

DOUGLAS COUNTY, NV **2022-984274**
Rec:\$40.00
\$40.00 Pgs=2 **04/28/2022 08:24 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: 000570700211
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 **SUSAN LYNN MCDONALD**, the decedent mentioned in the attached certified Certificate of Death, who died on **September 25, 2013** in **Dallas County**, State of **Texas** and who was a resident of the State of **Texas**.


That at the time of death, said decedent was the owner in joint tenancy with **BOB MCDONALD** in that certain deed recorded on **05/15/2007**, in Official records Instrument No **0701191** of the Public Records of Douglas County Nevada, the following described property:

A **84,000/183,032,500** 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) **BIENNIAL** Ownership Interest as described in the Declaration of Restrictions for Grand Desert Resort and such ownership interest has been allocated **168,000** Points as defined in the Declaration of Restrictions for Grand Desert Resort which Points may be used by the Grantee in every **EVEN** Resort Year.

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

Dated this 27 day of April, 2022.



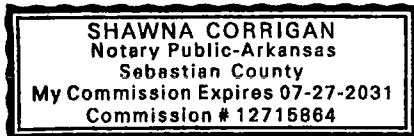
Christopher B. Conley, the Affiant


State of ARKANSAS §
County of SEBASTIAN §

On this 27 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

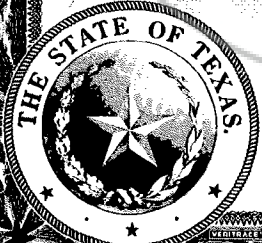
STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
SEP 30 2013
STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER 142-13-128660**

1 LEGAL NAME OF DECEASED (includes AKA's, if any) (First, Middle, Last) SUSAN LYNN MC DONALD		2 MIDDLE NAME (Maiden) FISCHER		7 DATE OF DEATH - ACTUAL OR PRESUMED (mm-ds-yyyy) SEPTEMBER 25, 2013	
3 SEX FEMALE	4 DATE OF BIRTH (mm-ds-yyyy) NOVEMBER 4, 1953	5 AGE - last birthday (Years) 59	6 UNDER 1 YR Mo Days Hours Min Mo Days Hours Min	6 BIRTHPLACE (City & State or Foreign Country) PITTSBURG, PA	
7 SOCIAL SECURITY NUMBER 2268		8 MARRIAGE STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9 SURVIVING SPOUSE'S NAME (If valid, give name prior to first marriage) BOBBY GENE MC DONALD	
10a RESIDENCE STREET ADDRESS 1126 E CAMPBELL RD		10b APT. NO.		10c CITY OR TOWN GARLAND	
10d COUNTY DALLAS		10e STATE TEXAS		10f ZIP CODE 75044	
11 FATHER'S NAME LOUIS CARL FISCHER		12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE GLORIA JEAN SWINGLE			
13 PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14 COUNTY OF DEATH DALLAS		15 CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) GARLAND, 76044		16 FACILITY NAME (If not institution, give street address) 1126 E CAMPBELL RD	
17 INFORMANT'S NAME & RELATIONSHIP TO DECEASED BOBBY GENE MC DONALD - HUSBAND		18 MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 1126 E CAMPBELL RD, GARLAND, TX 76044			
19 METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20 SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KENNETH R REDING, BY ELECTRONIC SIGNATURE - 8358		21 <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Section <input type="checkbox"/> Block <input type="checkbox"/> Lot <input type="checkbox"/> Space	
22 PLACE OF DISPOSITION (Name of cemetery, crematory, other place) COMMUNITY MORTUARY SERVICE		23 LOCATION (City, town, and State) FORT WORTH, TX			
24 NAME OF FUNERAL FACILITY CHARLES W. SMITH AND SONS FUNERAL HOME-SACHSE		25 COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 2925 5TH STREET, SACHSE, TX 75048			
26 CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician to the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27 SIGNATURE OF CERTIFIER RALPH COX, BY ELECTRONIC SIGNATURE		28 DATE CERTIFIED (mm-ds-yyyy) SEPTEMBER 27, 2013		29 LICENSE NUMBER G3253	
31 PRINTED NAME - ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) RALPH COX 2425 TEXAS DRIVE, IRVING, TX 75062				32 TITLE OF CERTIFIER MD	
33 PART I. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
33a. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC ENDOMETRIAL CARCINOMA Due to (or as a consequence of)		33b. UNKNOWN		33c. UNKNOWN	
33d. UNKNOWN		33e. UNKNOWN		33f. UNKNOWN	
34 WERE AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36 MANNER OF DEATH <input checked="" 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		37 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38 IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39a DATE OF INJURY (mm-ds-yyyy)		39b TIME OF INJURY		39c PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40a LOCATION (Street and Number, City, State, Zip Code)		40b COUNTY OF INJURY			
41 DESCRIBE HOW INJURY OCCURRED					
42a REGISTRAR FILE NO 01-4313		42b DATE RECEIVED BY LOCAL REGISTRAR SEPTEMBER 30, 2013		42c REGISTRAR REGISTRAR - DALLAS COUNTY CLERK, ELECTRONICALLY FILED	

QA 20539438



This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

OCT 15 2021
ISSUED

Tara Das
TARA DAS
STATE REGISTRAR



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE