

DOUGLAS COUNTY, NV **2023-1003455**
Rec:\$40.00
\$40.00 Pgs=2 12/28/2023 11:55 AM
WHITE ROCK GROUP, LLC
SHAWNYNE GARREN, RECORDER

After recording, please return to:

White Rock Group, LLC
700 South 21st Street
Fort Smith, AR 72901

Prepared by or under the supervision of:

Hayes, Johnson & Conley, PLLC
700 South 21st Street
Fort Smith, AR 72901

Contract No: 000410532485

APN: 1318-15-818-001 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 GEORGE STALEY, the decedent mentioned in the attached certified Certificate of Death, who died on May 2, 2022 in Wayne County, State of Michigan and who was a resident of the State of Michigan.

That at the time of death, said decedent was the owner in joint tenancy with Dorothy M Staley in that certain deed recorded on 12/12/2005, in Official records Instrument No 662954 of the Public Records of Douglas County Nevada, the following described property:

A 288,000/109,787,500 undivided fee simple interest as tenants in common in **Units 8101, 8102, 8103, 8201, 8202, 8203, 8301, 8302, 8303** 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 288,000 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 28 day of December, 2023

State of ARKANSAS §

County of SEBASTIAN §

On this 28 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.



Christopher B. Conley, the Affiant

[SEAL]

SHAWNA CORRIGAN
Notary Public-Arkansas
Sebastian County
My Commission Expires 07-27-2031
Commission # 12715864

Notary Public: Shawna Corrigan

My commission expires: 07-27-2031

Commission No.: 12715864

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF WAYNE

LF 3039
CF 8568

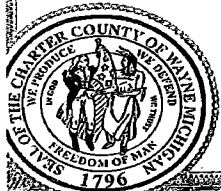


STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER
039655

1. DECEDENT'S NAME (First, Middle, Last) George Staley		2. DATE OF BIRTH April 11, 1934		3. SEX Male	4. DATE OF DEATH May 02, 2022		
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS George Halbert Staley				6a. AGE- Last Birthday (Years) 88	6b. UNDER 1 YEAR MONTHS	6c. UNDER 1 DAY DAYS HOURS MINUTES	
7a. LOCATION OF DEATH Henry Ford Hospital			7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Detroit		7c. COUNTY OF DEATH Wayne		
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Wayne	8c. LOCALITY Lincoln Park		8d. STREET AND NUMBER 1118 Cloverlawn Boulevard		
8e. ZIP CODE 48146		9. BIRTH PLACE Daisytown, Pennsylvania		10. SOCIAL SECURITY NUMBER [REDACTED] 5514	11. DECEDENT'S EDUCATION High school graduate		
12. RACE White		13a. ANCESTRY Hungarian, American Indian, Polish			13b. HISPANIC ORIGIN No	14. EVER IN THE U.S. ARMED FORCES? Yes	
15. USUAL OCCUPATION Steelworker		16. KIND OF BUSINESS OR INDUSTRY Steel Industry		17. MARITAL STATUS Married	18. NAME OF SURVIVING SPOUSE (If she give name before first marriage) Dorothy M Woodmancy		
19. FATHER'S NAME (First, Middle, Last) Jesse Staley			20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Elizabeth Kovatch				
21a. INFORMANT'S NAME Vicky Staley		21b. RELATIONSHIP TO DECEDENT Daughter	21c. MAILING ADDRESS 1118 Cloverlawn Blvd, Lincoln Park, Michigan 48146				
22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Glen Eden Memorial Park		23b. LOCATION - City or Village, State Livonia, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Alayna Hensley		25. LICENSE NUMBER 4501008369		26. NAME AND ADDRESS OF FUNERAL FACILITY Czopek Funeral Home, 2157 Oak Street, Wyandotte, Michigan 48192			
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death resulted due to the disease and cause stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and to my knowledge, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title Jennifer Cirino, MD		28a. ACTUAL OR PRESUMED TIME OF DEATH 06:43 AM	28b. PRONOUNCED DEAD ON May 02, 2022	28c. TIME PRONOUNCED DEAD 06:43 AM			
27b. DATE SIGNED May 06, 2022		27c. LICENSE NUMBER 430117569	29. MEDICAL EXAMINER CONTACTED Yes	30. PLACE OF DEATH Hospital	31. IF HOSPITAL Intensive Care Unit		
32. MEDICAL EXAMINER'S CASE NUMBER		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Jennifer A Cirino, MD					
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Jennifer Cirino, MD, Henry Ford Hospital, 2799 W. Grand Blvd., Detroit, Michigan 48202							
35a. REGISTRAR'S SIGNATURE <i>Cathy M. Garrett</i>				35b. DATE FILED May 11, 2022			
36. PART I. 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 venous air embolism without showing the etiology. Enter only one cause on line. If disease was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the essential death section, as: IMMEDIATE CAUSE (Final disease or condition resulting in death) Subsequently to IF ANY, leading to the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Approximate Interval Between Onset and Death	
a. cerebellar hemorrhage DUE TO OR AS A CONSEQUENCE OF						2 weeks	
b. traumatic brain injury DUE TO OR AS A CONSEQUENCE OF						2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I acute respiratory failure,							
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <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"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 41 days to 1 year before death	
39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable			
41a. DATE OF INJURY		41b. TIME OF INJURY	41c. DESCRIBE HOW INJURY OCCURRED				
41d. INJURY AT WORK		41e. PLACE OF INJURY	41f. IF TRANSPORTATION INJURY	41g. LOCATION			

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MAY 16 2022

DATE

I, CATHY M. GARRETT, CLERK OF SAID COUNTY OF WAYNE DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

Cathy M. Garrett

CATHY M. GARRETT
Wayne County Clerk

