

APN: 1319-15-000-031  
R.P.T.T.: \$ 0.00  
Send Subsequent Tax Bills To:  
OLCC Nevada, LLC.  
8505 W Irlo Bronson Mem. Hwy  
Kissimmee, FL 34747



KAREN ELLISON, RECORDER

After Recording Mail To:  
Laura B. Whitelaw, Ttee  
PO Box 10  
Kings Beach, CA 96143-0010

Inventory Control No: 36028104261

### ***AFFIDAVIT OF SURVIVING TRUSTEE***

I, Laura B. Whitelaw, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. Duane L. Whitelaw, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person named as the Trustee in the certain Declaration of Trustee dated February 13, 2007, executed by Duane L. Whitelaw and Laura B. Whitelaw, as Trustees.
2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by the deed recorded on 3/5/2015, as Instrument No. 2015-857848, 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 surviving 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 2<sup>nd</sup> day of August, 20 19,

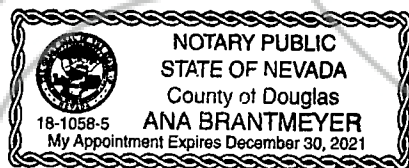
Laura B. Whitelaw  
Signature of the Surviving Trustee

Laura B. Whitelaw  
(Print Name), Surviving Trustee

STATE OF Nevada )  
SS

COUNTY OF Douglas )

SUBSCRIBED AND SWORN before me this 2<sup>nd</sup> day of  
August, 20 19, by Laura B. Whitelaw.



Notary Stamp/Seal

A. Brantmeyer  
Notary Public Signature

Ana Brantmeyer  
Notary Public Print Name  
My Commission Expires: 12/30/21

**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 1/2,448th 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 DELUXE 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 3/5/2015, as Recorded Document No. 2015-857848 of Douglas County Records, Douglas County, Nevada.

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### OFFICE OF VITAL STATISTICS

# COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

#### CERTIFICATE OF DEATH

3201831002310

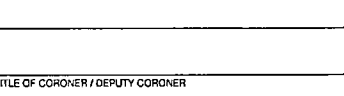
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>DUANE</b>		2. MIDDLE <b>LEE</b>	
3. LAST (Family) <b>WHITELAW</b>		4. DATE OF BIRTH mm/dd/yyyy <b>04/10/1953</b>	
5. AGE Yrs. <b>65</b>		6. SEX <b>M</b>	
7. DATE OF DEATH mm/dd/yyyy <b>07/23/2018</b>		8. HOUR (24 Hours) <b>1942</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>1110</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SDP* (at Time of Death) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree <b>MASTER'S</b>		14. WAS DECEDENT HISPANIC/LATINO/ASPIAN/SH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>FIRE CHIEF</b>		16. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) <b>FIRE DEPARTMENT</b>	
17. USUAL RESIDENCE (Street and number, or location) <b>7842 TIGER AVE.</b>		18. YEARS IN OCCUPATION <b>25</b>	
21. CITY <b>TAHOE VISTA</b>		22. COUNTY/PROVINCE <b>PLACER</b>	
23. ZIP CODE <b>96148</b>		24. YEARS IN COUNTY <b>30</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>LAURA WHITELAW, WIFE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>PO BOX 10, KINGS BEACH, CA 96143</b>		28. NAME OF SURVIVING SPOUSE/SDP - FIRST <b>LAURA</b>	
29. MIDDLE <b>BETH</b>		30. LAST (BIRTH NAME) <b>ENGBRECHT</b>	
31. NAME OF FATHER/PARENT - FIRST <b>ROY</b>		32. MIDDLE <b>CRUGER</b>	
33. LAST <b>WHITELAW</b>		34. BIRTH STATE <b>CA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>VIRGINIA</b>		36. MIDDLE <b>EVA</b>	
37. LAST (BIRTH NAME) <b>ANLAUF</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>07/30/2018</b>		40. PLACE OF FINAL DISPOSITION <b>RES. LAURA WHITELAW 7842 TIGER AVE., TAHOE VISTA, CA 96148</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>TRUCKEE TAHOE MORTUARY</b>	
45. LICENSE NUMBER <b>FD1191</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>ROBERT LEE OLDHAM, MD</b>	
47. DATE mm/dd/yyyy <b>07/27/2018</b>		101. PLACE OF DEATH <b>RESIDENCE-HOSPICE</b>	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>PLACER</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>7842 TIGER AVE.</b>	
106. CITY <b>TAHOE VISTA</b>		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. <b>(A) CARCINOMA OF TONGUE</b>	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>MOS. 2308005</b>		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>BIOPSY &amp; RESECTION 07/13/2016</b>			
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: <b>02/01/1989</b> Decedent Last Seen Alive: <b>07/23/2018</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>JOHN TIMOTHY LOMBARD M.D.</b>	
116. LICENSE NUMBER <b>C38687</b>		117. DATE mm/dd/yyyy <b>07/26/2018</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JOHN TIMOTHY LOMBARD M.D. 10978 DONNER PASS RD, TRUCKEE, CA 96161</b>			
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	*010001003946685*	FAX AUTH.#	CENSUS TRACT
-----------------	---	---	---	---	---	-------------------	------------	--------------

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED **07/31/2018**



**ROBERT L. OLDHAM, MD**  
HEALTH OFFICER AND LOCAL REGISTRAR

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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



CAPLACER01