

APN Parcel No. 1318-15-820-001 PTN
Contract No.: 000571303569
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 Alex Varga, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as ALEX VARGA, named as one of the parties in that certain deed executed by Wyndham Vacation Resorts, Inc., to Alex Varga and Martha Varga jt, , recorded as instrument No. 838418 on February 18th, 2014 of Official Records in the Office of County Recorder of Douglas County, State of Nevada.

Legal Description of Property:

A 245,000/128,986,500 undivided fee simple interest as tenants in common in Units 10101, 10102, 10103, 10104, 10201, 10202, 10203, 10204, 10301, 10302, 10303 and 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 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: Tamarelis Carrion

ACKNOWLEDGEMENT

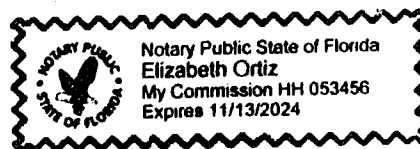
STATE OF Florida)

COUNTY OF Orange)

Sworn to before me by means of X physical presence or _____ online notarization this 9th day of April, 2024 by . He or she is personally known to me.

SIGNATURE: _____

Printed Name: Elizabeth Ortiz
Notary Public, State of Florida
My Commission Expires 11/13/2024



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

COUNTY OF NAPA

NAPA, CALIFORNIA 94559-3721

3052017147752

CERTIFICATE OF DEATH

3201728000763

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS <small>(Do not type over)</small>				LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) ALEX		2. MIDDLE -		3. LAST (Family) VARGA			
	4. DATE OF BIRTH mm/dd/yyyy 11/23/1933			5. AGE Yrs. 83	6. UNDER ONE YEAR Months 83	7. UNDER 24 HOUR Hours 83	8. SEX M	
	9. BIRTH STATE/FOREIGN COUNTRY HUNGARY		10. SOCIAL SECURITY NUMBER 8099		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/STROP* (at Time of Death) MARRIED	
	13. EDUCATION - Highest Level Degree (See worksheet on back) MASTERS		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. DATE OF DEATH mm/dd/yyyy 07/18/2017	
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.) EDUCATION				19. YEARS IN OCCUPATION 29		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 131 CAPSTONE COURT							
	21. CITY NAPA		22. COUNTY/PROVINCE NAPA		23. ZIP CODE 94559		24. YEARS IN COUNTY 52	
INFORMANT	25. INFORMANT'S NAME, RELATIONSHIP MARTHA VARGA, SPOUSE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 131 CAPSTONE COURT, NAPA, CA 94559				
	28. NAME OF SURVIVING SPOUSE/STROP - FIRST MARTHA		29. MIDDLE -		30. LAST (BIRTH NAME) STOLLAR			
SPOUSE/STROP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST JANOS		32. MIDDLE -		33. LAST VARGA		34. BIRTH STATE HUNGARY	
	35. NAME OF MOTHER/PARENT - FIRST ILONA		36. MIDDLE -		37. LAST (BIRTH NAME) BLESZ		38. BIRTH STATE HUNGARY	
	39. DISPOSITION DATE mm/dd/yyyy 07/21/2017		40. PLACE OF FINAL DISPOSITION RESIDENCE OF MARTHA VARGA 131 CAPSTONE COURT, NAPA, CA 94559					
FUNERAL DIRECTORY/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
	44. NAME OF FUNERAL ESTABLISHMENT TULLOCH CEMETERY, FUNERAL HOME CREMATORY		45. LICENSE NUMBER FD1786		46. SIGNATURE OF LOCAL REGISTRAR KAREN RELUCIO, MD		47. DATE mm/dd/yyyy 07/21/2017	
PLACE OF DEATH	101. PLACE OF DEATH QUEEN OF THE VALLEY MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/PC <input type="checkbox"/> ICA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
	104. COUNTY NAPA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1000 TRANCAS STREET			106. CITY NAPA		
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IN GASTROINTESTINAL BLEED					108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	IMMEDIATE CAUSE (First disease or condition resulting in death) ADENOCARCINOMA OF STOMACH					109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	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					110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NON Q WAVE MYOCARDIAL INFARCTION					111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>		
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER DOUGLAS RICHARD WILSON M.D.		116. LICENSE NUMBER A71642			
	117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DOUGLAS RICHARD WILSON M.D.		118. DATE mm/dd/yyyy 07/21/2017					
CORONERS USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy			
	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		FAX AUTH.#		CENSUS TRACT		

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

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA HEALTH AND HUMAN SERVICES AGENCY.

DATE ISSUED **JUL 25 2017**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



000180120

Karen Relucio
KAREN RELUCIO, M.D.
HEALTH OFFICER/DEPUTY DIRECTOR FOR PUBLIC HEALTH

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