DOUGLAS COUNTY, NV Rec:\$35.00

2019-932264 07/18/2019 02:55 PM

Total:\$35.00

ROBERT WILLIAM SATOR

Pas=6

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

After Recording Mail To: Robert William Sator 1464 Fairway Dr Los Altos, CA 94024 00094768201909322640060063 KAREN ELLISON, RECORDER

Inventory Control No: 36023066450

AFFIDAVIT OF SUCCESSOR TRUSTEE

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





DATED this day of	f July 20 19,
	Jula Faller Startes
	Signature of Successor Trustee
	Robert William Sator
	(Print Name), Successor Trustee
·	
STATE QF	
	SS
COUNTY OF	
SUBSCRIBED AND SWORN before, 20	ore me thisday of
	Notary Public Signature
	Notary Public Print Name My Commission Expires:
Notary Stamp/Seal	See attached certificate.

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

☑ See Attached Document (Notary to cross out ☐ See Statement Below (Lines 1–6 to be comple	
1	\ \
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2	
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4	
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5	
6	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
	icate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California	Subscribed and sworn to (or affirmed) before me
County of San Mateo	
County of Own Frame	on this 1114 day of 101 ,
/ /	by Date Month Year
	(1) Robert William Sator
	(1) 10001 (1)(1077) 0:107
\ \	(and (2)),
	Name(s) of Signer(s)
manage and a second	proved to me on the basis of satisfactory evidence
MELISSA A. CARDINALE Commission # 2129755	to be the person(s) who appeared before me.
Notary Public - California	
San Mateo County My Comm. Expires Oct 10, 2019	Simon Malliona de la company
my definite Expired dot 10, 2010 is	Signature of Notary Public
	Signature of Notary Public
Seal Place Notary Seal Above	
\ / /	PTIONAL ————
Though this section is optional, completing th	his information can deter alteration of the document or his form to an unintended document.
Description of Attached Document	
Title or Type of Document:	Document Date:
Number of Pages: Signer(s) Other Than I	

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

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" 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.

STAVID DE CATALEDENTA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

	3052017242402 CERTIFICATE OF DEATH		32	3201741004230			
			VANTEQUIS OR ALTERATIONS 1/05)		L REGISTRATION NUMBER		
_	1 NAME OF DECEDENT-FIRST (GWEN) THOMAS	DAVID	SATO	iomily) DR			
DATA	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST).		4 DATE OF BIRTH mm/dd/ocyy	Martha	ONE YEAR IF UNDER 24 H	14.444	
PERSONAL			06/21/1923	94		M	
ED -	B BIRTH STATE/FOREIGN COUNTRY HUNGARY 367	8 X YES NO [uwk WIDOWED	and the same of th	0/2017	0835	
DECEDENT	13 EDUCATION - Highest Level/Degrad 14/15 WAS DECEDENT HISPAU (see worksheet on back) BACHELOR YES		X No CAUCASIAN	A Comment		. \	
DEC	17 USUAL OCCUPATION - Type of work for most of life DO NOT U PUBLIC ACCOUNTANT	ISE RETIRED 18 KIND OF BUSIN	ESS OR INDUSTRY (0 g. grockry)	store, road construction, emplo	ryment agency, etc.) 19 YE	ARS IN OCCUPATION	
USUAL	20 DECEDENT'S RESIDENCE (Street and number, or location) 232 SHEARWATER ISLE						
	21 CITY 22	COUNTY/PROVINCE	100		STATE/FOREIGN COUNTRY		
	FOSTER CITY S. 28 INFORMANT'S NAME, RELATIONSHIP	AN MATEO	94404 VANT'S MAILING ADDRESS (Street		CA route number, city or town, state and zip)		
INFOR-	ROBERT SATOR, SON 1464 FAIRWAY DR , LOS ALTOS, CA 94024						
E/SRDP AND INFORMATION	-				\		
SRDP	DEZSO	32 MIDDLE	33 LAST SATOR			BIATH STATE UNGARY	
SPOUSE/SRDP PARENT INFORM	35 NAME OF MOTHER/PARENT-FIRST	36 MIDDLE	37 LAST (BIRTH N	AME)		BUTTH STATE	
	THERESA 39 DISPOSITION DATE mm/da/copy 40 FLACE OF FINAL DIS	- POSTHON SKYLAWN MEMO	TURK		/H	UNGARY	
DIRECTOR/ EGISTRAR		THWY 92, SAN MATEO,	CA 94402	/_	1 10 100	OF WILLIAMS	
J. DIREC	BU	42 SIGNATURE OF EMBA	76.	\vee	- 43 LICE	NSE NUMBER	
FUNERAL LOCAL R	44 NAME OF FUNERAL ESTABLISHMENT SKYLAWN FUNERAL HOME		SCOTT MORRO		E824	mm/dd/ccyy 6/2017	
	101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY	OME 103 IF OTHER TO	HAN HOSPITAL, SPECIFY ON	E .	
PLACE OF DEATH	36	SS OR LOCATION WHERE FOUND (Street and	number, or location)	76.	06 C/IY	Other	
	SAN MATEO 1501 TROUS	SDALE DR cleastes, reunes, or complications that directle	The second death PO NOT as a second death PO N	7%	BURLINGAME TITLE SECURITY SECU	EPORTED TO CORONER?	
	as cardiac arrest, respirator with the contract of the contrac	y arrest, or ventnouter filmitation without showing if	e chology DO NOT ABBREVIATE	7%	Oasel and Death AT)		
	(Final disease or condition resulting in death)				1 DAYS 17-020)11	
æ	Sequentally, list conditions, if any,	DYSPLASTIC SYNDROM	1E \ 1		ıyr □™		
DEATI	on Line A Enter (C) ATRIAL FIBRILLATIC	N		1.	·	PSY PERFORMED?	
JSE OF	CAUSE (disease or injury that	· · · · · · · · · · · · · · · · · · ·				DETERMINING CAUSE?	
CAU	resulting in death) LAST		ANIOS ON THUM	<u> </u>	YE	s NO	
	112 OTHER DIGWINSON CONTINUED THE DIT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 THROMBOCYTOPENIA, ANEMIA, MALNUTRITION						
and the same of	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM NO	f 107 GR 1127 (if yes, list type of operation and	data)		113A F FEMALE PR	ECHUNT IN LAST YEAR?	
Z NOT	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUPRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	115 SIGNATURE AND TITLE OF CERTIFIER		F##	LICENSE NUMBER 117 D		
PHYSICIAN'S CERTIFICATION	Decedent Atlanded Since Decedent Last Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy	HARSHA KOSHY ALE	XANDER M.D.,		129110 12/0	05/2017 P.M.D.	
CERI CERI	11/27/2017 11/30/2017	1501 TROUSDALE DR.	, BURLINGAME, C	A 94010	IT ALEXANDER	. 101.0.	
	119 I CERTIFY THAT IN MY OPINION DEATH OCCUPRED AT THE HOUR, DA		Could not be determined YES	NO UNK	INJURY DATE mm/dd/ceyy	122 HOUR (24 Hours)	
ΝĽ	123 PLACE OF INJURY (e.g., home, construction site, wooded are	176	<u> </u>				
useo	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted	n mund					
VER'S							
CORONER'S USE ONLY	125 LOCATION OF INJURY (Street and number, or location, and or	uk eug sib)					
1	128 SIGNATURE OF CORONER / DEPUTY CORONER	127 CLATE mm	dd/ccyy 128 TYPE NAME,	TITLE OF CORONER / DEPU	TY CORONER		
\Box	TE A B C C	E IIImuliida			V ALITTI A	OF VICINE TO 1 CT	
REGIS	The state of the s		010001003730404		K AUTH.#	CENSUS TRACT	
74							

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.

