

Mail tax statements to:
RIDGE TAHOE PROP OWNERS ASSN
C/O RESORTS WEST
PO BOX 5790
STATELINE, NV 89449

Recording requested by:
John Ivan Seliskar

RETURN TO:
LT Transfers
4513 Highway 129N
Cleveland, GA 30528

Portion of APN # 1319-30-644-043

AFFIDAVIT - DEATH OF TRUSTEE

John Ivan Seliskar, being of legal age, being first duly sworn, deposes and says:

1. Alleah Susan Seliskar is the decedent mentioned in the attached certified copy of Certificate of Death and is the same person named as Trustee in that certain Declaration of Trust dated September 29, 2009, executed by John Ivan Seliskar and Alleah Susan Seliskar as trustees.
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on October 26, 2009, as Document No. 0752762, in the Official Records of Douglas County, Nevada, describing the following real property:
See attached Exhibit "A"
3. I am the successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: August 10, 2021



John Ivan Seliskar, Affiant

STATE OF _____

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2021, by **John Ivan Seliskar**, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

see attached

Notary Public Signature

Katherine Deurloo

Notary Printed Name

My Commission Expires: 01/31/2025

JURAT

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 Luis Obispo } SS.

Subscribed and sworn to (or affirmed) before me on this 10th day of August, 2021, by
John Ivan Seliskar, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Katherine Deurloo
NOTARY'S SIGNATURE

PLACE NOTARY SEAL IN ABOVE SPACE

OPTIONAL INFORMATION

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- INDIVIDUAL
- CORPORATE OFFICER _____ TITLE(S)
- PARTNER(S)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

DESCRIPTION OF ATTACHED DOCUMENT

Affidavit - Death of Trustee
TITLE OR TYPE OF DOCUMENT
3 pages
NUMBER OF PAGES
8/10/2021
DATE OF DOCUMENT

ABSENT SIGNER (PRINCIPAL) IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

RIGHT THUMBPRINT OF SIGNER

OTHER



EXHIBIT "A"

A Timeshare Estate comprised of:

PARCEL ONE:

An undivided **1/51st** interest in and to that certain condominium as follows:

- (A) An undivided **1/106th** interest, as tenants-in-common, in and to **Lot 37** as shown on Tahoe Village **Unit No. 3** – 10th Amended Map, recorded September 21, 1990, as Document No. 235008, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown and defined on that certain Condominium Plan recorded as Document No. 182057, Official Records of Douglas County, State of Nevada.
- (B) Unit No. **076** as shown and defined on said last Condominium Plan.

PARCEL TWO:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, re-recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East M.D.B. & M.; and
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL THREE:

A non-exclusive right to use the real property known as "Common Area" as shown on Tahoe Village Unit No. 3 - 10th Amended Map, recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East, M.D.B. & M. for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in modifications thereof: (1) recorded September 28, 1973, as Document No. 69063 in Book 973, Page 812 of Official Records; (2) recorded July 2, 1976, as Document No. 1472 in Book 776, Page 87 of Official Records; and (3) recorded July 26, 1989, as Document No. 207446 in Book 789, Page 3011.

PARCEL FOUR:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots 29, 30, 35, 39, 40 and 41 as shown on Tahoe Village Unit No. 3 – 10th Amended Map, recorded September 21, 1990 as Document No. 235008 of the Douglas County Recorder's Office, Douglas County, Nevada, within Section 30, Township 13 North, Range 19 East M.D.B. & M., for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 and as amended from time to time of Official Records of Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a Unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Restrictions of the Right Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during **One** Use Weeks within the **Prime** Season, as said quoted terms are defined in the Declaration of Annexation of the Ridge Tahoe Phase Five.

The above described exclusive and non-exclusive rights may be applied to any available unit of the same Unit Type on Lot 37 during said Use Week within said "Use Season".

END OF EXHIBIT "A"

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO
SAN LUIS OBISPO, CALIFORNIA

3052016254178

CERTIFICATE OF DEATH

3201640002282

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) ALLEAH		2. MIDDLE SUSAN		3. LAST (Family) SELISKAR	
AKA. ALSO KNOWN AS - (Include full AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH m/m/dd/yyyy 03/04/1951		5. AGE Yrs. 65		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 7270		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP (In time of Death) MARRIED		7. DATE OF DEATH m/m/dd/yyyy 12/25/2016		8. HOUR (24 Hours) 1029	
13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/ASIAN/ISH? (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)) CAUCASIAN	
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 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 910 PASEO PACIFICO ST.					
21. CITY ATASCADERO		22. COUNTY/PROVINCE SAN LUIS OBISPO		23. ZIP CODE 93422	
24. YEARS IN COUNTY 46		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JOHN IVAN SELISKAR, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 810 PASEO PACIFICO ST., ATASCADERO, CA 93422			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST JOHN		29. MIDDLE IVAN		30. LAST (BIRTH NAME) SELISKAR	
31. NAME OF FATHER/PARENT - FIRST YOUSIF		32. MIDDLE SHARIF		33. LAST DAJANI	
34. BIRTH STATE PALESTINE		35. NAME OF MOTHER/PARENT - FIRST SYLVIA		36. BIRTH STATE UT	
37. LAST (BIRTH NAME) BLACK					
39. DISPOSITION DATE m/m/dd/yyyy 01/03/2017		40. PLACE OF FINAL DISPOSITION ATASCADERO DISTRICT CEMETERY 1 CEMETERY ROAD, ATASCADERO, CA 93422			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER KAILEE VITELLI		43. LICENSE NUMBER EMB9257	
44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE ROSES		45. LICENSE NUMBER FD290		46. SIGNATURE OF LOCAL REGISTRAR PENNY BORENSTEIN, MD	
47. DATE m/m/dd/yyyy 12/29/2016					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTO <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN LUIS OBISPO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 910 PASEO PACIFICO ST		106. CITY ATASCADERO	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) MALIGNANT NEOPLASM OF BRAIN		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 16R-1278		109. BIOPSY PERFORMED? (B) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since m/m/dd/yyyy (A) 12/01/2016 (B) m/m/dd/yyyy 12/24/2016		115. SIGNATURE AND TITLE OF CERTIFIER JEFFREY BOURNE DO	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEFFREY BOURNE DO PO BOX 148, TEMPLETON, CA 93465		117. LICENSE NUMBER 20A7050		118. DATE m/m/dd/yyyy 12/29/2016	
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 m/m/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 m/m/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, COUNTY OF SAN LUIS OBISPO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Luis Obispo County Health Department.

DATE ISSUED JAN 05 2017

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



Penny Borenstein MD
DR. PENNY BORENSTEIN
COUNTY HEALTH OFFICER

