DOUGLAS COUNTY, NV

Rec:\$35.00

\$35.00 Pgs=2

2019-939313 12/10/2019 10:25 AM

WHITE ROCK GROUP, LLC

KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-822-001 PTN

Contract No.: 000570805853

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 <u>EDWARD LEROY CLARK</u>, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as <u>EDWARD L CLARK</u>, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Edward L. Clark and Marjorie L. Clark, Joint Tenants With the Right of Survivorship, , recorded as instrument No. 10082580 on October 16th, 2008 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 84,000/183,032,500 undivided fee simple interest as tenants in common in Units 12101, 12102, 12103, 12201, 12202, 12203, 12302, 14102, 14103, 14104, 14202, 14203, 14204 and 14302 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: Yonel Yourdain

ACKNOWLEDGEMENT

Dated this 07/12/2019

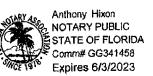
Subscribed and Sworn before me, Notary Public, on 07/12/2019 personally appeared Yonel Jourdain, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ics) 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: Anthony Hixon

My Commission Expires 06/03/2023



202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965

3052018185092		CERTIFICATE OF DEATH		320180	4001843
STATE FILE NUMBER		To trainer work			PATION NUMBER
	NAME OF DECEDENT- FIRST (SIVEN) EDWARD	2. MIDDLE LEROY	S. LAST (Frim		1 1
ATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH, mm/dd/scyy 6.		FUNDER 24 HOURS 6. SEX
- F	- Mary Machine Mary Mary Mary Mary Mary Mary Mary Mary		04/10/1940 7	78 Henths Days	Hours Minutes M
S	9. BIRTH STATE/FOREIGN COUNTRY 1.0. SOCIAL BECURITY N	LIMBER 11. EVER IN U.S. AFMED	FORCES? 12. MARITAL STATUS/SRDP	(at Tone of Death) 7. DATE OF DEATH	mm/dd/coyy 8, HOUR (24 Hours)
12	CA 2230	X YES MO	MARRIED	09/10/201	
Ë	13. EDUCATION - Highest Level/Degree 14/15, WAS DECEDENT HISPANICAL [see worksheet on back]		Up to 3 reces may be listed (see we	(Keheni on basik)	
DECEDENT'S PERSONAL DATA	12 ND LJ 165		X		ency, etc.) 15, YEARS IN OCCUPATION
Z	17. USUAL COOL PATION — Type of work for most of life, DO NOTUSE LUMBER YARD FOREMAN		EINESS OR INDUSTRY (e.g., grocery eter F HOUSING COMPOL		40
-	D. DECEDENT'S RESIDENCE (Street and number or location)				
_ P	1 EXECUTIVE AVE				
USUAL RESIDENCE		UNTY/PROVINCE	100	756	REIGN COUNTRY
	OROVILLE BUT			78 CA	
INFOR- MANT	27. NFORMANT'S NAME, RELATIONSHIP 27. NFORMANT'S MAUNG ADDRESS (Street sign on problem, or rand route interface, of them, skete and zips) MARJORIE CLARK, WIFE				
_	28, NAME OF SURVIVING SPOUSE/SRDP-FIRST	29.MDDLE	CD. LAST (GIRTH NAM	6	
SPOUSE/SRDP AND PARENT INFORMATION	MARJORIE	LOU	HITTE	\ \ \	*
	31. NAME OF FATHER/PARENT-FIRST	02. MIDDLE	\$3, LAST		34. BIRTH STATE
	LEE	ROY	CLARK		OK 38, BIRTH STATE
og Sa	35. NAME OF MOTHER/PARENT-FIRST	SKIMDOLE	57, LAST (BIRTH NAM		AZ
49 PLACE DE MANDE PROMISE DE LA PLACE DE ENAIT DISPOSITION DE CODICA DE COMA DI LODIC DE LA DIV					
B 돌	E 09/12/2018 1 EXCEUTIVE AVE, OROVILLE, CA 95966				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41, TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMI			43, LICENSE NUMBER
	CR/RES	▶ NOT EMBA	ALMED 48. SIGNATURE OF LOCAL REGISTRA		47. DATE mm/dd/coyy
	44, NAME OF FUNERAL ESTABLISHMENT RAMSEY FUNERAL HOME	FD1578	▶ ANOREW MILLER	100	09/12/2018
	101. PLACE OF DEATH	T D lot o	102. IF HOSPITAL, SPECIFY ON	E 10S. IF OTHER THAN HOS	PITAL, SPECIFY ONE
