DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00 CAROL ROBY 2021-962489 02/24/2021 02:28 PM

Pgs=4

A portion of APN: 1319-30-645-003

**RECORDING REQUESTED BY**STEWART VACATION OWNERSHIP

STEWART VACATION OWNERSHI

WHEN RECORDED MAIL TO: WILSON TITLE SERVICES, LLC 9271 S. JOHN YOUNG PARKWAY ORLANDO, FL 32819 00129299202109624890040044

KAREN ELLISON, RECORDER

Escrow No:

RECORDERS USE ONLY

## AFFIDAVIT-DEATH OF TRUSTEE

STATE OF CALIFORNIA

SS.

COUNTY OF SAN JOAQUIN

Carol Ann Roby , of legal age, being duly sworn, deposes and says

That <u>Gordon A. Roby</u>, the decedent mentioned in the attached Certificate of Death, is the same person as <u>Gordon A. Roby</u> named as a Trustee of that certain Declaration of Trust dated <u>May 15, 1995</u> and designated the Trustee in the Deed recorded in Douglas County, State of Nevada on <u>June 23, 1995</u> in Book <u>695</u> at Page <u>3913</u> as Document No. <u>364710</u>.

In accordance with the above referenced trust, <u>Carol Ann Roby</u> shall act as successor trustee of said trust on the death of **Gordon A. Roby**.

<u>Carol Ann Roby</u> is filing this Affidavit with the Douglas County Recorder to establish the succession of <u>the Trustees of the Roby Family Trust</u>, as successor trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in **Exhibit 'A'** attached hereto and incorporated herein by reference.

Dated: 2-23-2021

Signature-Carol Ann Roby

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 JOAQUIN )

On February 23, 2021, before me, MICHAEL T. GREENBERG, Notary Public, personally appeared CAROL ANN ROBY, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public

MICHAEL T. GREENBERG Notary Public - California San Joaquin County Commission # 2288895 My Comm. Expires Jun 14, 2023

## Exhibit A

- (A) An undivided  $1/38^{th}$  interest in and to Lot 34 as shown on Tahoe Village Unit No.  $3-13^{th}$ Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 through 038 (inclusive) as shown on certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and
- (B) Unit 162, as shown and defined on said map; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions, and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of the Ridge Tahoe Phase Six, recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 25, 1992, as Document No. 271727, as each may be amended, supplemented, and amended and restated from time to time (collectively, the "Declarations") and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 34 only, for one week each year in the Swing "Season" in accordance with said Declarations.

TOGETHER WITH all the improvements now or hereafter erected on the property, and all: easements, rights, appurtenances, rents, royalties, mineral, oil and gas rights and profits, water rights and stock and all fixtures now or hereafter a part of the Property. All replacements and additions shall also be covered by this Deed. All of the foregoing together with all personal property associated therewith is part of the Property described above.

SUBJECT TO: (i) any and all rights, rights of way, reservations, restrictions, agreements, covenants, encumbrances, easements, mineral exceptions and reservations, and all conditions of record; (ii) the Declaration; and (iii) Real Estate Taxes that are currently not due and payable but are a lien against the Property.

TITLE TO THE PROPERTY is herein transferred with all tenements, hereditaments and appurtences thereunto belonging or appertaining, and the reversion and revisions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD, the said Property unto the said Grantee, their heirs and successors and assigns forever in fee simple.

