

DOUGLAS COUNTY, NV **2023-1002059**
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\$40.00 Pgs=2 11/06/2023 02:23 PM
WHITE ROCK GROUP, LLC
SHAWNYNE GARREN, RECORDER

APN Parcel No. 1318-15-822-001 PTN
Contract No.: 000571302306
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 DALE FRANK MEYER, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as DALE F MEYER, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to DALE F MEYER AND TONIE M MEYER, JOINT TENANTS WITH THE RIGHT OF SURVIVORSHIP, , recorded as instrument No. 833468 on November 7th, 2013 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 539,000/183,032,500 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 particularly described in the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.



Affiant: Jamie L Huftill

ACKNOWLEDGEMENT

STATE OF Florida)

COUNTY OF Orange)

Sworn to before me by means of X physical presence or _____ online notarization this 19th day of July, 2023 by Jamie L Huftill. He or she is personally known to me.

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



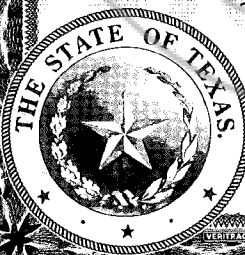
STATE OF TEXAS CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 Jun 30 2023
STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER** **142-23-108912**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) FRANK MEYER				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) JUNE 24, 2023	
3. SEX MALE		4. DATE OF BIRTH (mm-dd-yyyy) AUGUST 4, 1959		5. AGE-Last Birthday (Years) 63	
7. SOCIAL SECURITY NUMBER 4380		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input 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) TONIE MARIE LUXTON	
10a. RESIDENCE STREET ADDRESS 4 STADIUM DR				10b. APT. NO. 803	
10c. CITY OR TOWN ANGLETON				10d. COUNTY BRAZORIA	
10e. STATE TEXAS				10f. ZIP CODE 77515	
10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE GLENN LESTER MEYER			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE ISOBEL COX		
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 type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH BRAZORIA		15. CITY/TOWN, ZIP - (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) ANGLETON, 77515		16. FACILITY NAME (If not institution, give street address) 4 STADIUM DR	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED TONIE MEYER - WIFE			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 4 STADIUM DR. # 803, ANGLETON, TX 77515		
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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 TOMMY MATHESON, BY ELECTRONIC SIGNATURE - 9364		21. <input type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ST ANTHONYS CEMETERY		23. LOCATION (City/Town, and State) DANBURY, TX			
24. NAME OF FUNERAL FACILITY PALMS FUNERAL HOME		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 2300 E. HWY. 35, ANGLETON, TX 77515			
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/Judge 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 ROBERT DEWITT, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) JUNE 28, 2023		29. LICENSE NUMBER H1950	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) ROBERT DEWITT : 1100 SMITH DR. ALVIN, TX 77511				32. TITLE OF CERTIFIER PHYSICIAN	
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. PANCREATIC CANCER METASTATIC TO PERITONEUM 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 2 YEARS	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. DIABETES MELLITUS TYPE 2, HYPERTENSION, TESTICULAR CANCER HISTORY				34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input 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. COUNTY OF INJURY	
40g. LOCATION (Street and Number, City, State, Zip Code)					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 01001057		42b. DATE RECEIVED BY LOCAL REGISTRAR JUNE 30, 2023		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. 195.1989
 CAUSE OF DEATH
 VS-112 REV. 12/006
 QA 24549003



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 Jul 03 2023

Tara Das
TARA DAS
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE