

APN Parcel No. 1318-15-822-001 PTN
 Contract No.: 000571301993
 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 DANIEL TYLER, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as DANIEL TYLER, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Daniel Tyler and Patricia Tyler, Joint Tenants With the Right of Survivorship, , recorded as instrument No. 832854 on October 30th, 2013 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 704,000/183,032,500 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.

Clara Luz Binet
 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 22nd day of February, 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



Donnette Jordan
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# GG961844
 Expires 3/25/2024

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO
 HEALTH AND SOCIAL SERVICES DEPARTMENT

3052022127698

CERTIFICATE OF DEATH

3202248001650

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)			
	DANIEL		ANDREW	TYLER		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs.	6. SEX
				04/25/1949	73	M
USUAL RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/yyyy	
	CO	8913	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED	05/25/2022	
	13. EDUCATION - Highest Level/Degree (See worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		8. HOUR (24 hours)	
	HS GRADUATE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	IRISH		0944	
INVESTIGATIVE	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		
	FOOTBALL COACH	EDUCATION		18		
	20. DECEDENT'S RESIDENCE (Street and number, or location)					
	554 LARAMIE WAY					
SPOUSE/SRDP AND PARENT INFORMATION	21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY	
	VACAVILLE	SOLANO	95688	31	CA	
	29. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
	PATRICIA TYLER, SPOUSE		554 LARAMIE WAY, VACAVILLE, CA 95688			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)			
	PATRICIA	-	VARAS DE VALDES			
	31. NAME OF FATHER/PARENT - FIRST	32. MIDDLE	33. LAST		34. BIRTH STATE	
	JOHN	-	TYLER		NY	
PLACE OF DEATH	35. NAME OF MOTHER/PARENT - FIRST	36. MIDDLE	37. LAST (BIRTH NAME)		38. BIRTH STATE	
	ALCARITA	JUNE	TAFOYA		CO	
	39. DISPOSITION DATE mm/dd/yyyy	40. PLACE OF FINAL DISPOSITION (Street and number, or location)				
	06/02/2022	RES OF WIFE, PATRICIA TYLER 554 LARAMIE WAY, VACAVILLE, CA 95688				
CAUSE OF DEATH	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
	CREMATE/RESIDENCE		NOT EMBALMED		-	
	44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR		
	BRYAN-BRAKER FUNERAL HOME		FD988	BELA MATYAS MD, MPH		
PHYSICIAN'S CERTIFICATION	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
	RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <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		
	SOLANO	554 LARAMIE WAY		VACAVILLE		
CORONER'S USE ONLY	107. CAUSE OF DEATH			Time Interval Between Onset and Death (M)	108. DEATH REPORTED TO CORONER?	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			(MOS)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	RENAL CANCER			(MOS)	109. BIOPSY PERFORMED?	
	Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			(MOS)	<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					113. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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		116. LICENSE NUMBER		
Decedent Attended Since		Decedent Last Seen Alive		HARNEET CHAWLA CHOPRA, MD		
05/23/2022		05/25/2022		A100593		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy				
1210 ROSSMOOR PKWY, WALNUT CREEK, CA 94595		05/31/2022				
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input 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			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		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 mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C	D	E	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SOLANO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

By , Deputy, DATE ISSUED **JUN 03 2022**

BELA MATYAS, MD, MPH
 HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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