

After recording, please return to:

White Rock Group, LLC  
700 South 21<sup>st</sup> Street  
Fort Smith, AR 72901

Prepared by or under the supervision of:

Hayes, Johnson & Conley, PLLC  
700 South 21<sup>st</sup> Street  
Fort Smith, AR 72901

Contract No: 000570707018

APN: 1318-15-819-001 PTN 1318-15-823-001 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 **TERRY FREDERICK CAMPBELL**, the decedent mentioned in the attached certified Certificate of Death, who died on **May 25, 2008** in **Mohave County**, State of **Arizona** and who was a resident of the State of **Arizona**.

That at the time of death, said decedent was the owner in joint tenancy with **LINDA A CHENOT** in that certain deed recorded on **10/22/2007**, in Official records Instrument No **2007-0711665** of the Public Records of Douglas County Nevada, the following described property:

A **641,000/183,032,500** 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 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 **641,000** 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 25 day of April, 2022.

Christopher B. Conley, the Affiant

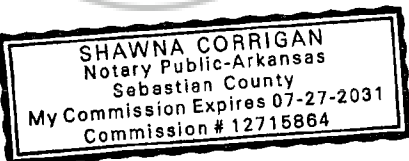
State of ARKANSAS §

County of SEBASTIAN §

On this 25 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

**CERTIFICATION OF VITAL RECORD**

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

**STATE OF ARIZONA**

ORIGINAL STATE COPY

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

DEATH NO.  
**D-102**

NAME OF DECEASED 1. <b>Terry Frederick CAMPBELL</b>			SEX 2. <b>Male</b>	DATE OF DEATH 3. <b>May 25, 2008</b>			
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. <b>White</b>		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. <b>No</b>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C. <b>No</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. <b>No</b>	
PLACE OF DEATH 6. <b>Mohave</b>		TOWN OR CITY 7A. <b>Arvada</b>		HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) 8. <b>350 Hwy 91 # 332</b>		6D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input type="checkbox"/> IN PATIENT	
DATE OF BIRTH 7. <b>December 9, 1937</b>		AGE (YEARS LAST BIRTHDAY) 8A. <b>70</b>	IF UNDER 1 YEAR MOS. DAYS 8B. <b>70</b>	IF UNDER 1 DAY HRS. MIN. 8C. <b>70</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. <b>Divorced</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. <b>None</b>	
STATE AND CITY OF BIRTH (If not in USA, name country) 11. <b>Perry, Iowa</b>		CITIZEN OF WHAT COUNTRY? 12. <b>USA</b>		SOCIAL SECURITY NO. 13. <b>[REDACTED]-6908</b>	USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14. <b>Senior Vice Pres</b>	KIND OF BUSINESS OR INDUSTRY 14B. <b>Banking</b>	
USUAL RESIDENCE 15. <b>Arizona Mohave Arvada</b>		15C. TOWN OR CITY <b>Arvada</b>		15D. ZIP CODE <b>86432</b>	HOW LONG IN ARIZONA? 16. <b>1 Year</b>	EDUCATION HIGHEST GRADE COMPLETED 17. <b>COLLEGE (1-4 or 5+)</b>	
STREET ADDRESS OF R.F.D. 15E. <b>350 Hwy 91 # 332</b>		INSIDE CITY LIMITS? (SPECIFY YES OR NO) 15F. <b>No</b>	ON RESERVATIONS (SPECIFY YES OR NO) 15G. <b>No</b>	PREVIOUS STATE OF RESIDENCE 18. <b>Utah</b>	ELEMENTARY SECONDARY (0-12) 18A. <b>4</b>	COLLEGE (1-4 or 5+) 18B. <b>4</b>	
FATHERS NAME 19. <b>John Frederick Campbell</b>			MOTHERS MAIDEN NAME 20. <b>Martha Catherine Meier</b>				
INFORMANT'S SIGNATURE 21. <i>Deborah Palmer</i> for: Deborah Palmer			ADDRESS 23. <b>840 Quail St. Ojai, CA 93023</b>				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. <b>Removal/Cremation</b>		DATE 25. <b>5-28-2008</b>	CEMETERY OR CREMATORY - NAME/LOCATION 26. <b>Metrolf Mortuary - St. George Utah</b>		EMBALMERS SIGNATURE 27A. <b>Not Embalmed</b>	CERT. NO. 27B. <b>None</b>	
FUNERAL HOME 28. <b>Virgin Valley Mortuary</b>		NAME <b>320 E Old Mill Rd Mesquite, NV 89027</b>	STREET ADDRESS <b>320 E Old Mill Rd Mesquite, NV 89027</b>		CITY AND STATE <b>CA 93023</b>	FUNERAL DIRECTOR or person acting as such (SIGNATURE) 28A. <i>Deborah Palmer</i>	
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.			
30. SIGNATURE AND TITLE <i>[Signature]</i>		31. DATE SIGNED (Mo., Day, Year) <b>5-27-2008</b>		34. SIGNATURE AND TITLE <i>[Signature]</i>		35. DATE SIGNED (Mo., Day, Year) <b>5-27-2008</b>	
32. HOUR OF DEATH <b>0937</b>		33. NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print) <b>[None]</b>		37. PRONOUNCED DEAD (Mo., Day, Year) <b>May 25, 2008</b>		36. HOUR OF DEATH <b>0937</b>	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. <b>Revere Worrell MD 1145 Aviation Dr #A Lake Havasu City AZ</b>			AUTHORIZED FOR CREMATION (SPECIFY) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 41. <i>[Signature]</i>		
DATE REGISTERED 42. <b>5-28-2008</b>		REG. FILE NO. 43. <b>2008MD 005444</b>	REGISTRAR'S SIGNATURE 44. <i>[Signature]</i> <b>Deputy</b>		REG. DISTRICT 45. <b>0853</b>	DATE RECD IN STATE OFFICE 46. <b>None</b>	
47A. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>Hypertensive Cardiovascular Disease</b>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
47B. DUE TO OR AS A CONSEQUENCE OF:							
47C. DUE TO OR AS A CONSEQUENCE OF:							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 48. <b>Chronic Alcoholism</b>				AUTOPSY (Specify Yes or No) 49. <b>No</b>	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. <b>Yes</b>		
MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 52. <b>None</b>	MO. DAY YR. HOUR 53. <b>None</b>	INJURY AT WORK? (Specify Yes or No) 54. <b>No</b>	DESCRIBE HOW INJURY OCCURRED 55. <b>None</b>		
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56. <b>None</b>				WHERE LOCATED? 57. <b>None</b>	STREET ADDRESS CITY OR TOWN STATE		

58.

81738842

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*Patricia Adams*

PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

JUN 10 2008

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 DOCUMENT

