DOUGLAS COUNTY, NV

Rec:\$40.00 \$40.00

Pgs=2

2020-946769 05/29/2020 08:24 AM

WHITE ROCK GROUP, LLC
KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-817-001 PTN

Contract No.: 000550501365

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 VALERIE
HELEN DREW, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Valerie H Drew and Adrian V Christopher Joint Tenants with Right of Survivorship, , recorded as instrument No. 1205-2451 on December 7th, 2005 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 154,000/138,156,000 undivided fee simple interest as tenants in common in Units 7101, 7102, 7103, 7201, 7202, 7203, 7301, 7302 and 7303 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 02/28/2020

Subscribed and Sworn before me. Notary Public, on 02/28/2020 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: Takeva Davis

My Commission Expires 06/08/2023

Takeya Davis
2 NOTARY PUBLIC
2 NOTARY PUBLIC
3 STATE OF FLORIDA
4 Comm# GG314514
5 Expires 6/8/2023

LOCAL REGISTRAR CLAY COUNTY HEALTH DEPT 800 HAINES DR LIBERTY MO 64068



REGISTRANT(S):

CREMATION SOCIETY OF KC & MO 5561 NW BARRY RD KC MO 64154

VALERIE HELEN DREW D9999-999999 6 COPY

| YOUR RECENT REQUEST HAS BEEN ACTED UPON AS INDICATED BELOW: | | | | |
|---|--------------|---------------------|----------------------------|--------|
| DATE RECEIVED | TOTAL AMOUNT | AMOUNT THIS REQUEST | PROCESSING FEE REQUIRED | REFUND |
| 07/10/2019 | 63.00 | 13.00 | 0.00 | 0.00 |

UNAPPLIED REMITTANCES ONLY VALID FOR ONE YEAR AFTER RECEIPT. When you inquire about your request, please return this receipt. If a refund is indicated, it will be mailed within 30 to 60 days.

MISSOURI

CERTIFICATION OF DEATH

DATE FILED: JULY 9, 2019 STATE FILE NUMBER:

124-19-102533

DECEDENT NAME: VALERIE HELEN DREW SEX: FEMALE

MO 580-0698 (6-19)

DATE OF

7697

COUNTY OF DEATH:

DEATH:

JULY 8, 2019

PLATTE

DATE OF

MARITAL

EVER IN

BIRTH:

STATUS:

NEVER MARRIED ARMED FORCES:

DECEMBER 29, 1938

SOCIAL

RESIDENCE

SECURITY NUMBER:

ADDRESS:

8550 N GRANBY APT 295 KANSAS CITY, MISSOURI

SURVIVING SPOUSE:

(IF WIFE, MAIDEN NAME):

FUNERALY MESE (CREMATION SOCIETY OF KS AND MO

MANNER: NATURAL

CACHEXIA - UNKNOWN

SIG COND: DEMENTIA; BLADDER CANCER

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: CLAY
THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI

DATE ISSUED:

JULY 10, 2019

Kenneth J. Valermo Kenneth J. Palermo

State Registra





MENT OF HEALTH & SE