

DOUGLAS COUNTY, NV **2023-1000706**
Rec:\$40.00
\$40.00 Pgs=2 **09/22/2023 12:55 PM**
WHITE ROCK GROUP, LLC
SHAWNYNE GARREN, RECORDER

APN Parcel No. 1318-15-817-001 PTN
Contract No.: 000430508150
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 HARRY A DRISKILL, JR., the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as HARRY A DRISKILL, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Regina L Pang and Harry A Driskill Joint Tenants with Right of Survivorship, , recorded as instrument No. 1205-2831 on December 7th, 2005 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A **63,000/138,156,000** undivided fee simple interest as tenants in common in **Units 7101, 7102, 7103, 7201, 7202, 7203, 7301, 7302 and 7303** 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.


Affiant: Clara Perez Olivero

ACKNOWLEDGEMENT

STATE OF Florida)
)
COUNTY OF Orange)

Sworn to before me by means of X physical presence or _____ online notarization this 20th day of June, 2023 by Clara Perez Olivero. He or she is personally known to me.

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



CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

**STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH**

State File No. 102-2010-016374

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) HARRY A DRISKILL JR			2. AKA'S (IF ANY)			3. DATE OF DEATH MAY 08, 2010		
4. SEX MALE	5. SOCIAL SECURITY NUMBER -3278	6. DATE OF BIRTH 08-19-1939	7. AGE 70	8. UNDER 1 YEAR MONTHS DAYS		9. UNDER 1 DAY HOURS MINUTES		
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL <input checked="" type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER					
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) KANMAR PLACE 770 W. KANMAR PL			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH TUCSON 85704			16. COUNTY OF DEATH PIMA		
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) ZANE TOWNSHIP, OHIO			18. MARITAL STATUS AT TIME OF DEATH DIVORCED			19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS 37948 S ARROYO WAY,			21. CITY AND COUNTY SADDLEBROOKE, PINAL		22. STATE ARIZONA	23. ZIP CODE 85739	24. EVER IN THE U.S. ARMED FORCES? YES	
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN		<input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN, OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION MECHANICAL ENGINEER			29. FATHER'S NAME (FIRST, MIDDLE, LAST) HARRY ALLEN DRISKILL					
31. INFORMANT'S NAME REGINA PANG			30. MOTHER'S NAME (FIRST, MIDDLE & LAST NAME PRIOR TO FIRST MARRIAGE) REDDITH HUFFMAN			32. RELATIONSHIP POWER OF ATTORNEY 37948 S ARROYO WAY, SADDLEBROOKE, ARIZONA 85739		
34. NAME AND ADDRESS OF FUNERAL FACILITY VISTOSO MEMORIAL CHAPEL 2285 E. RANCHO VISTOSO BLVD ORO VALLEY, AZ			35. FUNERAL DIRECTOR DOUGLAS HARPOLD, FUNERAL DIRECTOR			36. LICENSE NUMBER F1257		
37. METHOD(S) OF DISPOSITION CREMATION			38. NAME AND LOCATION OF 1st DISPOSITION FACILITY VISTOSO MEMORIAL CHAPEL CREMATORY, ORO VALLEY, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE		
MEDICAL CERTIFICATION SECTION								
CAUSE OF DEATH PART I								
40. A. IMMEDIATE CAUSE OF DEATH RESPIRATORY ARREST	41. APPROXIMATE INTERVAL UNKNOWN							
42. B. DUE TO OR AS A CONSEQUENCE OF: GLIOBLASTOMA BRAIN TUMOR	43. APPROXIMATE INTERVAL 17 MONTHS							
44. C. DUE TO OR AS A CONSEQUENCE OF:	45. APPROXIMATE INTERVAL							
46. D. DUE TO OR AS A CONSEQUENCE OF:	47. APPROXIMATE INTERVAL							
CAUSE OF DEATH PART II								
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE			49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 0150		
			53. WAS AN AUTOPSY PERFORMED? NO	54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?				
CAUSE AND MANNER OF DEATH CERTIFICATION								
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.			55. NAME OF PERSON COMPLETING CAUSE OF DEATH ALLISON P. PUCKETT, MD			56. DATE CERTIFIED 05-10-2010		
57. CERTIFIER'S ADDRESS 63701 E SADDLEBROOKE BLVD SUITE #F TUCSON, AZ 85739			58. NAME OF REGISTRAR AUDREY ROGERS			59. DATE REGISTERED 05-12-2010		

Date Issued: 05-13-2010

Patricia Adams

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

40451180

Arizona
Department of
Health Services