

DOUGLAS COUNTY, NV

2020-946609

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\$40.00

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05/26/2020 01:43 PM

WHITE ROCK GROUP, LLC

KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-818-001 PTN
Contract No.: 000570900050
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

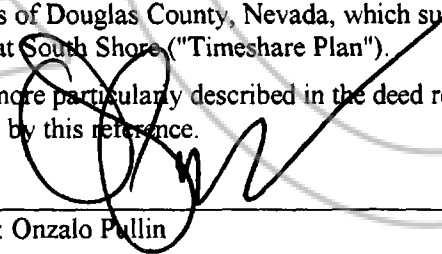
COUNTY OF ORANGE

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 **BARBARA DIANE SHAFFER**, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Leslie Earle Shaffer and Barbara Diane Shaffer, Husband and Wife, , recorded as instrument No. 4096789 on April 28th, 2009 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 105,000/109,787,500 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: Onzalo Pullin

ACKNOWLEDGEMENT

Dated this 02/03/2020

Subscribed and Sworn before me, Notary Public, on 02/03/2020 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: Takeya Davis

My Commission Expires 06/08/2023



Takeya Davis
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG314514
Expires 6/8/2023

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015200560

CERTIFICATE OF DEATH

3201519045085

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
BARBARA		DIANE		SHAFFER	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. Months Days	
		04/03/1959		56 F	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		1139		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
13. EDUCATION - Highest Level/Degree (See instructions on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		16. DECEDENT'S RACE - Use top 5 races may tip listed (see instructions on back)	
BACHELOR		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
MORTGAGE COMPLIANCE		SPECIALIST FINANCE		20	
20. DECEDENT'S RESIDENCE (Street and number, or location)		21. CITY		22. COUNTY/PROVINCE	
1620 ALDO WAY		SAN MIGUEL		SAN LUIS OBISPO	
23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
93451		30		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
LES SHAFFER, SPOUSE		1620 ALDO WAY, SAN MIGUEL, CA 93451			
28. NAME OF SURVIVING SPOUSE/SPOUSE - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
LESLIE		EARLE		SHAFFER	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
GORDON		LEE		HURD	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
OK		DORIS		MAUDINA	
37. BIRTH STATE		38. LAST (BIRTH NAME)		39. BIRTH STATE	
TX		HARRIS		TX	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION		42. TYPE OF DISPOSITION	
10/19/2015		SCATTERING OFF THE COAST, MORRO BAY, CA 93442		CR/SEA	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR	
KUEHL-NICOLAY		FD68		JEFFREY GUNZENHAUSER, M.D.	
46. LICENSE NUMBER		47. DATE mm/dd/yyyy		48. SIGNATURE OF SURVIVOR	
FD68		10/19/2015		NOT EMBALMED	
49. PLACE OF DEATH		50. IF HOSPITAL, SPECIFY ONE		51. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SAINT JOHN'S HEALTH CENTER		<input checked="" type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
52. COUNTY		53. FACILITY ADDRESS OR LOCATION WHERE FOLDS (Street and number, or location)		54. CITY	
LOS ANGELES		2121 SANTA MONICA BLVD		SANTA MONICA	
55. CAUSE OF DEATH (Final disease or condition resulting in death)		56. METASTATIC MELANOMA OF BRAIN		57. DEATH REPORTED TO CORONER? (Check one box)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		58. METASTATIC MELANOMA OF BRAIN		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
59. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		60. METASTATIC MELANOMA OF BRAIN		61. BIOPSY PERFORMED?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				62. AUTOPSY PERFORMED?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				63. USED IN DEFENSE CASE?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
64. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 55		65. NONE		66. I19. IF FEMALE, PREGNANT IN LAST YEAR?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
67. I18. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		68. SIGNATURE AND TITLE OF IDENTIFIER		69. LICENSE NUMBER	
Decedent Alleged Since		FAWAD ZAFAR-KHAN M.D.		A61984	
Decedent's Last Seen Above		70. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		71. DATE mm/dd/yyyy	
10/13/2015		2021 SANTA MONICA BLVD # 710E, SANTA MONICA, CA 90404		10/16/2015	
72. I18. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		73. MANNER OF DEATH		74. INJURED AT WORK?	
		Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> LINK <input type="checkbox"/>	
75. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		76. INJURY DATE mm/dd/yyyy		77. HOUR (24 Hours)	
78. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		79. SIGNATURE OF CORONER / DEPUTY CORONER		80. DATE mm/dd/yyyy	
81. LOCATION OF INJURY (Street and number, or location, and city, and zip)		82. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
83. STATE REGISTRAR		84. FAX AUTH.#		85. CENSUS TRACT	
A B C D E					
		010001003061361			

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink



* 0 0 7 3 6 7 3 3 *

OCT 30 2015

Director of Public Health and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PENCO (REV) 06/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE