

DOUGLAS COUNTY, NV      **2020-952419**  
Rec:\$40.00  
\$40.00      Pgs=2      **09/14/2020 09:48 AM**  
WHITE ROCK GROUP, LLC  
KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-819-001 PTN  
Contract No.: 000570602474  
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 William W Powell, Jr., the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as WILLIAM W POWELL JR., named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to William W Powell, Jr and Patricia I Powell. Joint Tenants With The Right of Survivorship., , recorded as instrument No. 7063563 on July 12th, 2006 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A **105,000/90,245,000** 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: Doug Ward

**ACKNOWLEDGEMENT**

STATE OF ) FLORIDA

COUNTY OF ) ORANGE

Sworn to before me by means of X physical presence or \_\_\_\_\_ online notarization this 25th day of August, 2020 by He or she is personally known to me.

Doug Ward

SIGNATURE: [Signature]  
Printed Name: **KATHY CHANG-YEN**  
Notary Public, State of **Florida**  
My Commission Expires **04/18/2024**



KATHY CHANG-YEN  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG971173  
Expires 4/18/2024

**STATE OF ARIZONA**  
**CERTIFICATION OF VITAL RECORD**

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
**CERTIFICATE OF DEATH**

State File Number  
102-2018-054799

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>WILLIAM, WESLEY, POWELL, JR.</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>12/04/2018</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER <b>[REDACTED]-5254</b>	6. DATE OF BIRTH <b>03/28/1957</b>	7. AGE <b>61 YEARS</b>		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>TUCSON, PIMA, 85704</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>HOSPICE FACILITY - CASA HOSPICE AT THE FOUNTAINS</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>CADILLAC, MICHIGAN</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>PATRICIA, IRENE, KINDLER</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>3200 W PHILADELPHIA LANE, TUCSON, PIMA, AZ, 85741</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
17. OCCUPATION <b>MASON</b>		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>WILLIAM, WESLEY, POWELL</b>			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>NANCY, MILTON</b>		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>PATRICIA, IRENE, POWELL</b>			
21. RELATIONSHIP <b>SPOUSE</b>				22. INFORMANT'S MAILING ADDRESS <b>3200 W PHILADELPHIA LANE, TUCSON, AZ, 85741</b>	
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>ANGEL VALLEY FUNERAL HOME 2545 N TUCSON BOULEVARD, TUCSON, AZ, 85716</b>		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>MIKE, ORCUTT</b>		25. LICENSE NUMBER <b>F1294</b>	
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>OLD PUEBLO CREMATORY TUCSON, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
29. A. IMMEDIATE CAUSE OF DEATH <b>LIVER FAILURE</b>				30. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF: <b>ALCOHOLIC CIRRHOSIS WITH ASCITES</b>				32. APPROXIMATE INTERVAL <b>YEARS</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: <b>HEPATIC ENCEPHALOPATHY, ANEMIA, CHRONIC KIDNEY DISEASE, AORTIC STENOSIS</b>			38. INJURY? <b>NO</b>	39. INJURY AT WORK?	40. MANNER OF DEATH <b>NATURAL DEATH</b>
			41. TIME OF DEATH <b>13:20</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
34. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>JAMES, PATRICK, NICOLAI</b>		45. DATE CERTIFIED <b>12/05/2018</b>			
46. CERTIFIER'S ADDRESS <b>7740 N ORACLE ROAD, TUCSON, AZ, 85704</b>					

Date Registered: 12/06/2018

Date Issued: 12/12/2018

VS-49 Rev 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA  
Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR



J1418910

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE