

DOUGLAS COUNTY, NV **2022-984222**
Rec:\$40.00
\$40.00 Pgs=3 **04/27/2022 08:29 AM**
WHITE ROCK GROUP, LLC
KAREN ELLISON, RECORDER

After recording, please return to:
White Rock Group, LLC
700 South 21st Street
Fort Smith, AR 72901

Prepared by or under the supervision of:
Hayes, Johnson & Conley, PLLC
700 South 21st Street
Fort Smith, AR 72901

Contract No: 000571500909
APN: 1318-15-819-001 PTN

AFFIDAVIT TERMINATING RIGHT OF SURVIVORSHIP

I, **Christopher B. Conley**, the Affiant, being of legal age, and being duly sworn on oath do depose and say:

That **DANIEL GRAHAM CRISP**, the decedent mentioned in the attached certified Certificate of Death, who died on **December 27, 2019** in **Grays Harbor County**, State of **Washington** and who was a resident of the State of **Washington**.

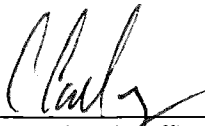
That at the time of death, said decedent was the owner in joint tenancy with **CYNTHIA M CRISP** in that certain deed recorded on **07/21/2015**, in Official records Instrument No **2015-866589** of the Public Records of Douglas County Nevada, the following described property:

A **351,000/90,245,000** undivided fee simple interest as tenants in common in **Units 9101, 9102, 9103, 9104, 9201, 9203, 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 recorded 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").

The Property is a(n) **ANNUAL** Ownership Interest as described in the Declaration of Restrictions for Grand Desert Resort and such ownership interest has been allocated **351,000** Points as defined in the Declaration of Restrictions for Grand Desert Resort which Points may be used by the Grantee in every **EACH** Resort Year.

Affiant has no familial relation to either joint tenant or the deceased spouse, whichever is applicable.

Dated this 19 day of April, 2022



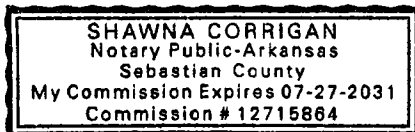
Christopher B. Conley, the Affiant

State of ARKANSAS §
County of SEBASTIAN §

On this 19 day of April, 2022, before me, a Notary Public, within and for said County and State, duly commissioned and acting, appeared, Christopher B. Conley, to me personally well-known or proven with valid identification, as the person(s) who executed the foregoing Affidavit.

IN WITNESS WHEREOF, I hereunto set my hand and official seal

[SEAL]



Notary Public: Shawna Corrigan
My commission expires: 07-27-2031
Commission No.: 12715864

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-058154

DATE ISSUED: 01/08/2020
FEE NUMBER: 2781

FIRST AND MIDDLE NAME(S): DANIEL GRAHAM
LAST NAME(S): CRISP

COUNTY OF DEATH: GRAYS HARBOR
DATE OF DEATH: DECEMBER 27, 2019
HOUR OF DEATH: 03:25 PM

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: GRAYS HARBOR COMMUNITY HOSPITAL
CITY, STATE, ZIP: ABERDEEN, WASHINGTON 98520

SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]-4623

RESIDENCE STREET: 77 CLEMONS ROAD #100
CITY, STATE, ZIP: MONTESANO, WA 98563
INSIDE CITY LIMITS: NO COUNTY: GRAYS HARBOR
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: MAY 09, 1937
BIRTHPLACE: ABERDEEN, WA

FATHER: MELVIN GRAHAM CRISP
MOTHER: VERA L LATTIN

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CYNTHIA MARIE NASS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: DEPUTY SHERIFF
INDUSTRY: LAW ENFORCEMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: JANUARY 07, 2020

FUNERAL FACILITY: SMART CREMATION

INFORMANT: CYNTHIA MARIE CRISP
RELATIONSHIP: SPOUSE
ADDRESS: 77 CLEMONS ROAD #100, MONTESANO, WA 98563

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: LORRI M. DENISON

CAUSE OF DEATH:
A: HEART FAILURE, UNSPECIFIED
INTERVAL: UNKNOWN

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE RIGHT HIP FRACTURE.
ALZHEIMERS. DEMENTIA. COMFORT CARE MEASURES.

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: SAMUEL M. DONOHOE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 915 ANDERSON DRIVE
CITY, STATE, ZIP: ABERDEEN, WA 98520
DATE SIGNED: JANUARY 07, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 2019684
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ERICA DELGADO
DATE RECEIVED: JANUARY 07, 2020





Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record					
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
	1. Name on Record:			2. Date of Event:		3. Place of Event:
	First	Middle	Last	MM/DD/YYYY		(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	First	Middle	Last/Maiden	First	Middle	Last/Maiden
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital						
Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)						

7. Return Mailing Address:

PO Box or Street Address	City	State	Zip
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Telephone Number: () - -

Email Address: @ .

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
- Birth/Marriage/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Passport
 - Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Documentary proof must be five or more years old or established within five years of birth.

- | | |
|--|--|
| <p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, a court order is required to change the last name • No proof is required to change the first or middle name* • To correct parent's information, one documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required |
|--|--|
- *To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of chapter 70.58 RCW

CERTIFIED

Anthony L. Chen
Anthony L. Chen, MD, MPH
DIRECTOR

DO NOT DESTROY

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