DOUGLAS COUNTY, NV

', NV

Rec:\$40.00

\$40.00

2023-1002059 11/06/2023 02:23 PM

WHITE ROCK GROUP, LLC

SHAWNYNE GARREN, RECORDER

Pgs=2

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 <u>DALE FRANK MEYER</u>, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as <u>DALE F MEYER</u>, 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 Huffill

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





DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)	F DEATH STATE FILE NUMBER 142-23-1089
LEGAL NAME OF DECEASED (DICKOR ANAS, II BRY) (FESt, MICHIEL, ESS)	(Before Marriage) 2. DATE OF DEATH - ACTUAL OR PRESUM
DALE FRANK MEYER	JUNE 24, 2023 IF UNDER 1 YR IF UNDER 1 DAY 6, BIRTHPLACE (City & State or Foreign Country)
SEX 4. DATE OF BIRTH (min-dd-yyyy) 5. AGE-Last Birthdar MALE AUGUST 4, 1959 65	Mo Days Hours Min
MALE AUGUST 4, 1959 6. SOCIAL SECURITY NUMBER // 8, MARITAL STATUS AT TIME OF DEATH	The product of the control of the co
	yed (but not remained)
0a. RESIDENCE STREET ADDRESS	106, APT. NO. 10c, CITY OR TOWN
STADIUM DR	B03 ANGLETON
0d, COUNTY 10e, STATE	10f. ZIP CODE 10g. INSIDE CITY LIMITS?
RAZORIA TEXAS	77616 Yes No
1. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE	12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE
LENN LESTER MEYER	SOBEL COX
13. PL	LACE OF DEATH (CHECK ONLY ONE) MEWHERE OTHER THAN A HOSPITAL:
DEATH OCCURRED IN A HOSPITAL: IF DEATH OCCURRED SO	Nursing Home Decedent's Home Other (Specify)
A COUNTY OF DEATH IS. CITY/TOWN, ZIP. (IF OUTSIDE C	CITY LIMITS; GIVE PRECINCT NO) 16. FACILITY NAME (If not institution, give street address)
RAZORIA ANGLETON, 77515	4 STADIUM.DR
	8. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)
7.77 (1.78 (STADIUM DR. # 803, ANGLETON, TX 77515
ONIE MEYER - WIFE D. METHOD OF DISPOSITION 20. SIGNATU	JRE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING 21. Unknown
Burial Cremation Donation AS SUCH	
Entombrient Removal from state Mausoleum	Section
Other (Specify) TOMMY	(MATHESON,BY ELECTRONIC SIGNATURE - 9364
PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23; LOCATION (City/Town, and State)
T ANTHONYS CEMETERY	DÄNBURY, TX
NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
ALMS FUNERAL HOME	2300 E. HWY. 35, ANGLETON, TX 77515
CERTIFIER (Check only one)	
Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and m Medical Examinari justice of the Peace - On the basis of examination, and/or investigation, in	n my ophion; death occurred at the time, date and piece, and due to the cause(s) and manner stated.
7.SIGNATURE OF CERTIFIER	28: DATE CERTIFIED (mm-dd-yyyy) 28: LICENSE NUMBER 30. TIME OF DEATH(Actual or presume
OBERT DEWITT , BY ELECTRONIC SIGNATURE	JUNE 28, 2023 H1950 10:54 AM
1. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip	Code) 32.TITLE OF CERTIFIER
ODEDT DEWLYT 4400 CHUTH DD ALVIN TV 77544	DUNGICIANI
OBERT DEWITT THU SMITT DR. ALVIN, TA 77311	PHYSICIAN
(OBERT: DEWLTT: 1100 SMITH DR. ALVIN, TX 77511 33. PART 1. ENTER THE CHAIN OF EVENTS: DISEASES, INJURIES, OR CO	OMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER Approximate Interval
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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.

Jul 03 2023 ISSUED

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

TARA DAS STATE REGISTRAR

JON