

DOUGLAS COUNTY, NV **2023-996902**
Rec:\$40.00
\$40.00 Pgs=2 05/31/2023 09:56 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: 000170510630
APN: 1318-15-820-001 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 **HOYT TERRELL BEASLEY**, the decedent mentioned in the attached certified Certificate of Death, who died on **September 3, 2012** in **Oklahoma County**, State of **Oklahoma** and who was a resident of the State of **Oklahoma**.


That at the time of death, said decedent was the owner in joint tenancy with **BRENDA BEASLEY** in that certain deed recorded on **03/30/2006**, in Official records Instrument No **0671229** of the Public Records of Douglas County Nevada, the following described property:

A **105,000/128,986,500** undivided fee simple interest as tenants in common in **Units 10101, 10102, 10103, 10104, 10201, 10202, 10203, 10204, 10301, 10302, 20303, 10304** 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) **BIENNIAL** Ownership Interest as described in the Declaration of Restrictions for Grand Desert Resort and such ownership interest has been allocated **210,000** Points as defined in the Declaration of Restrictions for Grand Desert Resort which Points may be used by the Grantee in every **EVEN** Resort Year.

Affiant has no familial relation to either joint tenant or the deceased spouse, whichever is applicable.

Dated this 31 day of May, 2023.



Christopher B. Conley, the Affiant

State of ARKANSAS §
County of SEBASTIAN §

On this 31 day of May, 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]

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 OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) HOYT TERRELL BEASLEY					1a. LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX MALE
3. SOCIAL SECURITY NUMBER 9613		4. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5a. AGE- Last birthday (years) 66	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo/Day/Yr) JULY 14, 1946	
7. BIRTHPLACE (City and State or Foreign Country) ABILENE, TEXAS			8a. RESIDENCE- State OKLAHOMA		8b. RESIDENCE- County CREEK	8c. RESIDENCE- City or Town DEPEW	
8d. RESIDENCE- Zip Code 74028		8e. RESIDENCE- Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8f. RESIDENCE- Street and Number 600 SIMS			8g. RESIDENCE- Apt. Number	
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown					10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) BRENDA ERWIN		
11. FATHER'S NAME (First, Middle, Last) GERALD AUSTIN BEASLEY				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) CLARA PAULINE SMITH			
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____			14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			15. DECEDENT'S EDUCATION (Check the box that best describe highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MS, MEng, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) PREACHER					17. KIND OF BUSINESS / INDUSTRY RELIGION		
18a. INFORMANT'S NAME BRENDA BEASLEY		18b. RELATIONSHIP TO DECEDENT WIFE		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 600 SIMS, DEPEW, OKLAHOMA, 74028			
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify) _____			20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) OKDALE CEMETERY		21. LOCATION - City, Town and State DEPEW, OK		
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HUTCHINS-MAPLES FUNERAL HOME - BRISTOW, 119 N. CHESTNUT, BRISTOW, OKLAHOMA, 74010					23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH BRENT D. MATHERLY		
					24. FH ESTABLISHMENT LICENSE # 1642ES		

25. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify):					
26. FACILITY NAME (If not institution, give street & number) Mercy Health Center			27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH Oklahoma City, Ok 73120			28. COUNTY OF DEATH Okla	
29. DATE OF DEATH (Mo/Day/Yr) 9/3/2012		30. TIME OF DEATH 10305	31. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hepatic failure Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. Pneumonia Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. CHF Due to (or as a consequence of): d.					Approximate interval Onset to death Days Days years.	35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			37. 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY	41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)		42. DESCRIBE HOW INJURY OCCURRED:		
44. LOCATION OF INJURY: State: City or Town: Zip Code: Street & Number: Apartment Number:			45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)				
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN: <input checked="" type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Certifier: <i>Andrew S. Le...</i>			47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) Leanne Dias Da Silva MD 4300W. Memorial Rd OKC, Ok 73120				
48. LICENSE NUMBER 25788			49. DATE CERTIFIED (Mo/Day/Yr) 9-17-12				

50. REGISTRAR'S SIGNATURE <i>Cindy Buswell by DB</i>		51. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) SEP 21 2012		52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)	
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DATE OF DEATH: SEPTEMBER 3, 2012
 DATE OF BIRTH: JULY 14, 1946
 SEX: MALE
 DECEASED'S LEGAL NAME: HOYT TERRELL BEASLEY
 PHYSICIAN'S NAME:
 Type or print with black, permanent ink. THIS IS A PERMANENT RECORD.
 To be completed by the Funeral Home
 To be completed by the Attending Physician or Medical Examiner
 Unnatural deaths are the responsibility of the Medical Examiner.
 Do not sign unless the death occurred due to a natural disease process.