

APN: 1319-15-000-020
R.P.T.T.: \$ 0.00
Send Subsequent Tax Bills To:
OLCC Nevada, LLC.
8505 W Irlo Bronson Memorial Hwy
Kissimmee, FL 34747



KAREN ELLISON, RECORDER

After Recording Mail To:
Robert William Sator
1464 Fairway Dr
Los Altos, CA 94024

Inventory Control No: 36023066450

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, Robert William Sator, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. Thomas David Sator and Lore Sator, the decedents mentioned in the attached certified copies of the Certificate of Deaths, is the same persons named as the Trustees in the certain Declaration of Trustee dated September 3, 1993, executed by Thomas D. Sator and Lore Sator, as Trustees.
2. At the time of the decedent's deaths, decedents were the owners, as Trustees, of certain real property acquired by the deed recorded on 10/28/2004, as Instrument No. 2004-627918, in the Official Records of Douglas County, Nevada:

All that Real Property situated in the County of Douglas, State of Nevada, bounded and described as follows (the "Property"):

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: 2001 Foothill Road, Genoa, Nevada 89411

3. I as the successor Trustee of the same trust under which said decedents held title as Trustees pursuant to the deed described above, am designated and empowered pursuant to the terms of said Trust to serve as the Sole Trustee thereof.



David Walley's Resort



4. No other person has a right to the interest of the Trust in the described Property.

DATED this 11 day of JULY, 20 19,

Robert William Sator
Signature of Successor Trustee

Robert William Sator
(Print Name), Successor Trustee

~~STATE OF _____)~~

~~ss~~

~~COUNTY OF _____)~~

~~SUBSCRIBED AND SWORN before me this _____ day of _____, 20 ____, by _____.~~

Notary Public Signature

Notary Public Print Name

My Commission Expires:

See attached certificate.

Notary Stamp/Seal

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1–6 below)
- See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 San Mateo

Subscribed and sworn to (or affirmed) before me
 on this 11th day of July, 2019,
 by _____
Date Month Year

(1) Robert William Sator
 (and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.



Signature Melissa A. Cardinale
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
 Number of Pages: _____ Signer(s) Other Than Named Above: _____

EXHIBIT "A"
LEGAL DESCRIPTION

A timeshare estate comprised of an undivided interest as tenants in common in and to that certain real property and improvements as follows:

An undivided 1/1,224th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

ADJUSTED PARCEL F: A parcel of land located within a portion of the West one-half of the Northeast one-quarter (W 1/2 NE 1/4) of Section 22, Township 13 North, Range 19 East, Mount Diablo Meridian, more particularly described as follows:

Commencing at the one-quarter corner common to Section 15 and 22, T13N, R19E, M.D.M., a found 1985 BLM brass cap as shown on the Record of Survey prepared by David D. Winchell and recorded September 28, 1989 in the office of the Recorder, Douglas County, Nevada as Document No. 211937; thence South 57°32'32" East, 640.57 feet to the POINT OF BEGINNING; thence North 80°00'00" East, 93.93 feet; thence North 35°00'00" East, 22.55 feet; thence North 10°00'00" East, 92.59 feet; thence North 80°00'00" East, 72.46 feet; thence South 10°00'00" East, 181.00 feet; thence South 80°00'00" West, 182.33 feet; thence North 10°00'00" West, 72.46 feet to the POINT OF BEGINNING.

(Reference is made to Record of Survey for Walley's Partners Ltd. Partnership, in the office of the County Recorder of Douglas County, Nevada, recorded on September 17, 1998 in Book 998 at Page 3261, as Document No. 449576.)

Together with those easements appurtenant thereto and such easements and use rights described in the Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort recorded September 23, 1998, as Document No. 0449993, and as amended by Document No. 0466255, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a TWO BEDROOM UNIT each year in accordance with said Declaration.

Per NRS 111.312 – The Legal Description appeared previously in that certain David Walley's Resort Grant, Bargain, Sale Deed recorded on 10/28/2004, as Recorded Document No. 0627918 of Douglas County Records, Douglas County, Nevada.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

305201724202

CERTIFICATE OF DEATH

3201741004230

Form containing fields for decedent information, residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

DATE ISSUED 12/07/2017 Kelly Smith



Signature of Scott Morrow, MD, Health Officer and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO HEALTH SYSTEM SAN MATEO, CALIFORNIA

3052015109334

CERTIFICATE OF DEATH

3201541002080

Form containing fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician certification, and coroner's use only.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN MATEO } SS

DATE ISSUED

JUN 04 2015

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

By Gloria Lee

Signature of Scott Morrow, M.D. HEALTH OFFICER AND REGISTRAR

Barcode and number 000845794

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE