE PILE 123- 200 NUMBER NUMBER NUMBER HAR LIST 12 DECEMPORATION OF THE PILE 123- 200 NUMBER NUMBER NUMBER HAR LIST 12 DECEMPORATION OF THE PILE 123- 200 NUMBER NUMBER NUMBER NUMBER HAR LIST 12 DECEMPORATION OF THE PILE 123- 200 NUMBER NUMB	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
William D. Hargrove M 2:45 Pm Nov	ember 30, 2017
4. RACS (Check oncor more reces to indicate what the decoder's considered historif or herself to be) CX White Black or African American Chinese Filipino Japanese Korean Victoranese Native Howarian Samon Asta Cher Asian (Specify)	en Indian - Cl Geamanism or Champorto
69 Yes SANS SE DAYS SE HOURS SE SING NOVEMBER 2 1948 NOT	PLACE (State of Polician Column FOLK, Val
9a. FACELTY NAME (fina a sincilety, give sreet address, rowle rumber, or other forcision) (If hospited late give 1D sumber) Dept Of Veteran Affair Med Ctn(25V) Jackson 39216	Other (Specify): 94. COUNTY OF DEATH \$ Hinds
 36.26DENT'S EDUCATION — Check this book that bers describes \$\tilde{\text{the largers or level of School completed at Pipe of 44xh.} 2 #" grade or less	n's degree (e.g., 3A, AB, BS)
11. MARITAL STATUS AT TIME OF DEATH Setting □ Married □ Married In repairment □ Wisdowed □ Discreted □ Unknown Kathleen Brail ey	TS (RESET FORCES?
14. DECEDENT OF HISPANIC ÖRUGINT Check the box that best described a hourse the decedent is Specialability posice Latine. Check the 'No' box if decedent is not Specialability and Comment of Specialability and Specialability and Specialability and Comment of the	
15. SOCIAL SECURITY MIMBER -2006 Self-Employed Handy Man	
Ms Incorrection of the Crosby 178. STATE AND NUMBER OR RURAL LOCA Ms Amite Crosby 19633 249 N. Orso Lane	Yes
RUSSel1 Richard Hargrove Martha Ann Cooke 20. INFORMANT - NAME (Type or grinn) 20. RELATIONSHIP TO DECEDENT 20. CAMAILING ADDRESS Street and number, City or be-	JAGE (First, Middle, Lift)
Committee Report	GNATURE AND LICENSE NUMBER
Cremation 2b. Fineral Home (who for assumed castedy of body) Brown Funeral Home () 38 2c. Funeral Home () 28. Mailing address series assumed City of FE 171 P.O. Box 279 Glostic FE 171	Down, Stage, ZP Code)
22E PUNIERAL HOME (If body, with transferred come in integration) 22E MAILING ADDRESS (Specified interior) City of the	nym ₍ Stain, AR Code) 23a, PRONOUNCED DEAD (Time)
The PERSON WHO PRONOUNCED DRATH - NAME AND THILE (Type or print) Chere H. Peel, MD (3) NOVember 30, 2017 Ha. NAME OF CERTIFYING PHYSICIAN OR COROTREK (Type or print) Mb. MAILING ADDRESS (Street and number, City or nam, 5tue, 277 Code)	2:45 PM
Jolanta E. Roszkowska, MD 1500 E. Woodrow Wilson, Jackso	n MS 39216
This is a smeet, an agreed, and named an agreed agreed, and named agr	
THE PROPERTY OF A TENDER PRESIDENT HAS STAND CERTIFIER CONCESS STAND CON	
15. CAUSE OF DEATH PART I - force the shall of create - discuss, injuries, are complication - that discutly caused the death. DO NOT our immutal vector such as cardiar efficiency. List only one cause on each line. DO NOT USE ABBREVIATIONS. RESERVATE CAUSE A Cutte On Chronic Respiratory Failure	st, shock, Interval between genet and death Weeks
DUE TO, OR AS A COLUS EQUIPMENT OF COMPANY OF THE COLUMN O	Weeks
UND HILLOW STATE OF THE STATE O	Years
actioned events resolving in detail (d) ing in detail (AST. 7. PART IN OTHER SKNDFK-ANT CONDITIONS — Conditions conscibiling to detail but not resulting in the 28. AUTOPSY 286. AUTOPSY PINDINGS AVA	ILABLE 29. WAS CASE REFERRED
underlying cases given in PART : (Yar or Mo) TO COMPLETE CAUSE OF YES (Yes or Mo)	DEATHS TO MEDICAL EXAMINERS (Yes or No.) NO.
C Ve C Probably C Net occasion, SUT 7886 MANT 13 DAYS TO 1 YEAR SEFORE DEATH C University of program within	ANT WITHIN 42 DAYS OF DEATH:
C) No. C) Cycles and C)	NS INTURY OCCURRED
Specify on Specify Control	State
Date MinURY AT WORK 126, PLACE OF BULLY (Specify Hispon Form Street, 12th LOCATION Street of soura number. City or token casts. (Year or No.) Factory, Office beliefing, sec. 1.	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

1/11/2018

Judy Moulder STATE BEGISTBAR

WARNING: A SEPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID, DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

