

APN Parcel No. 1318-15-817-001 PTN  
 Contract No.: 000571900029  
 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 JANICE EILEEN FOSTER, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as JANICE E FOSTER, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Darrell R Foster and Janice E Foster jt, , recorded as instrument No. 2019-930493 on June 17th, 2019 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 700,000/138,156,000 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").

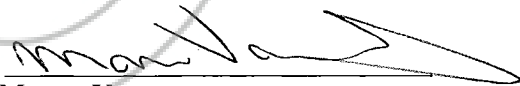
Being more particularly described in the deed recorded concurrently herewith and hereby incorporated in its entirety by this reference.

  
 \_\_\_\_\_  
 Affiant: Kenneth S Jacques

**ACKNOWLEDGEMENT**

STATE OF Florida    )  
                                   )  
 COUNTY OF Orange    )

Sworn to before me by means of   X   physical presence or \_\_\_\_\_ online notarization this 14th day of February, 2023 by Kenneth S Jacques. He or she is personally known to me.

SIGNATURE:   
 Printed Name: Marcus Vargas  
 Notary Public, State of Florida  
 My Commission Expires 05/17/2026



**MARCUS VARGAS**  
 Notary Public  
 State of Florida  
 Comm# HH263966  
 Expires 5/17/2026

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF SHASTA  
REDDING, CALIFORNIA

3052021236561

CERTIFICATE OF DEATH

3202145001976

STATE FILE NUMBER LOCAL REGISTRATION NUMBER
1. NAME OF DECEDENT - FIRST (Given) JANICE
2. MIDDLE EILEEN
3. LAST (Family) FOSTER
4. DATE OF BIRTH 03/13/1948
5. AGE Yrs. 73
6. SEX F
7. DATE OF DEATH 09/03/2021
8. HOUR (24 Hours) 0020
10. SOCIAL SECURITY NUMBER [REDACTED]-9910
11. EVER IN U.S. ARMED FORCES? NO
12. MARITAL STATUS/SOP (at Time of Death) MARRIED
13. EDUCATION - Highest Level/Degree ASSOCIATE
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? NO
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SOCIAL WORKER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LASSEN COUNTY
19. YEARS IN OCCUPATION 20
20. DECEDENT'S RESIDENCE (Street and number, or location) 691-465 TARA WAY
21. CITY SUSANVILLE
22. COUNTY/PROVINCE LASSEN
23. ZIP CODE 96130
24. YEARS IN COUNTY 47
25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME, RELATIONSHIP DARRELL FOSTER, HUSBAND
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 691-465 TARA WAY, SUSANVILLE, CA 96130
28. NAME OF SURVIVING SPOUSE/SOP - FIRST DARRELL
29. MIDDLE R.
30. LAST (BIRTH NAME) FOSTER
31. NAME OF FATHER/PARENT - FIRST THOMAS
32. MIDDLE HOMER
33. LAST SHEARIN
34. BIRTH STATE ID
35. NAME OF MOTHER/PARENT - FIRST DOROTHY
36. MIDDLE HELEN
37. LAST (BIRTH NAME) YOUNG
38. BIRTH STATE OR
39. DISPOSITION DATE 09/24/2021
40. PLACE OF FINAL DISPOSITION RESIDENCE OF DARRELL FOSTER 691-465 TARA WAY, SUSANVILLE, CA 96130
41. TYPE OF DISPOSITION(S) CR/RES
42. SIGNATURE OF EMBALMER NOT EMBALMED
43. LICENSE NUMBER
44. NAME OF FUNERAL ESTABLISHMENT ALLEN & DAHL FUNERAL CHAPEL
45. LICENSE NUMBER FD1558
46. SIGNATURE OF LOCAL REGISTRAR KAREN RAMSTROM, D.O. MSPH
47. DATE 09/24/2021
101. PLACE OF DEATH SHASTA REGIONAL MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE IP
103. IF OTHER THAN HOSPITAL, SPECIFY ONE
104. COUNTY SHASTA
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1100 BUTTE ST
106. CITY REDDING
107. CAUSE OF DEATH ACUTE RESPIRATORY FAILURE
108. DEATH REPORTED TO CORONER? YES NO
109. BICPSY PERFORMED? YES NO
110. AUTOPSY PERFORMED? YES NO
111. USED IN DETERMINING CAUSE? YES NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) SHOCK, RECTUS HEMATOMA, ABDOMINAL COMPARTMENT SYNDROME, LACTIC ACIDOSIS, NON TRAUMATIC ACUTE KIDNEY INJURY, BILATERAL PNEUMOTHORACES
113. WAS OPERATION PERFORMED? YES NO
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
115. SIGNATURE AND TITLE OF CERTIFIER JEFFREY BUREN KRAHLING, MD
116. LICENSE NUMBER G85151
117. DATE 09/22/2021
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEFFREY BUREN KRAHLING, M.D., 2701 OLD EUREKA WAY STE 1E, REDDING, CA 96001
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
120. INJURED AT WORK? YES NO
121. INJURY DATE
122. HOUR (24 Hours)
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
125. LOCATION OF INJURY (Street and number, or location, and city and zip)
126. SIGNATURE OF CORONER / DEPUTY CORONER
127. DATE
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SHASTA COUNTY ASSESSOR-RECORDER.

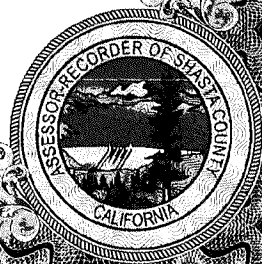
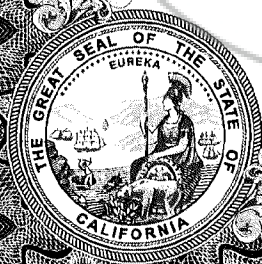
LESLIE MORGAN  
SHASTA COUNTY ASSESSOR-RECORDER

DATE ISSUED: OCT 12 2022



This copy not valid unless prepared on engraved border displaying date, seal and signature of Assessor-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASHASTA02