

DOUGLAS COUNTY, NV      **2023-1003176**  
Rec:\$40.00  
\$40.00      Pgs=2      12/14/2023 01:19 PM  
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: 000571103167  
APN: 1318-15-822-001 PTN 1318-15-823-001 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 **JIM WESLEY MCCOY**, the decedent mentioned in the attached certified Certificate of Death, who died on **January 22, 2022** in **Napa 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 **Juanita McCoy** in that certain deed recorded on **10/21/2011**, in Official records Instrument No **0791307** of the Public Records of Douglas County Nevada, the following described property:

A **105,000/183,032,500** 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 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 **105,000** 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 12 day of December, 2023.

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

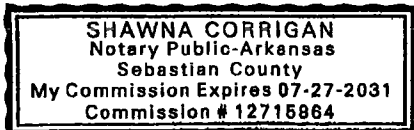
State of ARKANSAS §


County of SEBASTIAN §

On this 12 day of December, 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 VITAL STATISTICS

# COUNTY OF NAPA

NAPA, CALIFORNIA 94559-3721

3052022018278		<b>CERTIFICATE OF DEATH</b>		3202228000087	
STATE FILE NUMBER		<small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, HYDROUS OR ALTERATIONS VS-11 (REV 3/93)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JIM		WESLEY		MCCOY	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
08/21/1946		75		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (as of time of death)	
NC		-3420		MARRIED	
13. EDUCATION - Highest Level (Degree, less work on back)		14. DECEASED IN SPANISH/SPANISH (if yes, see worksheet on back)		18. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
MASTER'S		<input type="checkbox"/> YES <input type="checkbox"/> NO		AFRICAN AMERICAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
PASTOR		BAPTIST CHURCH		26	
20. DECEASED'S RESIDENCE (Street and number, or location)					
400 WETLANDS EDGE ROAD					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
AMERICAN CANYON		NAPA		94503	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
18		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
JUANITA MCCOY, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number, or real estate address, city or town, state and zip)					
400 WETLANDS EDGE ROAD, AMERICAN CANYON, CA 94503					
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
JUANITA				GIBSON	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
JOHN				MCCOY	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
FL		ROSA		MAE	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
ALLISON		LA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY ROAD, DIXON, CA 95620)			
02/14/2022					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BURIAL		MARK ANTHONY ALEXANDER		EMB8791	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
WIGGINS-KNIPP FUNERAL HOME INC		FD353		KAREN RELUCIO, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
01/28/2022					
101. PLACE OF DEATH					
RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> Hospital <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
NAPA		400 WETLANDS EDGE ROAD		AMERICAN CANYON	
107. CAUSE OF DEATH					
IMMEDIATE CAUSE: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE					
108. DEATH REPORTED TO CORONER (Check last Death)					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. DEATH NUMBER					
C22-019					
110. SPOYS PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
DIABETES MELLITUS; OBESITY; CHRONIC KIDNEY DISEASE; SLEEP APNEA					
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 DEATH OCCURRED AT THE HOUR, DATE AND PLACE LISTED FROM THE CAUSE STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Justin Monroe		Justin Monroe, Dep Coroner		01/28/2022	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.					
MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined					
119. PAURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy					
121. HOURS (24 Hour)					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
Justin Monroe					
126. DATE mm/dd/yyyy					
01/28/2022					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
Justin Monroe, Dep Coroner					
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	
A B C D E					

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF NAPA

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA HEALTH AND HUMAN SERVICES AGENCY.

DATE ISSUED **FEB 04 2022**

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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



*Karen Relucio*  
KAREN RELUCIO, M.D.  
HEALTH OFFICER/DEPUTY DIRECTOR FOR PUBLIC HEALTH

CANAPA--01