

APN Parcel No. 1318-15-819-001 PTN
Contract No.: 000170509376
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

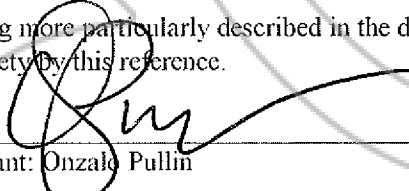
STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT LOUIS D GIBSON, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as LOUIS D GIBSON, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Louis D Gibson, Camillia J Gibson, Gary R Campbell Sandra Y Campbell (Joint Tenants with Right of Survivorship), recorded as instrument No. ~~30611815-11816~~ ⁰⁶⁷¹³³⁷ on March 30th, 2006 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 405,000/90,245,000 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.

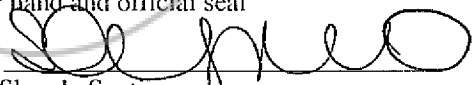

Affiant: Onzalo Pullin

ACKNOWLEDGEMENT

Dated this 09/18/2019

Subscribed and Sworn before me, Notary Public, on 09/18/2019 personally appeared Onzalo Pullin, 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: Shonda Santiago
My Commission Expires 01/13/2020



Shonda Diane Santiago
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF950303
Expires 1/13/2020

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

JAN 28 2014
STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-14-009434

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any; if first, middle, last) LOUIS D GIBSON			(Maiden)			2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) JANUARY 19, 2014			
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) MARCH 18, 1940	5. AGE-Last Birthday (years) 73	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) HAZARD, KY				
7. SOCIAL SECURITY NUMBER ████████ 6865		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage) CAMILLA BOEHNNER				
10a. RESIDENCE STREET ADDRESS 7164 FM 2288			10b. APT. NO.			10c. CITY OR TOWN SAN ANGELO			
10d. COUNTY TOM GREEN		10e. STATE TEXAS		10f. ZIP CODE 78901		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
11. FATHER'S NAME CLIFFORD GIBSON			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE ROSE BAILEY						
13. PLACE OF DEATH (CHECK ONLY ONE) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				14. COUNTY OF DEATH TOM GREEN				15. CITY/TOWN ZIP (if outside city limits, give precinct no.) SAN ANGELO, 78903	
16. FACILITY NAME (if not institution, give street address) SHANNON MEDICAL CENTER				17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED CAMILLA GIBSON - WIFE				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 7164 FM 2288, SAN ANGELO, TX 78901	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH STEPHANIE L. SCHOLTES, BY ELECTRONIC SIGNATURE - 113989			21. Section			21. <input checked="" type="checkbox"/> Unknown	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) LAWNHAVEN CREMATORY				23. LOCATION (City/Town and State) SAN ANGELO, TX				24. NAME OF FUNERAL FACILITY JOHNSON'S FUNERAL HOME	
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 435 W. BEAUREGARD, SAN ANGELO, TX 78903				26. CERTIFIER (check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Attorney of the Peace-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.				27. SIGNATURE OF CERTIFIER JOHN MCCLISH, BY ELECTRONIC SIGNATURE	
28. DATE CERTIFIED (mm-dd-yyyy) JANUARY 22, 2014				28. LICENSE NUMBER 19347		30. TIME OF DEATH (Actual or presumed) 10:59 AM		31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) JOHN MCCLISH, 120 E. BEAUREGARD, SAN ANGELO, TX 78903	
32. TITLE OF CERTIFIER MD				33. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.				Approximate interval Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. ISCHEMIC CARDIOMYOPATHY		Due to (or as a consequence of)		YEARS			
Sequentially list conditions, if any, leading to the cause listed on line 1. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death); LAST		b. CORONARY ARTERY DISEASE		Due to (or as a consequence of)		YEARS			
		c. ACUTE AND CHRONIC RENAL FAILURE (UNKNOWN)		Due to (or as a consequence of)		10 DAYS			
		d.							
34. PART 2: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. ATRIAL FIBRILLATION, DIABETES, HYPERTENSION				34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			
41a. LOCATION (Street and Number, City, State, Zip Code)				41b. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. 010077		42b. DATE RECEIVED BY LOCAL REGISTRAR JANUARY 28, 2014		42c. REGISTRAR		REGISTRAR - TOM GREEN COUNTY CLERK, ELECTRONICALLY FILED			
EOR NUMBER 090001452215									

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. Health and Safety Code, Sec. 195.198B

VS-112 REV 1/2008

LHA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JAN 29 2014

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

