DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2022-986951 07/01/2022 03:15 PM

LAW OFFICES OF JASON LOUIE, PC

Pgs=8

APN: 1319-30-721-010

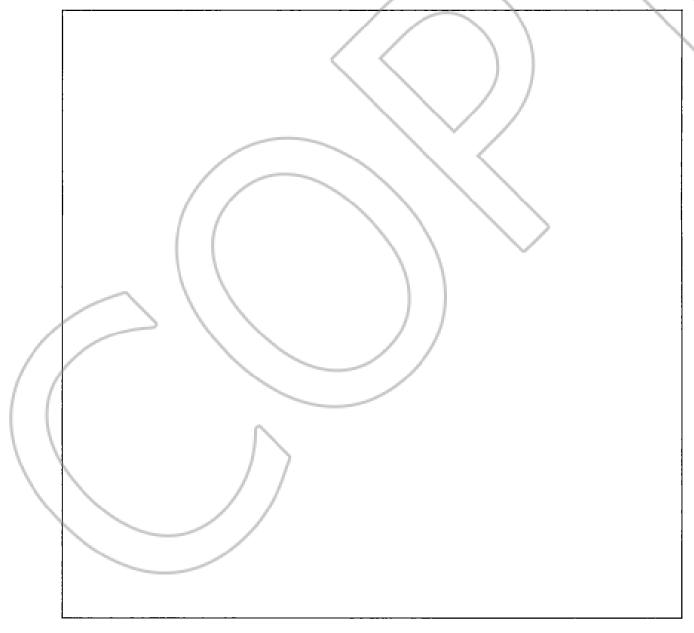
Recording Requested by and Tax Statements to be sent to: Kelli Louise Leyva 610 Bainbridge Street Foster City, CA 94404

When Recorded Mail to: Jason Louie, Attorney at Law 490 Post Street, Suite 910 San Francisco, CA 94102 (415) 240-4646



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE



AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA, County of ______ :

Kelli Louise Leyva, of legal age, being duly sworn, says:

On January 10, 2004, Peter Joseph Lazara and Barbara Jean Lazara, as settlors, by a Trust Declaration created the PETER JOSEPH LAZARA AND BARBARA JEAN LAZARA 2004 TRUST ("the Trust");

On January 10, 2004, the said settlors executed the Trust Transfer Grant Deed, recorded February 6, 2004, in DOC 0603997 – BOOK 0204 – PAGES 02591-02592 in Official Records in the office of the Douglas County Recorder, conveying to **PETER JOSEPH LAZARA and BARBARA JEAN LAZARA**, as Trustees of the Trust, a parcel of land, and improvements and appurtenances thereto in the County of Douglas, State of Nevada;

On July 13, 2016, PETER JOSEPH LAZARA, one of the said Trustees, the same person as the decedent mentioned in the certified copy of Certificate of Death, attached hereto as Exhibit A, died;

On April 10, 2022, BARBARA JEAN LAZARA, one of the said Trustees, the same person as the decedent mentioned in the certified copy of Certificate of Death, attached hereto as Exhibit A, died;

The Trust Declaration provides that Kelli Louise Leyva, 610 Bainbridge Street, Foster City, CA 94404, (650) 430-3175, represented by Jason Louie, The Law Offices of Jason Louie, P.C., 490 Post Street Suite 910, San Francisco, CA 94102, phone number (415) 240-4646, e-mail JLouie@JLLawOffice.com, thereupon became the sole acting Trustee of the said Trust and is now qualified and acting Trustee of the Trust;

The property hereinabove mentioned, a parcel of land, and improvements and appurtenances thereto in the County of Douglas, State of Nevada; APN- 1319-30-721-010; is described as follows: See attached Exhibit B.