## SAN JOAQUIN COUNTY PUBLIC HEALTH SERVICES

STOCKTON, CALIFORNIA

3052016225344		STATE OF CALIFORNIA  USE REACK INK OM Y / NO FRASIBES WHITEOUTS OR ALTERATIONS			3201639004419	
	STATE FILE NUMBER  1. NAME OF DECEDENT- FIRST (Given)	VS-114(REV	2. MIDDLE 3. LAST (Family)		EGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	GORDON	ALAN	RO		\ \	
	ÁKA, ALSO KNOWŇ ÁS – Include full AKA (FIRST, MÍDDLE, LAST)		4. DATE OF BIRTH mm/dd/c 02/01/1948	68 Months	Days Hours Minutes M	
	9. BIRTH STATE/FOREIGN COUNTRY CA 10. SOCIAL SECURIT	9 X YES NO [	u∞ MARRIED	and the same of th	2016 1751	
	BACHELOR YES	· · · · · · · · · · · · · · · · · · ·	X No WHITE	ACE - Up to 3 races may be listed (s		
	17. USUAL OCCUPATION - Type of work for most of tife. DO NOT U		ESS OR INDUSTRY (e.g., groc LE LUMBER	ery store, road construction, employme	ent agency, etc.) 19. YEARS IN OCCUPATION	
IAL	20. DECEDENT'S RESIDENCE (Street and number, or location) 2921 CUMBRIA WAY					
RESIDENCE	LODI S	COUNTY/PROVINCE AN JOAQUIN	23. ZIP CODF 95242	24. YEARS IN COUNTY 25. STAT CA		
INFOR-	26. BY ORMANT'S NAME, RELATIONSHIP  27. INFORMANT'S MAILING ADDRESS (Circuit and number, or usual route number, city or flown, state and zlip)  29.21 CUMBRIA WAY, LODI, CA 95242					
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRIDP-FIRST CAROL	29. MIDDLE ANN	PRETL	H NAME)		
	31. NAME OF FATHER/PARENT-FIRST THOMAS	32. MIDDLE	ROBY		34, BIRTH STATE CA	
	35. NAME OF MOTHER/PARENT-FIRST.  JOSEPHINE	36, MIDDLE	37. LAST (BIFT) PAROD		38. BENTH STATE  CA	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39, DISPOSITION DATE IMMÉDISPOSITION RES CAROL ROBY 11/21/2016 2921 CUMBRIA WAY, LODI, CA 95242					
	41. TYPE OF DISPOSITION(S)  CR/RES	42. SIGNATURE OF EMBA	% W		43. LICENSE NUMBER	
	44, NAME OF FUNERAL ESTABLISHMENT LOD! FUNERAL HOME	45. LICENSE NUMBER 4	8. SIGNATURE OF LOCAL RE-	APT	47. DATE trinvidulossyy 11/18/2016	
Œ.	101. PLACE OF DEATH		102. IF HOSPITAL SPEC		HOSPITAL, SPECIFY ONE Nursing Decedent's Other	
PLACE OF DEATH	LODI MEMORIAL HOSPITAL  103. FOUNTY 163. FACILITY ADDRE  SAN JOAQUIN 975 S FAIRN	SS OF LOCATION WHERE FOUND (Street land		108.	Home United	
CAÚSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events —	diseases, injuries, or complications — that directly arrest, or ventnouter floritation without showing the	y caused death, DO NOT enter to se etiology. DO NOT ABBREVIAT	erminal events such Time to	nterval Services 108, DEATH REPORTED TO CORDINERS	
	IMMEDIATE CAUSE (A) ACUTE HYPOXIC RE (Final disease or condition resulting to death)	SPIRATORY FAILURE		ผก DY	/S	
	Sequentially, list conditions, if any,		7 1	DY		
	on Line A. Enter UNDERLYING CAUSE (disease or lower that	CANCER	<u> </u>		ONS YES X NO.	
	initiated the events (U) resulting in death) LAST			. (OT)	111, USED IN DETERMENTING CAUSE?	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PULMONARY EMBOLISM, NON ST SEGMENT MYOCARDIAL INFARCTION  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (IT yees, list type of operation and date.)					
	NO		date.)		113A IF FEMALE PREGNANT IN LAST YEAR: YES NO UNK	
PHYSICIAN'S CERTIFICATION	114.1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive	115. SIGNATURE AND TITLE OF CERTIFIER  ▶ CATHERINE VERA C	ARROLL M.D.	X 1	17855 11/18/2016	
PHYS	(A) mm/dd/ccyy (B) mm/dd/ccyy 11/06/2016 11/14/2016	116. TYPE ATTENDING PHYSICIAN'S NAME 975 S FAIRMONT AVE,	LODI, CA 9524	<u>U</u>		
	119. I CERTIFY THAT IN INY OPINION DEATH OCCUPRIED AT THE HOUR, DA MANNER OF DEATH Natural Accident Homicki	a Suicida Pénding [nvestigation	Could not be determined YES		JURY DATE mm/dd/ccyy 122, HOUR (24 Hours	
CORONER'S USE ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
	124, DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
CORC	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)  126. SIGNATURE OF CORONER / DEPUTY CORONER   127, DATE   128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER   128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER   129, DATE   128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER   129, DATE   129,					
Name of Street, or other Designation of the Indian	128. SIGNATURE OF CORONER / DEPUTY CORONER	127, DATE mm	VOLUCCYY 12B. TYPE NA	ME, TILE UP CUMONER/DEPUTY	CONCREM	
et.	ATE A B C I	P E MINHININ	DD DAN CO'C ĐƯỢC THỂ ĐƯỢC ĐƯỢC ĐƯƠC ĐƯƠC ĐƯƠC ĐƯỢC ĐƯƠC ĐƯƠC ĐƯỢC ĐƯƠC ĐƯƠC ĐƯƠC ĐƯƠC ĐƯƠC ĐƯƠC ĐƯƠC ĐƯƠ	FAX A	AUTH.# CENSUS TRACT	
	TRAR		'010001003396689			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN SS

DATE ISSUED:

NOV 2 8 2016 This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

ALVARO GARZA, M.D., M.P.H.
LOCAL REGISTRAR

ALVARO GARZA, M.D., M.P.H.
LOCAL REGISTRAR

RENCORRIDUS

ALVARO GARZA, M.D., M.P.H.
LOCAL REGISTRAR

RENCORRIDUS

