

APN: 1319-15-000-023  
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:  
Susan G. Garber, Trustee  
195 Putter Dr  
Brentwood, CA 94513-5001

Inventory Control No: 36025091480

***AFFIDAVIT OF DEATH OF TRUSTEE***

I, Susan G. Garber, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

1. John Allen Garber, 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 November 6, 2008, executed by John A. Garber and Susan G. Garber, 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 01/06/2010, as Instrument No. 2010-756653, 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





**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 Contra Costa

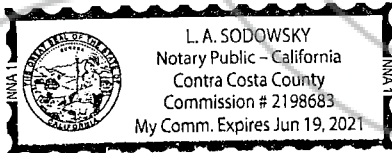
Subscribed and sworn to (or affirmed) before me  
 on this 11<sup>th</sup> day of March, 2020,  
 by Date Month Year

(1) Susan G. Garber

(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 L.A. Sadowsky  
*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: Affidavit of Death of Trustee Document Date: \_\_\_\_\_

Number of Pages: 2 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 1/204th 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 01/06/2010, as Recorded Document No. 2010-756653 of Douglas County Records, Douglas County, Nevada.

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

**COUNTY OF CONTRA COSTA**

MARTINEZ, CALIFORNIA

3052019234953

**CERTIFICATE OF DEATH**

3201907006705

STATE FILE NUMBER 3052019234953		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 9/06)		LOCAL REGISTRATION NUMBER 3201907006705	
1. NAME OF DECEDENT—FIRST (Given) <b>JOHN</b>		2. MIDDLE <b>ALLEN</b>		3. LAST (Family) <b>GARBER</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>10/11/1949</b>					
5. AGE Yrs. <b>70</b>					
6. SEX <b>M</b>		7. DATE OF DEATH mm/dd/yyyy <b>11/15/2019</b>		8. HOUR (24 Hour) <b>1330</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>-5695</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/ROP* at Time of Death <b>MARRIED</b>		13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14/15. WAS DECEDENT HISPANIC/LATINO/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 <b>GENERAL CONTRACTOR</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>CONSTRUCTION</b>		19. YEARS IN OCCUPATION <b>50</b>
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>195 PUTTER DRIVE</b>					
21. CITY <b>BRENTWOOD</b>		22. COUNTY/PROVINCE <b>CONTRA COSTA</b>		23. ZIP CODE <b>94513</b>	24. YEARS IN COUNTY <b>35</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>					
26. INFORMANT'S NAME, RELATIONSHIP <b>SUSAN GARBER, SPOUSE</b>		27. INFORMANT'S ADDRESS (Street and number, or rural route, box, or farm, care and care) <b>195 PUTTER DRIVE, BRENTWOOD, CA 94513</b>			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>SUSAN</b>		29. MIDDLE <b>GAYLE</b>		30. LAST (BIRTH NAME) <b>EDWARDS</b>	
31. NAME OF FATHER/PARENT—FIRST <b>DONALD</b>		32. MIDDLE <b>GEORGE</b>		33. LAST <b>GARBER</b>	
34. BIRTH STATE <b>WA</b>		35. NAME OF MOTHER/PARENT—FIRST <b>VIRGINIA</b>		36. MIDDLE <b>EDITH</b>	
37. LAST (BIRTH NAME) <b>KING</b>		38. BIRTH STATE <b>CA</b>		39. DISPOSITION DATE mm/dd/yyyy <b>11/23/2019</b>	
40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF SUSAN GARBER 195 PUTTER DRIVE, BRENTWOOD, CA 94513</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>NEPTUNE SOCIETY OF NORTHERN CALIFORNIA</b>		45. LICENSE NUMBER <b>FD1823</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ CHRISTOPHER FARNITANO, MD</b>	
47. DATE mm/dd/yyyy <b>11/22/2019</b>					
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>CONTRA COSTA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>195 PUTTER DRIVE</b>		106. CITY <b>BRENTWOOD</b>	
107. CAUSE OF DEATH Enter the chain of events --- disease, injuries or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or withdrawal of life/sustaining without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) CARDIOPULMONARY ARREST</b> 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 <b>(B) MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS</b>					
108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <b>SECS</b>		109. BIRTH-YR PERFORMED? <b>YEARS</b>			
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERTENSION</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>RIGHT NEPHRECTOMY 03/04/2018</b>					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attended Since mm/dd/yyyy <b>09/12/2019</b> Decedent Last Seen Alive mm/dd/yyyy <b>11/15/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ SUKHWINDER SANDHU M.D.</b>		116. LICENSE NUMBER <b>G66303</b>	
117. DATE mm/dd/yyyy <b>11/21/2019</b>					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SUKHWINDER SANDHU M.D. 6850 REGIONAL STREET SUITE 100A, DUBLIN, CA 94568</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"/> Accidents <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		"010001004367439"	

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

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

DATE ISSUED

12/03/2019

*ms*



100049489

*Chris Farnitano*  
CHRISTOPHER FARNITANO, MD  
COUNTY HEALTH OFFICER

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**



CA CONTRA DJ