

APN Parcel No. 1318-15-819-001 PTN
 Contract No.: 000170509715
 Recording requested by: White Rock Title, LLC
 WHEN RECORDED RETURN TO:
 First American Title Insurance Company
 Vacation Ownership Services
 400 South Rampart Boulevard, Suite 290
 Las Vegas, NV 89145

AFFIDAVIT OF DEATH

STATE OF FLORIDA

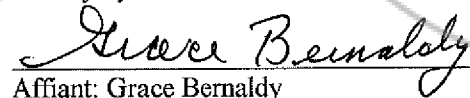
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT GERALD E. GUNDERSON, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as GERALD GUNDERSON, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Gerald E Gunderson and Verlene H Gunderson Joint Tenants with the Right of Survivorship, , recorded as instrument No. 0106-03334 on January 11th, 2006 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 77,000/90,245,000 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.

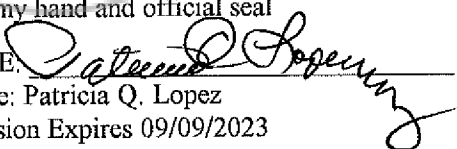

 Affiant: Grace Bernaldy

ACKNOWLEDGEMENT

Dated this 12/09/2019

Subscribed and Sworn before me, Notary Public, on 12/09/2019 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 seal

SIGNATURE: 
 Printed Name: Patricia Q. Lopez
 My Commission Expires 09/09/2023



Patricia Q. Lopez
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# GG362387
 Expires 9/9/2023

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS



DATE OF ISSUANCE
11/06/2018
LINCOLN, NEBRASKA

R. Fosler
RUSSELL FOSLER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH
AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

14 23838

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Gerald E Gunderson		2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) May 19, 2014	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Cedar Rapids, Iowa		5a. AGE (Last birthday) 85		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.	
6. DATE OF BIRTH (Mo., Day, Yr.) March 16, 1928		7. SOCIAL SECURITY NUMBER [REDACTED]			
8. FACILITY NAME (if not institution, give street and number) Golden Living Center-Wausa		9. PLACE OF DEATH <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home, LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> End of life <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
9c. CITY OR TOWN OF DEATH (Include zip code) Wausa 68786		9d. COUNTY OF DEATH KNOX			
9e. RESIDENCE STATE Nebraska		9f. COUNTY Knox		9g. CITY OR TOWN Wausa	
10. STREET AND NUMBER 703 South Hampton		10a. APT. NO.		10b. ZIP CODE 68785	
10c. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married 11a. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name. Verlene H Fuehrhoff <input type="checkbox"/> Widowed, out separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			
11. FATHER'S NAME (First, Middle, Last, Suffix) Magnus Gunderson		12. MOTHER'S NAME (First, Middle, Maiden Surname) Eleanor Coover			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. Yes 07/17/1949-07/31/1949		14. INFORMANT NAME Verlene H Gunderson		15. RELATIONSHIP TO DECEDENT Spouse	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Reinterment <input type="checkbox"/> Ancestral <input type="checkbox"/> Other (Specify)		16a. EMPLOYER SIGNATURE <i>Verlene H Gunderson</i>		16b. LICENSE NO. 1329	
16c. DATE (Mo., Day, Yr.) May 23, 2014		16d. CEMETERY, CREMATORY OR OTHER LOCATION Lutheran Cemetery Wausa Nebraska			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Brockhaus-Scott Funeral Home, 220 E. Main, PO Box 37, Bloomfield, Nebraska					17b. Zip Code 68718
CAUSE OF DEATH (See instructions and examples)					
18. PART I. CAUSE OF DEATH (Specify disease, injury, or complication that directly caused the death. DO NOT include remote causes or conditions which are contributory to the cause of death. Do NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.)					
IMMEDIATE CAUSE: a) Cardio Respiratory Arrest					APPROXIMATE INTERVAL onset to death
DUE TO, OR AS A CONSEQUENCE OF: b) Pt. heart failure					onset to death
c) Pulmonary Embolism					onset to death
d) Deep Veins Thrombosis					onset to death
19. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not resulting in the underlying cause given in PART I. Hypertension					
19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
20. IF FEMALE: <input checked="" 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 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY m		22c. PLACE OF INJURY (At home, farm, street, factory, office building, construction site, etc. (Specify))	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED			
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITY/TOWN STATE ZIP CODE					
23a. DATE OF DEATH (Mo., Day, Yr.) May 19, 2014		23b. TIME OF DEATH 10:30 p.m.		23c. DATE SIGNED (Mo., Day, Yr.)	
23d. DATE SIGNED (Mo., Day, Yr.) May 29, 2014		23e. TIME OF DEATH 10:30 p.m.		23f. DATE SIGNED (Mo., Day, Yr.)	
23g. TIME OF DEATH 10:30 p.m.		23h. TIME OF DEATH m		23i. TIME OF DEATH m	
23j. 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) stated. (Signature and Title) <i>Stanley J. Coover</i>					
24. DID TOXICOLOGIC ANALYSIS CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. WAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. WAS CONSENT OBTAINED? Not Applicable if 25a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Gilberto Collazo, M.D., Wausa Medical Clinic, 100 N. Lincoln St., P.O. Box 229, Wausa, NE 68786					
28. REGISTRAR'S SIGNATURE <i>Stanley J. Coover</i>				29. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUN 8 2014	

To Be Completed/Verified by: GENERAL DIRECTOR

To Be Completed by: CERTIFIER

To Be Completed by: MEDICAL EXAMINER ONLY

To Be Completed by: CORONER'S PHYSICIAN OR COUNTY ATTORNEY ONLY

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