

APN Parcel No. 1318-15-818-001 PTN
Contract No.: 000571204031
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

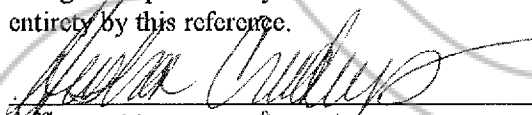
STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT , the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as **LOIS WILLHITE**, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Roger Willhite and Lois A Willhite jt, , recorded as instrument No. 813494 on November 28th, 2012 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A **325,000/109,787,500** 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.

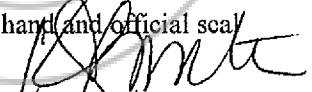

Affiant: Alisha Crudup


ACKNOWLEDGEMENT

Dated this 12/13/2019

Alisha Crudup

Subscribed and Sworn before me, Notary Public, on 12/13/2019 personally appeared , 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: Kelly Aponte
My Commission Expires 4/30/2023

 KELY APONTE
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG304162
Expires 4/30/2023

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

3201807004905

STATE FILE NUMBER
1. NAME OF DECEDENT - FIRST (Given)
LOIS
2. MIDDLE
ANN
3. LAST (Birth)
WILLHITE
4. DATE OF BIRTH
05/19/1939
5. AGE Yrs.
79
6. SEX
F
7. DATE OF DEATH
08/13/2018
8. HOUR (24 Hour)
1945
9. BIRTH STATE/FOREIGN COUNTRY
KS
10. SOCIAL SECURITY NUMBER
3047
11. EVER IN U.S. ARMED FORCES?
NO
12. MARITAL STATUS/PROV. (at the time of death)
MARRIED
13. EDUCATION - Highest Level/Degree
HS GRADUATE
14. WAS DECEDENT HISPANIC/LATINO/SPANISH?
NO
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)
CAUCASIAN
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED
CATERER
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)
FOOD INDUSTRY
18. YEARS IN OCCUPATION
20
19. DECEDENT'S RESIDENCE (Street and number, or locality)
5485 LOUISIANA DRIVE
20. CITY
CONCORD
21. COUNTY/PROVINCE
CONTRA COSTA
22. ZIP CODE
94521
23. YEARS IN COUNTY
60
24. STATE/FOREIGN COUNTRY
CA
25. INFORMANT'S NAME, RELATIONSHIP
ROGER WILLHITE, HUSBAND
26. INFORMATION (Mailing address (Street and number, or rural route number, city or town, state and zip))
5485 LOUISIANA DRIVE, CONCORD, CA 94521
27. NAME OF SURVIVING SPOUSE/SPOUSE-PROV. FIRST
ROGER
28. MIDDLE
L
29. LAST (BIRTH NAME)
WILLHITE
30. NAME OF FATHER/PARENT - FIRST
OMER
31. MIDDLE
LEROY
32. LAST
ADAMS
33. BIRTH STATE
KS
34. NAME OF MOTHER/PARENT - FIRST
LULA
35. MIDDLE
DOROTHEA
36. LAST (BIRTH NAME)
BOLSON
37. BIRTH STATE
KS
38. DISPOSITION DATE
08/21/2018
39. PLACE OF FINAL DISPOSITION
RESIDENCE OF ROGER WILLHITE
5485 LOUISIANA DRIVE, CONCORD, CA 94521
40. TYPE OF DISPOSITION
CR/RES
41. SIGNATURE OF EMBALMER
MARIANO MUNOZ
42. LICENSE NUMBER
EMB7845
43. NAME OF FUNERAL ESTABLISHMENT
QUIMET BROS CONCORD FUNERAL CHAPEL
44. LICENSE NUMBER
FD1006
45. SIGNATURE OF LOCAL REGISTRAR
CHRISTOPHER FARNITANO, M.D.
46. DATE
08/21/2018
47. PLACE OF DEATH
RESIDENCE
48. COUNTY
CONTRA COSTA
49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)
5485 LOUISIANA DRIVE
50. CITY
CONCORD
51. CAUSE OF DEATH
BREAST CANCER
52. IMMEDIATE CAUSE (Final disease or condition resulting in death)
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51
NONE
54. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50? (If yes, list type of operation and date)
NO
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51
NONE
56. SIGNATURE AND TITLE OF CERTIFIER
SHOBA KANKIPATI M.D.
57. LICENSE NUMBER
A80382
58. DATE
08/21/2018
59. TYPE ATTENDING PHYSICIAN'S EXAMINE, MAILING ADDRESS, ZIP CODE
SHOBA KANKIPATI M.D.
400 TAYLOR BLVD STE 201, PLEASANT HILL, CA 94523
60. MANNER OF DEATH
Natural
61. INJURED AT WORK?
NO
62. INJURY DATE
08/13/2018
63. HOUR (24 Hour)
1945
64. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
65. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
66. LOCATION OF INJURY (Street and number, or location, and city, and zip)
67. SIGNATURE OF CORONER / DEPUTY CORONER
68. DATE
08/22/2018
69. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
WILLIAM WALKER, MD
COUNTY HEALTH OFFICER

Effective 07/10/2018: Christopher Farnitano, M.D., Health Officer

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

001290738

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

08/22/2018

DATE ISSUED

WILLIAM WALKER, MD
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



CA CONTRA 1