

APN Parcel No. 1318-15-822-001 PTN
Contract No.: 000570704247
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 DANIEL FEIL, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Daniel Feil and Antha Feil, Joint Tenants With the Right of Survivorship, , recorded as instrument No. 09075288 on September 24th, 2007 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 105,000/183,032,500 undivided fee simple interest as tenants in common in Units 12101, 12102, 12103, 12201, 12202, 12203, 12302, 14102, 14103, 14104, 14202, 14203, 14204 and 14302 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: Lisa L. Gonzalez

ACKNOWLEDGEMENT

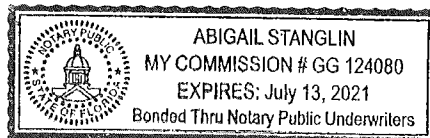
STATE OF Florida)

COUNTY OF Orange)

Sworn to before me by means of X physical presence or _____ online notarization this 17th day of March, 2021 by Lisa L. Gonzalez. He or she is personally known to me.

SIGNATURE: _____

Printed Name: Abigail Stanglin
Notary Public, State of Florida
My Commission Expires 07/13/2021



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201919016884

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DANIEL		3. LAST (Family) FEIL SR	
2. MIDDLE LEE		AKA, ALSO KNOWN AS - Include MA AKA (FIRST, MIDDLE, LAST)	
4. DATE OF BIRTH mm/dd/yyyy 08/29/1950		5. AGE Yrs. Mths. Ds. 68	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 04/08/2019	
8. HOURS (24 hours) 1046		9. BIRTH STATE/FOREIGN COUNTRY KANSAS	
10. SOCIAL SECURITY NUMBER ████████6603		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP* (at Time of Death) MARRIED		13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE	
14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? # if yes, see worksheet on back <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. DECEDENT'S RESIDENCE (Street and number, or location) 44356 SHAD STREET		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.) TRANSPORTATION		19. YEARS IN OCCUPATION 35	
20. CITY LANCASTER		21. COUNTY/PROVINCE LOS ANGELES	
22. ZIP CODE 93536		23. YEARS IN COUNTY 63	
24. STATE/FOREIGN COUNTRY CALIFORNIA		25. INFORMANT'S NAME, RELATIONSHIP ANTHA LOUISE FEIL, WIFE	
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 44356 SHAD STREET, LANCASTER, CA 93536		27. COUNTY/PROVINCE LOS ANGELES	
28. NAME OF SURVIVING SPOUSE/SROP - FIRST ANTHA		29. MIDDLE LOUISE	
30. LAST (BIRTH NAME) GRANVILLE		31. NAME OF FATHER/PARENT - FIRST GEORGE	
32. MIDDLE -		33. LAST FEIL	
34. BIRTH STATE KANSAS		35. NAME OF MOTHER/PARENT - FIRST ARLENE	
36. MIDDLE -		37. LAST (BIRTH NAME) LALEY	
38. BIRTH STATE NEBRASKA		39. DISPOSITION DATE mm/dd/yyyy 04/17/2019	
40. PLACE OF FINAL DISPOSITION RESIDENCE OF ANTHA FEIL 44356 SHAD STREET, LANCASTER, CA 93536		41. TYPE OF DISPOSITION(S) CR/RES	
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MUMAW FUNERAL HOME		45. LICENSE NUMBER FD188	
46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.		47. DATE mm/dd/yyyy 04/11/2019	
101. PLACE OF DEATH ANTELOPE VALLEY HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/ICP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY LOS ANGELES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1600 W AVENUE J		106. CITY LANCASTER	
107. CAUSE OF DEATH ACUTE MYOCARDIAL INFARCTION		108. TIME PERIOD FROM DEATH TO DEATH MIN	
109. CORONARY ATHEROSCLEROSIS YES		110. AUTOPSY PERFORMED? NO	
111. USED IN DETERMINING CAUSE? NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC SYSTOLIC HEART FAILURE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) CARDIAC CATHETERIZATION, IMPELLA INSERTION, PERCUTANEOUS CORONARY ANGIOPLASTY 04/08/2019		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER KANWALJIT S GILL M.D.		116. LICENSE NUMBER A53800	
117. DATE mm/dd/yyyy 04/10/2019		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KANWALJIT S GILL M.D. 38656 MEDICAL CENTER DRIVE A, PALMDALE, CA 93551	
119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.



Muntu Davis, M.D.
DATE ISSUED
APR 17 2019
Health Officer and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANG01