

DOUGLAS COUNTY, NV **2022-992499**
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\$40.00 Pgs=2 12/16/2022 02:11 PM
WHITE ROCK GROUP, LLC
KAREN ELLISON, RECORDER

APN Parcel No. 1318-15-820-001 PTN
Contract No.: 000571900075
Recording requested by: White Rock Group, 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 THOMAS STEWART MOSKAL, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as THOMAS STEWART MOSKAL, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Sandra Moskal and Thomas Stewart Moskal, recorded as instrument No. 2019-933798 on August 16th, 2019 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A **84,000/128,986,500** undivided fee simple interest as tenants in common in **Units 10101, 10102, 10103, 10104, 10201, 10202, 10203, 10204, 10301, 10302, 10303 and 10304** 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 particularly described in the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

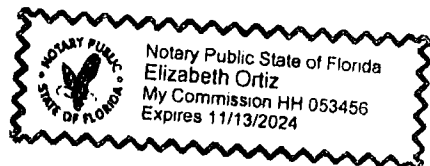
Genoveva Olmo Medina
Affiant: Genoveva Olmo Medina

ACKNOWLEDGEMENT

STATE OF Florida)
)
COUNTY OF Orange)

Sworn to before me by means of X physical presence or _____ online notarization this 22nd day of October, 2022 by Genoveva Olmo Medina. He or she is personally known to me.

SIGNATURE: *Elizabeth Ortiz*
Printed Name: Elizabeth Ortiz
Notary Public, State of Florida
My Commission Expires 11/13/2024



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021099319

DATE ISSUED: MAY 27, 2021

DECEDENT INFORMATION

DATE FILED: MAY 27, 2021

NAME: THOMAS STEWART MOSKAL

DATE OF DEATH: MAY 15, 2021

SEX: MALE

AGE: 063 YEARS

DATE OF BIRTH: FEBRUARY 9, 1958

SSN: ***-**-0675

BIRTHPLACE: CORAL GABLES, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: BROWARD HEALTH CORAL SPRINGS

LOCATION OF DEATH: CORAL SPRINGS, BROWARD COUNTY, 33065

RESIDENCE: 5044 NW 81 TERRACE, CORAL SPRINGS, FLORIDA 33067, UNITED STATES

COUNTY: BROWARD

OCCUPATION, INDUSTRY: MECHANIC, ELEVATORS

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: SANDRA FRIEDMAN

FATHER'S/PARENT'S NAME: THOMAS GEORGE MOSKAL

MOTHER'S/PARENT'S NAME: MARIANNE COMBS

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SANDRA MOSKAL

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 5044 NW 81 TERRACE, CORAL SPRINGS, FLORIDA 33067, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: GINA VILLANO, F184633

FUNERAL FACILITY: ALEXANDER-LEVITT FUNERAL AND CREMATIONS F047571
8135 WEST MCNAB RD, TAMARAC, FLORIDA 33321

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGLADES CREMATORIUM
WEST PARK, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1542

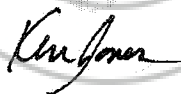
DATE CERTIFIED: MAY 27, 2021

CERTIFIER'S NAME: MICHAEL RUDOLPH ALEXANDER

CERTIFIER'S LICENSE NUMBER: ME40710

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2022758949

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

