

DOUGLAS COUNTY, NV      **2023-1000104**  
Rec:\$40.00  
\$40.00      Pgs=2      09/01/2023 08:36 AM  
WHITE ROCK GROUP, LLC  
SHAWNYNE GARREN, RECORDER

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: 000571302140

APN: 1318-15-818-001 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 **WALTER A BRAY JR**, the decedent mentioned in the attached certified Certificate of Death, who died on **January 18, 2014** in **Placer County**, State of **California** and who was a resident of the State of **California**.

That at the time of death, said decedent was the owner in joint tenancy with **Carolyn Bray** in that certain deed recorded on **11/07/2013**, in Official records Instrument No **833454** of the Public Records of Douglas County Nevada, the following described property:

A **284,000/109,787,500** undivided fee simple interest as tenants in common in **Units 8101, 8102, 8103, 8201, 8202, 8203, 8301, 8302, 8303** 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 **284,000** 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 14 day of August, 2023

  
\_\_\_\_\_  
Christopher B. Conley, the Affiant

State of ARKANSAS §


County of SEBASTIAN §

On this 14 day of August, 2023, 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 CALIFORNIA

## CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER  
COUNTY OF PLACER  
AUBURN, CALIFORNIA

3052014013750

### CERTIFICATE OF DEATH

3201431000189

STATE OF CALIFORNIA  
USE BLANK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-1 (REV. 2/16)

STATE FILE NUMBER 3052014013750		LOCAL REGISTRATION NUMBER 3201431000189			
1. NAME OF DECEDENT - FIRST (Only) WALTER		2. MIDDLE ALFRED		3. LAST (Family) BRAY	
4. DATE OF BIRTH mm/dd/yyyy 09/15/1931		5. AGE Yrs. 82		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 7692		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/RDP (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 01/18/2014		8. HOUR (24 Hours) 0148	
13. EDUCATION - Highest Level/Degree (See explanation on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 5 races may be listed (see instruction on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALESMAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LANDSCAPING		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number or location) 8524 WYNDRUSH WAY					
21. CITY EL DORADO HILLS		22. COUNTY/PROVINCE EL DORADO		23. ZIP CODE 95762	
24. YEARS IN COUNTY 15		25. STATE/FOREIGN COUNTRY CA			
28. INFORMANT'S NAME, RELATIONSHIP CAROLYN BRAY, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8524 WYNDRUSH WAY, EL DORADO HILLS, CA 95762		
29. NAME OF SURVIVING SPOUSE/RDP - FIRST CAROLYN		29. MIDDLE MARIE		30. LAST (BIRTH NAME) WRINKLE	
31. NAME OF FATHER/PARENT - FIRST WALTER		32. MIDDLE ALFRED		33. LAST BRAY SR.	
34. NAME OF MOTHER/PARENT - FIRST EDNA		35. MIDDLE JANE		36. LAST (BIRTH NAME) MC CONNELL	
39. DISPOSITION DATE mm/dd/yyyy 01/28/2014		40. PLACE OF FINAL DISPOSITION SAINT MARY'S CEMETERY 6700 21ST AVENUE, SACRAMENTO, CA 95820			
41. TYPE OF DISPOSITION (R) BU		42. SIGNATURE OF ENBALMER ANDREW SMITHSON		43. LICENSE NUMBER EM89264	
44. NAME OF FUNERAL ESTABLISHMENT HARRY A. NAUMAN & SON		45. LICENSE NUMBER FD366		46. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD	
47. DATE mm/dd/yyyy 01/24/2014					
101. PLACE OF DEATH PINE CREEK CARE CENTER					
104. COUNTY PLACER		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1139 CIRBY WAY		106. CITY ROSEVILLE	
107. CAUSE OF DEATH (A) PROBABLE MYOCARDIAL INFARCTION		108. TIME BETWEEN ONSET AND DEATH MINS		109. TEAR-REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (AS IN 107) ATHEROSCLEROSIS, SMOKER, CHRONIC KIDNEY DISEASE STAGE III, EMPHYSEMA, ATRIAL FIBRILLATION, RHEUMATOID ARTHRITIS, LEUKOPENIA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (DEAR OCCUPANT AT THE HOUR, DATE, AND PLACE SPOURED FROM THE CALIFORNIA STATE) Decedent's Ancestral State: _____ Decedent's Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER CARMEN FLORINA BUJOR M.D.		116. LICENSE NUMBER A78435	
117. DATE mm/dd/yyyy 01/16/2014		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CARMEN FLORINA BUJOR M.D. 2025 MORSE AVENUE, SACRAMENTO, CA 95825		117. DATE mm/dd/yyyy 01/23/2014	
119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Home <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

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

\* 0 0 0 3 5 3 5 5 3 \*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Clerk-Recorder.

DATE ISSUED AUG 24 2022

*Ryan Ronco*  
RYAN RONCO  
PLACER COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

