

DOUGLAS COUNTY, NV **2022-992093**
Rec:\$40.00
\$40.00 Pgs=2 12/02/2022 01:14 PM
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.: 000570903567
APN: 1318-15-822-001 PTN 1318-15-823-001 PTN

AFFIDAVIT OF DEATH

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

That EDWARD HAROLD KLEIN the decedent mentioned in the attached certified Certificate of Death, who died on August 26, 2021 in Williamson County, State of Texas, and who was a resident of the State of Texas.

That at the time of death, said decedent was the sole owner in that certain deed recorded on December 21, 2009 in Official records Instrument No. 0755927 of the Public Records of Douglas County Nevada, the following described property:

A **791,000/183,032,500** 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")**. Less and except all minerals and mineral rights previously reserved.

The Property is a/an **ANNUAL** Ownership Interest as described in the Declaration of Restrictions for **Fairfield Tahoe at South Shore** and such ownership interest has been allocated **791,000** Points as defined in the Declaration of Restrictions for **Fairfield Tahoe at South Shore**, which Points may be used by the Grantee in **EACH** Resort Year(s).

Affiant has no familial relation to the deceased.

Dated this 2 day of DEC, 2022



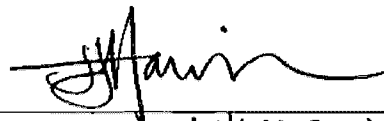
Christopher B. Conley, the Affiant

State of ARKANSAS §

County of SEBASTIAN §

On this 2 day of DEC, 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.



Notary Public: J HARRISON

My commission expires: 7-27-31

Commission No.: 12715498

[SEAL]

J HARRISON
Notary Public-Arkansas
Sebastian County
My Commission Expires 07-27-2031
Commission # 12715498

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Sep 02 2021

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-169357

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) EDWARD HAROLD KLEIN				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) AUGUST 26, 2021	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) OCTOBER 12, 1945	5. AGE-Last Birthday (Years) 75	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) HARVEY, IL
7. SOCIAL SECURITY NUMBER 8857	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input checked="" type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)		
10a. RESIDENCE STREET ADDRESS 811 APACHE MOUNTAIN LN			10b. APT. NO.	10c. CITY OR TOWN GEORGETOWN	
10d. COUNTY WILLIAMSON	10e. STATE TEXAS	10f. ZIP CODE 78633	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE FRANCIS KLEIN			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE FAITH BERRY		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH WILLIAMSON	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) ROUND ROCK, 78685		16. FACILITY NAME (If not institution, give street address) BEL AIR AT TERAVISTA		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED GARRY WILTSHIRE - NEPHEW			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 811 APACHE MOUNTAIN LN, GEORGETOWN, TX 78633		
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"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BROCK BONHEIM, BY ELECTRONIC SIGNATURE - 115548		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) RAMSEY FUNERAL HOME AND CREMATORIUM			23. LOCATION (City/Town, and State) GEORGETOWN, TX		
24. NAME OF FUNERAL FACILITY RAMSEY FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 5600 WILLIAMS DRIVE, GEORGETOWN, TX 78633		
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/Justice 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 SHADI KHIR, BY ELECTRONIC SIGNATURE			28. DATE CERTIFIED (mm-dd-yyyy) SEPTEMBER 2, 2021	29. LICENSE NUMBER S1626	30. TIME OF DEATH (Actual or presumed) 06:48 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) SHADI KHIR 2400 ROUND ROCK AVE, ROUND ROCK, TX 78681					32. TITLE OF CERTIFIER MD
33. PART 1. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST					Approximate Interval Onset to death YEARS
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CHRONIC RESPIRATORY FAILURE, CHRONIC HEART FAILURE, ACUTE RENAL FAILURE, DIABETES II, HYPERTENSION			34. WAS 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 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 type="checkbox"/> No <input type="checkbox"/> Previously <input checked="" type="checkbox"/> Probably <input 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		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR <i>Tara Das</i>			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 195b)

VS-112 REV 1/2006

EDR NUMBER 000044445113548

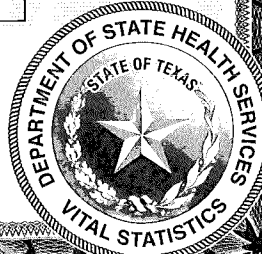
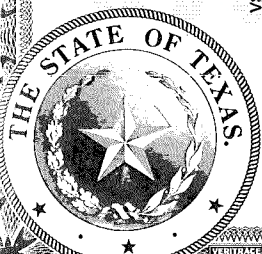
This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Sep 10 2021

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

Tara Das
TARA DAS
STATE REGISTRAR

JON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE