

APN: 1319-22-000-021  
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:  
June-Ann Jaeke, Ttee  
~~1331 Angels Camp Dr~~  
~~Genoa City, NV 89703-3863~~

120 LaVerne Ave  
Long Beach, CA

90803

Inventory Control No: 36021008282

**AFFIDAVIT OF SURVIVING TRUSTEE**

I, June-Ann Jaeke, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. Gerald D. Jaeke, 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 May 3, 2002, executed by June-Ann Jaeke and Gerald D. Jaeke, 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 11/29/2004, as Instrument No. 2004-630383, 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 1st day of August, 20 19,

June-Ann Jaeke  
Signature of Surviving Trustee

June-Ann Jaeke  
(Print Name), Surviving Trustee

STATE OF California )  
SS

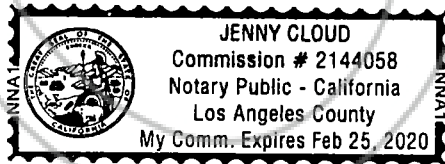
COUNTY OF Los Angeles )

SUBSCRIBED AND SWORN before me this 1st day of  
August, 20 19, by June-Ann Jaeke.

Jenny Cloud, Notary Public.  
Notary Public Signature

Jenny Cloud, Notary Public.  
Notary Public Print Name  
My Commission Expires: Feb 25, 2020

Notary Stamp/Seal



**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 1/2,142nd 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 11/29/2004, as Recorded Document No. 2004-630383 of Douglas County Records, Douglas County, Nevada.

July 19, 2019

# Orange Lake RESORTS

JUNE-ANN JAEKE, TTEE  
1331 ANGELS CAMP DR  
CARSON CITY NV-89703-3663

Re: Estate of Gerald D. Jaeke (deceased)  
David Walley's Resort – Contract(s): M6673116

Dear June-Ann,

Please accept our condolences over the loss of your love one. In order to remove the deceased person's name from the title, you will need to record an original **Certified Death Certificate** along with the enclosed **Affidavit** in the public records of Douglas County, Nevada. Please complete the Affidavit and have it Notarized. The Affidavit will need to be recorded at the Douglas County Recording Office in Minden, Nevada the address is as follows:

*Send \$35.00  
to record  
Affidavit & DC*

Douglas County Recorder  
Historic Courthouse  
1616 Eight St.  
PO Box 218  
Minden, NV 89423  
Telephone (775) 782-9025

You will need to enclose a cashier's check or money orders (Personal checks are not accepted) payable (in US Dollars on a US Bank) to: **Douglas County Recorder**. The recorder's office recommends that you do not send cash or credit card payment information through the mail. The recording fee for recording the documents is currently \$35.00. You should send a self-addressed stamped envelope for the return of the documents to you.

Please furnish our office with a **copy** of the Recorded **Affidavit and Death Certificate**. When we receive the recorded documents, we will update our records to indicate you as the sole owner of the property.

Sincerely,

Deeding Department  
Orange Lake Resort

Enclosure



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY OF LONG BEACH**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
 LONG BEACH, CALIFORNIA

**CERTIFICATE OF DEATH**

3201862002154

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) <b>GERALD</b>		2 MIDDLE <b>D</b>		3 LAST (Family) <b>JAEKE</b>	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>03/14/1937</b>		5. AGE Yrs. <b>81</b> IF UNDER ONE YEAR: Months <b>0</b> Days <b>0</b> IF UNDER 24 HOURS: Hours <b>0</b> Minutes <b>0</b>	
9 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10 SOCIAL SECURITY NUMBER <b>1657</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS/SRDP (at Time of Death) <b>MARRIED</b>		7 DATE OF DEATH mm/dd/yyyy <b>08/16/2018</b>		8 HOUR (24 Hours) <b>1335</b>	
13 EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		14/15 WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
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.)		19. YEARS IN OCCUPATION	
<b>SALES</b>		<b>PLASTICS</b>		<b>30</b>	
20 DECEDENT'S RESIDENCE (Street and number, or location) <b>1331 ANGELS CAMP DRIVE</b>					
21 CITY <b>CARSON CITY</b>		22 COUNTY/PROVINCE <b>-</b>		23 ZIP CODE <b>89703</b>	
24 YEARS IN COUNTRY <b>27</b>		25 STATE/COUNTRY OF BIRTH <b>NV</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>JUNE-ANN JAEKE, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1331 ANGELS CAMP DRIVE, CARSON CITY, NV 89703</b>			
28 NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>JUNE-ANN</b>		29. MIDDLE <b>-</b>		30 LAST (BIRTH NAME) <b>PETROSINE</b>	
31. NAME OF FATHER/PARENT - FIRST <b>FRANCIS</b>		32 MIDDLE <b>-</b>		33 LAST <b>JAEKE</b>	
34 BIRTH STATE <b>NE</b>		35 NAME OF MOTHER/PARENT - FIRST <b>SERENA</b>		36. MIDDLE <b>-</b>	
37 LAST (BIRTH NAME) <b>JONES</b>		38 BIRTH STATE <b>KY</b>		39 DISPOSITION DATE mm/dd/yyyy <b>09/04/2018</b>	
40. PLACE OF FINAL DISPOSITION <b>RES JUNE-ANN JAEKE 1331 ANGELS CAMP DRIVE, CARSON CITY, NV 89703</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>MCKENZIE MORTUARY SERVICES</b>		45 LICENSE NUMBER <b>FD1539</b>	
46. SIGNATURE OF LOCAL REGISTRAR <b>▶ ANISSA DAVIS, MD, MPH</b>		47 DATE mm/dd/yyyy <b>08/29/2018</b>		48	
101 PLACE OF DEATH <b>LONG BEACH MEMORIAL MEDICAL CENTER</b>		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2801 ATLANTIC AVE</b>		106 CITY <b>LONG BEACH</b>	
107 CAUSE OF DEATH (Final disease or condition resulting in death) <b>(A) CARDIOPULMONARY ARREST</b> <b>(B) METASTATIC UROTHELIAL CANCER</b>		108 DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) MIN (C) MONS (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109 DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input type="checkbox"/>	
110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>FAILURE TO THRIVE, URINARY TRACT INFECTION, DEHYDRATION, ANEMIA</b>					
111 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 117 OR 112? (If yes, list type of operation and date) <b>NO</b>					
112. SIGNATURE AND TITLE OF CERTIFIER <b>BEN ZANDPOUR M.D.</b>		113 LICENSE NUMBER <b>A73201</b>		114 DATE mm/dd/yyyy <b>08/24/2018</b>	
115 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>BEN ZANDPOUR M.D. 2801 ATLANTIC AVENUE, LONG BEACH, CA 90806</b>		116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>BEN ZANDPOUR M.D. 2801 ATLANTIC AVENUE, LONG BEACH, CA 90806</b>		117 DATE mm/dd/yyyy <b>08/15/2018</b>	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>BEN ZANDPOUR M.D. 2801 ATLANTIC AVENUE, LONG BEACH, CA 90806</b>		119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>BEN ZANDPOUR M.D. 2801 ATLANTIC AVENUE, LONG BEACH, CA 90806</b>		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 RECORD**  
 STATE OF CALIFORNIA, CITY OF LONG BEACH



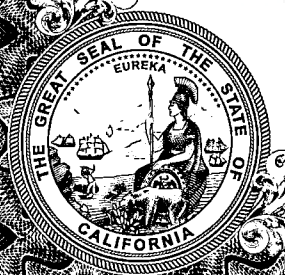
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Long Beach Department of Health and Human Services.

DATE ISSUED **SEP 04 2018**

*Anissa Davis, MD, MPH*  
 HEALTH OFFICER

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**



CALONGBE01