

APN Parcel No. 1318-15-817-001 PTN
Contract No.: 000410530059
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

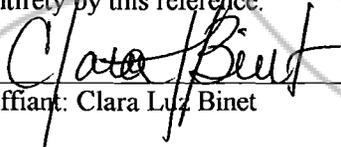
STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned Affiant, of legal age being first duly sworn, deposes and says: THAT PAULA J ZIMMERMAN, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as PAULA J ZIMMERMAN, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Alexander Y Lock and Paula J Zimmerman Joint Tenants with Right of Survivorship, , recorded as instrument No. 1205-2559 on December 7th, 2005 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A **154,000/138,156,000** 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.

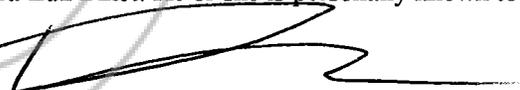

Affiant: Clara Luz Binet

ACKNOWLEDGEMENT

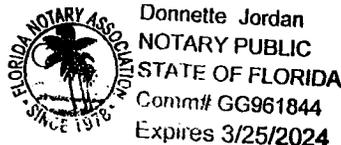
STATE OF Florida)

COUNTY OF Orange)

Sworn to before me by means of X physical presence or _____ online notarization this 28th day of March, 2023 by Clara Luz Binet. He or she is personally known to me.

SIGNATURE: 

Printed Name: Donnette Jordan
Notary Public, State of Florida
My Commission Expires 03/25/2024



STATE OF NEW JERSEY

B0009327831

NEW JERSEY DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

20140049099

1a. Legal Name of Decedent (First, Middle, Last, Suffix) Paula J Zimmerman				LIMB ONLY <input type="checkbox"/>
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)				
2. Sex Female	3. Social Security Number 9018	4a. Age 64 Years	5. Date of Birth (Mo/Day/Yr) 08/05/1950	
6. Birthplace (City & State/Foreign Country) Morristown, New Jersey				
7a. Residence-State New Jersey	7b. County Morris	7c. Municipality/City Mount Olive Township		
7d. Street and Number 23 Oakwood Village	7e. Apt No. Apt 9	7f. Zip Code 07836	7g. Inside City Limits? Yes	
8a. Ever in US Armed Forces? No	8b. If Yes, Name of War:		8c. War Service Dates (From/To):	
9. Domestic Status at Time of Death Divorced		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last) Paul J Allocco				
12. Mother's Name Prior to First Marriage (First, Middle, Last) May Thompson				
13a. Name of Informant Julie Zimmerman			13b. Relationship to Decedent Daughter	
13c. Mailing Address (Street and Number, City, State, Zip Code) 23 Oakwood Village, Apt 9, Flanders, NJ 07836				
14. Method of Disposition Cremation	15. Place of Disposition (name of cemetery, crematory, other) Locust Hill Crematory		16. Location- City & State/Foreign Country Dover Town, New Jersey	
17. Name and Complete Address of Funeral Facility Par-Troy Funeral Home, 95 Parsippany Rd, Parsippany, NJ 07054-2703				
18. Electronic Signature of Funeral Director Ronald A Dimaggio			19. NJ License Number 23JP00298900	
20. Decedent Education Associate degree (AA, AS)		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race White
23. Occupation of Decedent (Type of work done most of life, even if retired) Sales Professional		24. Kind of Business/Industry Marketing		
25. Name and Address of Last Employer PJZ Sales, Parsippany, NJ				
26. Date Pronounced Dead (Mo/Day/Yr) 09/16/2014		28. Name of Person Pronouncing Death Ma-Antonietta Tabobo		
27. Time Pronounced Dead (24-hr) 0215	29. License Number 26NR12904900	30. Date Signed (Mo/Day/Yr) 09/16/2014		
31. Date of Death (Mo/Day/Yr) 09/16/2014	32. Time of Death (24-hr) 0200	33. Was Medical Examiner Contacted? No	34. Place of Death Nursing Home/Long Term Care Facility	
35a. Facility Name (If not institution, give street and number) Merry Heart Health Care Center				
35b. Municipality Roxbury Township		35c. County Morris		
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently 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.				
Immediate Cause a. Sudden cardiopulmonary arrest			Interval Between Onset and Death 1 hours	
Due to (or as a consequence of): b. Endometrial cancer stage 3 with metastasis			1 years	
Due to (or as a consequence of): c. Failure to thrive			3 weeks	
Due to (or as a consequence of): d. Debility			3 weeks	
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. Hypertension, SiP nephrostomy bilateral, Deconditioning			37. Was an Autopsy Performed? No	
			38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)		42. Injury at work?
43a. Location of Injury (Number and Street, Zip Code)		43b. Municipality	43c. County	43d. State
44. Describe How Injury Occurred			45. If Transportation Injury:	
46. Manner of Death Natural	47. Did Decedent Have Diabetes? Yes	48. Did Tobacco Use Contribute to Death? No	49. If Female, Pregnancy State Not pregnant within the past year	
50. Certifier Type Certifying Physician or APN		51. Name, Address, and Zip Code of Certifier Pradip S Shah, M.D. Crane's Mill Health Center 459 Passaic Avenue, West Caldwell, NJ 07006		
52. Electronic Signature of Certifier Pradip S Shah		53. License Number 25MA06208400	54. Date Certified (Mo/Day/Yr) 09/17/2014	
55. Electronic Signature of Local Registrar Leslie Miller		56. District No. V1458	57. Date Received 09/17/2014	Case ID Number 1698812

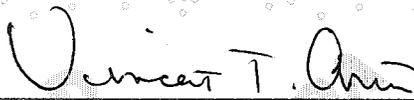
Record Contains Amendment

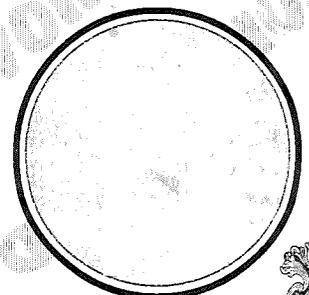
DATE ISSUED: **April 10, 2018**

ISSUED BY:
Roxbury Township

Bridget Dempsey, Deputy Registrar

This is to certify that the above is correctly copied from a record on file in my office.
Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.


Vincent T. Arrisi
State Registrar
Office of Vital Statistics and Registry



REG-42B
JUN 14



THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

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