DOUGLAS COUNTY, NV

\$40.00

Rec:\$40.00

Pgs=2

2022-985446 05/24/2022 09:32 AM

WHITE ROCK GROUP, LLC

KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-822-001 PTN

Contract No.: 000580621738

Recording requested by: White Rock Title, LLC

WHEN RECORDED RETURN TO:

White Rock Group, LLC 700 South 21st Street Fort Smith, AR 72901

AFFIDAVIT OF DEATH

STATE OF FLORIDA

COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT <u>CARL WARREN KING</u>, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as <u>CARL W KING</u>, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Carl W King and Carolyn Joy King, Joint Tenants With The Right of Survivorship, , recorded as instrument No. 0683662 on September 1st, 2006 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of 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 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 particu	arly described in the deed recorded concurrently herewith and hereby incorporated in it
entirety by this refe	rença
A I'V	and the second s

Affiant: Lisa L. Gonzalez

ACKNOWLEDGEMENT

COUNTY OF Orange)

STATE OF Florida

Sworn to before me by means of X physical presence or online notarization this 17th day of February, 2022 by Lisa L. Gonzalez. He or she is personally known to me.

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

COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH FRESNO, CALIFORNIA

3052021229674		CERTIFIC STATI USE BLACK PMC ORLY / HOE	ATE OF DEA		3202110006499				
1	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)	2. MIDDLE WARREN	-11 (REV 3/06)	3. LAST (Family) KING	LOCAL REGISTRATION	NUMBER			
DNAL DATA	CARL AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	WARREN	4. DATE OF 1	BIRTH myr/dd/ccyy 5, AGE Yr	8. IF UNDER ONE YEAR IF Months Days	UNDER 24 HOURS 6, SEX			
	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY CALIFORNIA 6981		RMED FORCES? 12	. MARITAL STATUS/SROP" (at Time MARRIED	of Death 7, DATE OF DEATH, mm/d	1434			
EDENT	13. EDUCATION - Highest Level/Degree 14/15, WAS DEGEDENT HISPANN (say worksheel on back) HS GRADUATE YES	CALATINO(A)/SPANISH? (Flyes, see wo	tabeet on back) 16.	DECEDENT'S RACE - Up to 3 HITE	races may be listed (see worksheet	on back)			
DEC	17. USUAL OCCUPATION - Type of work for most of life. DO NOT US DISPATCHER	construction, employment agency, of	19. YEARS IN OCCUPATION						
NG NG	20. DECEDENT'S RESIDENCE (Street and number, or location) 2565 POWERS AVE								
		COUNTY/PROVINCE RESNO	23. ZIP CC 93619	17		IIA			
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP JOY KING, WIFE	2	7. INFORMANT'S MAIL 1565 POWER	NG ADDRESS (Street and numbe RS AVE, CLOVIS	r, or rural route number, city or town. , CA 93619	state and zip)			
SPOUSE/SRDP AND INPARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP"-FIRST CAROLYN	29. MODLE JOY	7	30. LAST (BIRTH NAME) NICHOLS					
	31. NAME OF FATHER/PARENT-FIRST NICHOLAS	32. MIDDLE	(33. LAST KING		34. BIRTH STATE CALIFORNIA			
	35, NAME OF MOTHER/PARENT-FIRST MARJORIE	36. MIDDLE		37. LAST (BIRTH NAME) DAVIS		38, BIRTH STATE CALIFORNIA			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/opyy 40. PLACE OF FINAL DISP	POSITION RES JOY KIN S AVE, CLOVIS, C							
	41. TYPE OF DISPOSITION(S) CR/RES	42. SIGNATURE			/	43. LICENSE NUMBER			
	44. NAME OF FUNERAL ESTABLISHMENT FAREWELL		MBER 48. SIGNATUR	VOHRA, MD	5 (2)	47. DATE mm/dd/ccyy 09/17/2021			
	CLOVIS COMMUNITY MEDICAL C	ENTER	102, IF	HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL Hospice Name Home/LI	Decedent's Cubar			
PLACE OF DEATH	104. COUNTY 105. FACILITY ADDRE FRESNO 2755 HERNI	CLOVIS							
CAUSE OF DEATH	as cardiac arrest, resolvation BAMMEDIATE CAUSE (A) ACUTE MYOCARDIA	ciscosses, injuries, or complications	that directly caused deal showing the ellology. D	IN. DO NOT anier terminal events s O NOT ABBREVIATE.	(AT)	YES NO			
	(Final disease or condition resulting in death) (B) PROBABLE CORON	ARY ARTERY DISE	ASE		HOURS (m)	21-09-238 109. BIOPSY PERFORMED7 YES X NO			
	Sequentially, list conditions, if any, leading to cause on Line & Enler (C) UNDERLYING	Ma Alir salah	-\		MONS (ct)	110. AUTOPSY PERFORMED? YES X NO			
	UNDERLYING CAUSE (disease or injury that initiated the events (b) initiated the events (c) insurance in death) LAST				(10)	I11, USED IN DETERVANANG CAUSE?			
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA GASTROINTESTINAL BLEED, CO	TH BUT NOT RESULTING IN THE UN	DERLYING CAUSE GIV	EN IN 107					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITE	113	A IF FEWALE, PREGNANT IN LAST YEAR?						
PHYSICIAN'S CERTIFICATION				/ 	/Ca	MBER 117. DATE mm/dd/ccyy			
	Decedent Attancied Since Decedent Last Seen Alive (A) mm/dd/coyy (B) mm/dd/coyy	118 TYPE ATTENDING PHYSICIA	W'S NAME, MAILING	ADDRESS, ZIP CODE ALAN	BERNARD REYE	09/16/2021 S, M.D.			
¥ #	446 A COMPANY THAT BY MY COMPON DEATH OF CHORED AT THE HOUR D	7370 N PALM AVI	SES STATED.	120. INJURED AT WORK	C? 121. INJURY DATE	mm/dd/ccyy 122, HOUR (24 Hours)			
CORONER'S USE ONLY	MANNER OF DEATH Natural Account Homics 123. PLACE OF INJURY (e.g., home, construction site, wooded as	de Succide Investigation	n determénec						
	124. DESCRIBE HOW MJURY OCCURRED (Events which resulte	id in injury)			in airen. Harita	TALLY CONTROL OF THE			
	125, LOCATION OF INJURY (Street and number, or location, and	city, and zip)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#				
8	128, SIGNATURE OF CORONER / DEPUTY CORONER	127.	DATE nyn/dd/ccyy	128, TYPE NAME, TITLE O	F CORONER / DEPUTY CORONER	<u> </u>			
	STATE A B C	D E	and base whiteess of there a	OLOMANIA MANAGEMANA NA TANANGA NA	FAX AUTH.#	CENSUS TRACT			
REC	DISTRAR		HINTANIAN IKUSKI KÜÜĞÜ						

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

SEP 28 2021



FRIS VOHRE MD RAIS VOHRA, M.D. FRESNO COUNTY LOCAL REGISTRAR

DATE ISSUED ______ FRESNO COUNTY LOCAL REGIS

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

PRINCO (REG.) (PU) 5