12/07/2017 Kelly Smith



SMound MD

HEALTH OFFICER AND RESISTRAH

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





COUNTY OF SAN MATEO HEALTH SYSTEM

SAN MATEO, CALIFORNIA

3052015109334		CERTIFICATE OF DEATH			3201541002080				
STATE FILE NUMBER 1 NAME OF DECEDENT-FIRST (GIVEN)		USE BLACK WIX CHI	CERTIFICATE OF DEATH SIATE OF CALVORNA USE BLACK NOT OF A VIOLET OF AN ITERATORS 153 THE OFFICE OF AN ITERATORS			LOCAL REGISTRATION NUMBER			
	LORE	ry	2 MIDDLE		SA	ST (Fame)	-		
NAL DATA	AXA. ALSO KNOVN AS - Include 6.2 A	KA (F.RST, MEDDLE LAST)	1	1 1/C	9/1925	5 AGE Yn. L	IF UNDER DINE YEAR Months Days	FUNDER 74 HOURS 8 SEX	
DECEDENT'S PERSONAL	BERMANY	10 SOCIAL SECURITY IN	115	NO. UN	MARRIE		7 DATE OF DEATH (***/ 05/29/2015	2030	
ECEDENT	13. EQUICATION - Highest Level Degree 14/ per inprished on back) HS GRADUATE	YES		X NO	WHITE	1	ey be isled (see workshee)	\	
- 8	OFFICE MANAGER			JBLIC ACCC	NDUSTRY (4.4) . gro UNTING	cary store, road construct	on, amploymant ágancy, et	19 YEARS IN OCCUPATION 25	
J. H.	20 DECEDENT'S RESIDENCE (STAN BE 232 SHEARWATER I								
RESIDENCE	21 CTY FOSTER CITY 22. COUNTY/PROVIN SAN MATE 25. INFORMANT'S NAME, RELATIONSHIP			94404 54		54	ATY 25. STATE OF FREIGN COUNTRY CA		
ENFOR.	THOMAS D. SATOR,	SPOUSE		232 SHEA	RWATER I	SLE, FOSTE	R CITY, CA 9	1404	
AND	28 NAME OF SURVIVING SPOUSE/SPO THOMAS	DP-FIRST	D. AUDOLE		30 LAST (BIR SATOR		1		
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT-FRST KARL		S NEOR		BUB	1	_/	SERMANY	
PARENT	35. NAME OF MOTHER/PARENT-PIRST SOPHIE		38. M DDLE		UETZE	STEIN		38 BATH STATE GERMANY	
TAR	09. DISPOSITION DATE mm/dd/cpyy 06/03/2015	40 PLACE OF FINAL DISPOS 232 SHEARWAT	TER ISLE, FO	MAS D. SATO	R SPOUS CA 94404	E /			
FUNERAL DIRECTORY LOCAL REGISTRAR	AT TYPE OF DISPOSITION(S). CR/RES		42 BIGNATI ▶ NOT	THE OF EMBALMER	N			43. LICENSE NUMBER	
FUNER	44 NAME OF FUNERAL ESTABLISHME COLMA CREMATION SERVICES	N AND FUNERAL	FD152		OTT MORE	ROW, MD	19	47 DATE MINISTERN 06/03/2015	
9 Z	RESIDENCE		The second leaves of the secon	[E	P DAY		OTHER THAN HOSPITAL,	SPECIFY ONE Decadacits Horras Other	
PLACE OF DEATH	SAN MATEO	232 SHEARWA	SOR LOCATION WHERE FOUND (Street and number of location) VATER ISLE				FOSTER CITY		
	107 CAUSE OF DEATH IN VEGIATE CAUSE IN MULTI IF had disease or condition resulting to death	First the chain of everta, does as conduct arrest, respiratory arre INFARCT DEME	SSEE NUMBER OF COMPASSION AND STREET OF AND	s that dreatly caused hout showing the elicitory	DONOT MAD TO TOO TOO TOO TOO TOO TOO TOO TOO TOO	LE Dulle of order 1704	fire risns Bevezn Unset and Dazin (A) MOS	NONE	
Ŧ	Sequentary, let consistent if any, leading to cluste on Line & Enter UNDERLYNIG				<u> </u>		(CT)	109, BIOPSY PLEI-ORMED? YES X NO 110, AUTOPSY PERFORMED?	
AUSE OF DEATH	UNDERLYNG CAUSE (disease or nyury trail int ated the events ID) resulting in death) LAST		············				(TO)	YES X NO	
3	Its older scale CAIL CONDITIONS CONTINUED THE OLDER STATE ON THE UNCERTANG CAUSE GRAN IN 19/ PERIPHERAL VASCULAR DISEASE, CONGESTIVE HEART FAILURE								
\	113, WAS OFERATION PERFORMED FO	\.	GPL \$127 (if yes, Ast type of	operation and state ([F FOULE PREGUET BLUSTYEAR) YER X NO UNA	
CATION	114,3 CERTIFY THAT TO THE BEST OF MY KNO AT THE HOUR DATE, AND PLACE STATED FRO December Artended Scion	76.	S. SIGNATURE AND TITLE O SHELLEY R SA	ALDETED M	D.	X	A42046	06/02/2015	
C 5 1		28/2015 34	I NORTH SAN	MATEOUR	VE#1, SA	SHELLEY I	R SALPETER CA 94401	M.D.	
	119 I CERTIFY THAT BLUY OPMION DEATH Natural	Account Homoda	Succes Production	Could no	DO	IED AT WORK?		medistropy 122 HOUR (24 Hours)	
ķ.	123 PLACE OF INJURY (a.g., Norws, construction site wooded was, etc.)								
CORONER'S USE	174. DESCRIBE HOW WILLEY OCCURRED (Everts which rewards in Fluin)								
CORONE	125 LOCATION OF INJURY (Street and number or location, and only, and rog								
1	128 S.G.A.TUPE OF CORONER / DEPUTY CORONER 127 DATE mm/dskcty 128 TYPENAME, TITLE OF CORONER / DEPUTY CORONER								
STA REGIST	TE A B	C D	E .	11111111111111111111111111111111111111	 	M FINE I THE FILL OF THE FI	FAX AUTH.	CENSUS TRACT	
		7 /							

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN MATEO

DATE ISSUED

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.

Gioria Lee

SCOTT MORROW, M.D. HEALTH OFFICER AND REGISTRAR

JUN 0 4 2015

000845794 *

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