bτ	ENLOE MEDICAL CENTER	7	X IP ERVOR	DCA Hospice N	rsing Decement's Other
PLACE OF DEATH		DR LOCATION WHERE FOUND (Sime) o	nd number, or (ocation)	106, CITY	
	BUTTE 1531 ESPLAN. 107. CAUSE OF DEATH Enter the chain of events — dis	75.	10 to	CHIC	
æ	as comfort arrest, manifely arrest or tempologies by Balting without objection the efficient DO NOT ARRESTATE.			Onset and	Death X YES NO
	BANESINE ANABE (N) ACUTE RESPIRATORY FAILURE WIT HYPOXEMIA (Potel disease) Order of the resulting (Potential Control of the C				18-17861
	I ≅ASPIRATION		1	(ETT)	109. BIOPSY PERFORMED?
	Sequentally, list	7	<u> </u>	HOUI	RS YES X NO
DEA	feeding to bese on Line A. Enter UNDERLYING (C) ACUTE EPITAXIS	ē	\ \	HOU	
CAUSE ÓF DEATH	CAUSE (clearant or injury that intraced the events (0) resulting to death) LAST		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		111, USED IN DETERMINING CAUSE?
CAUS			1 1		YES NO
L	112. OTHER SIGNLIFICANT CONCITIONS CONTRIBUTING TO DEATH BUT NOT RESOLUTING IN THE LADDRIVANCE CAUSE GIVEN IN 107 MORAXELLA CATAWHALLS PNEUMONIA, ACUTE ST ELEVATION, MYOCARDIAL INFARCTION, ACUTE ANOXIC ENCEPHAL OPATHY 113. MARGINERATION PREPROPRIED FOR ANY CONDITION IN TEM 107 OR 1127 (If yet, list high of reparticular preparation of preparation				
N.	ANOXIC ENCEPHAL OPATHY 119. WAS OPPAUTION PERFORMED FOR ANY CONDITION IN 115N 107 OR 1127 0f was list type of operation and data.] 114. A. F. FRANCE, PRESENT IN LAST YEARS.				
- 1	NONE	r Ort 1122 (ir Yes, 10) type of openation	I GENE		YES ND UNK
PHYSICIAN'S CENTIFICATION	114. [CERT IFY THAT TO THE BEST OF MY KNOWLEDGE BEATH OCCURRED 1	IS. SIGNATURE AND TITLE OF CERTIFI	SR .	TITS, LICENS	NUMBER 117. DATE mm/dd/ccyy
	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decodert Altended Since Decodert Last Seen Alive	TERRANCE HAWKII	NS D.O	5 20A7	38 09/11/2018
	(A) mm/ad/coyy (B) mm/dd/coyy 11	A, TYPE ATTENDING PHYSICIAN'S NA	ME, MAILING ADDRESS, ZIP CODE TE	ERRY HAWKINS D	,O.
- R B	### 09/07/2018 09/09/2018 1531 ESPLANADE, CHICO, CA 95926 116. CENTRY THAT IN MY CONSISTED AT THE HALF DATE AND PLACE SOUTHD FROM THE CAUSES STATED. 120. INJURED AT WORKS 121. INJURY DATE *** THE CAUSES STATED. 120. INJURED AT WORKS 121. INJURY DATE **** THE CAUSES STATED. 120. INJURED AT WORKS 121. INJURY DATE **** THE CAUSES STATED. 120. INJURED AT WORKS 121. INJURY DATE **** THE CAUSES STATED. 120. INJURED AT WORKS 121. INJURY DATE **** THE CAUSES STATED. 120. INJURED AT WORKS 121. INJURY DATE **** THE CAUSES STATED. 120. INJURY DATE *** THE CAUSES STATED. 120. INJURY DATE **** THE CAUSES STATED. 120. INJURY DATE *** THE CAUSES STATED. 120. INJURY DATE *				
	MANNER OF DEATH Natural Accident Horrackle	Suicide Pending nyestigation	Could not be YES	NO . UNK	
≱	183, PLACE OF NURY (Mg., home, construction site, wooded area, site.)				
8					
ñ.	124. DESCRIBE HOW INJURY OCCURRED (Evente which resulted in it	njury)	1		
CORONER'S USE ONLY	25. LOGATION OF INJURY (Street and number or location, and only and high				
Š	126, SIGNATURE OF CORONER / DEPUTY CORONER 127, DATE mand/d/wdy 128, TYPE NAVE, TITLE OF CORONER / DEPUTY CORONER				
	· / / /			HINDERIUM FAX AUTH	A CENSUS TRACT
STA	TE A B C D	E		LINIO III FAX AUTH	A CENSUS INACT
1,5010	<u> </u>		*01000100398546 <u>2</u> *		

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF BUTTE.

This is to certify that the attached is a true and correct copy of the vital record which is on file in this office of which I am legal custodian.



II A CONTRACT OF THE PROPERTY OF THE PROPERTY



