

DOUGLAS COUNTY, NV **2023-996955**
Rec:\$40.00
\$40.00 Pgs=3 **06/01/2023 09:43 AM**
WHITE ROCK GROUP, LLC
SHAWNYNE GARREN, RECORDER

Contract Number: 000570903054
APN: 1318-15-817-001 PTN
Prepared by or under the supervision of:
Hayes, Johnson & Conley, PLLC
700 South 21st Street
Fort Smith, AR 72901

After recording please return to:
White Rock Group, LLC
700 South 21st Street
Fort Smith, AR 72901
479-242-2940

AFFIDAVIT TERMINATING RIGHT OF SURVIVORSHIP

I, **L CATHERINE WILLIAMS**, residing at **16375 LORETTA LANE, MEADOW VISTA, CA 75722**, being duly sworn on oath do depose and say:

That affiant is the surviving joint tenant of **W. HUSTON OLIVER a/k/a WAYNE HUSTON OLIVER** who died on May 20, 2012 in **CLARK** County, State of **NEVADA** 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 this affiant of the following described property:

A **154,000/138,156,000** 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"). Less and except all minerals and mineral rights previously reserved.

The Property is a/an **ANNUAL** Ownership Interest as described in the Declaration of Restrictions for **Fairfield Tahoe at South Shore** and such ownership Interest has been allocated **154,000** Points as defined in the Declaration of Restrictions for **Fairfield Tahoe at South Shore**, which Points may be used by the Grantee in **EACH** Resort Year(s).

That the deceased was one and the same person named in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof;

Further, that there is no Estate Tax due, either Federal or State, on the estate of said deceased.

Dated: 5/4/2023

L. Catherine Williams
L CATHERINE WILLIAMS

State of California

County of Siskiyou

On this 4 day of May, 2023, before me, a Notary Public, within and for said County and State, duly commissioned and acting, appeared, **L CATHERINE WILLIAMS**, 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)  **CONNOR I. FALLON**
COMM # 2434610
SISKIYOU County
California Notary Public
Comm Exp Jan. 16, 2027

Connor I Fallon
Notary Public
Printed Name: Connor I Fallon
My commission expires: 1/16/27

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Siskiyou }

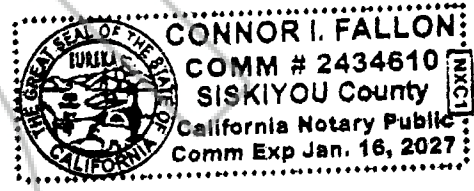
On May 4, 2023 before me, Connor I. Fallon
(Here insert name and title of the officer)

personally appeared L CATHERINE WILLIAMS
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public Signature (Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer _____
 (Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
 - Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
 - The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
 - Print the name(s) of document signer(s) who personally appear at the time of notarization
 - Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
 - The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
 - Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document
 - ❖ Indicate title or type of attached document, number of pages and date
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
 - Securely attach this document to the signed document with a staple.

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2012008397
STATE FILE NUMBER

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Wayne Huston OLIVER		2. DATE OF DEATH (Mo/Day/Year) May 20, 2012		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Sunrise Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 67	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1944	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Domestic Partnership		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER 0109		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Terrazzo Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE California		15b. COUNTY Placer		15c. CITY, TOWN OR LOCATION Meadow Vista	
15d. STREET AND NUMBER 16375 Loretta Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wayne Howard OLIVER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Verdie Viola MILLER		
18a. INFORMANT- NAME (Type or Print) L Catherine WILLIAMS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16375 Loretta Lane Meadow Vista, California 95722		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Bunker's Memory Gardens		19c. LOCATION City or Town State Las Vegas Nevada 89129	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LAURA SUSSMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 679		20c. NAME AND ADDRESS OF FACILITY Kraft-Sussman Funeral Service, Inc 3975 S Durango Drive, Ste 104 Las Vegas NV 89147	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ALI KIA MD SIGNATURE AUTHENTICATED			22a. 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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) May 25, 2012		21c. HOUR OF DEATH 14:54		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) ALI KIA MD 3186 S Maryland Pkwy Las Vegas, NV 89109				23b. LICENSE NUMBER 11940	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 29, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Cardiopulmonary arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute myocardial infarction				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Multivessel coronary artery disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By:

Date Issued

MAY 05 2012