Dated: 4/17/02

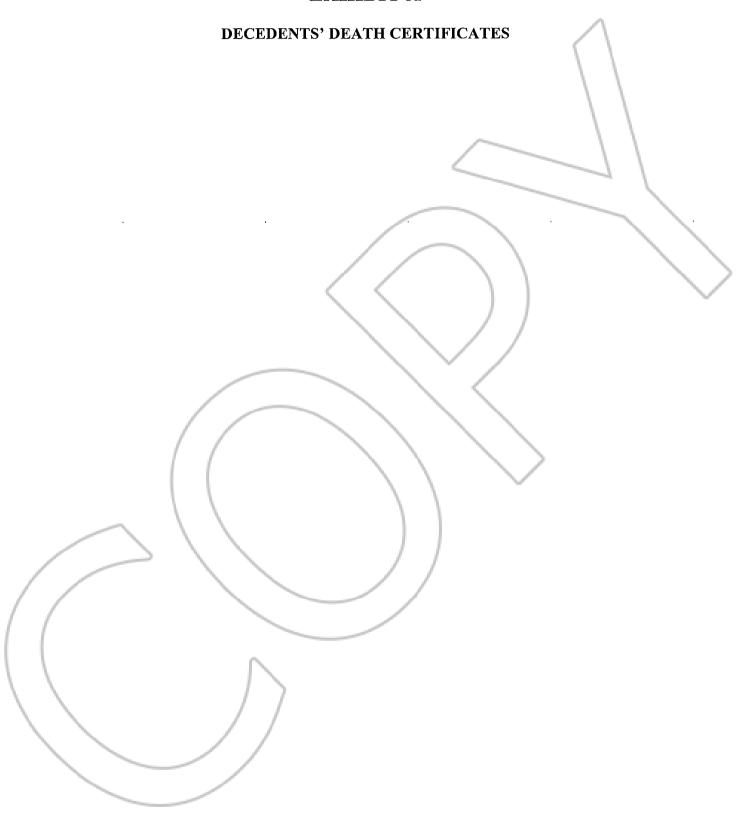
KEILI LOUISE LEYVA, as Trustee of the PETER JOSEPH LAZARA AND BARBARA JEAN LAZARA 2004 TRUST, under Declaration of Trust dated January 10, 2004

JURAT/AFFIANT

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 San Matte County of	
Subscribed and sworn to (or affirmed) 1. 20 27, by Kall: L Ley to me on the basis of satisfactory evidence to be the per	before me on this day of, proved, proved
Signature: The mid-	(Seal)
Print Name: Diane M Hanson	DIANE M. HANSON COMM. # 2394782 NOTARY PUBLIC-CALIFORMA SAN MATEO COUNTY MY COMM. EXP. FEB. 23, 2028
	NY COMM. Exp. Feb. 23, 2028

EXHIBIT A





COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

3052016139328			CERTIFICATE OF DEATH SURF OF CLUPDINA USE BLACK DIX ONLY NO BASSINES, WHITE DUTS OR ALIENTIONS					3201641002444				
-	STATE FILE NUMBER 1 NAME OF DECEDENT-FIRST (GIVEN)			VS-114(HEV 3706) 2 MIDDLE 3 LAST (Family)					NYOMBER	-		
DECEDENT'S PERSONAL DATA	PETER AXA ALSO KNOWN AS - Include full AKA	JUSEFI	JOSEPH LAZARA 4 DATE OF B.RTH. mm/dd/dcoy; 6 AGE Y/s 03/19/1941 75			ccyy 5 AGE Yrs	IF UNDER ONE YEAR IF UNDER 24 HOURS & SE MOOTHS ONLY WE HOURS MANUER M.					
	BIRTH STATE/FOREIGN COUNTRY CA	UMBER 11 EV	☐ YES X NO ☐ UNK MARRIED			7 DATE OF DEATH mm/	HOUR (24 Hours)					
CEDEN	HS GRADUATE			X NO	CAUCASI	AN		The same of the sa	_			
ä	17 USUAL OCCUPATION - Type of work for most of bia DO NOT USE PETIRED 18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road) DRAFT MAINTENANCE SPECIALIST 18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road) BEER DISTRIBUTOR					cery store, road corost	rtuction, employment agancy; et	(c) 18 YEAR	S IN OCCUPATION			
7 5	20 DECEDENT'S RESIDENCE (Survet and number, or location) 1031 LAFAYETTE ST'REET											
USUAL	SAN MATEO	INTY/PROVINCE		23 ZUF 944	CODE 03	24 YEARS IN CO.	CA 25 STATE/FOREIGN					
INFOR-	26 INFORMANT'S NAME, RELATIONSHII BARBARA LAZARA, V		-		77 INFORMANTS M 1031 LAFA	YETTE ST	REET, SAI	WATEO, CAS	TEO, CA 94403			
	28 NAME OF SURVIVING SPOUSE/SROI BARBARA	29 MIDDLE JEAN	29 MIDDLE			TH NAME)	/ /	\				
E/SRDF INFORM	31 NAME OF FATHER/PARENT-FIRST ANTHONY		GABRIEL	<		33 LAST LAZAR	 A		34 BIRTH STATE CA			
SPOUSE/SRDP AND PARENT INFORMATION	35 NAME OF MOTHER/PARENT-FIRST MARIE		36 MIDDLE ANTOINE		<u></u>	37 LAST (BIR		/ /	38 BERTH S			
TOR/		40 PLACE OF FINAL DISPOS HIGHWAY 92 A					94402					
REGIST	41 TYPE OF DISPOSITION(S)	42 !	SIGNATURE	OF EMBALMER MBALMED	<u></u>	V/		43 LICENSE NUMBER				
FUNERAL DIRECTORY LOCAL REGISTRAR	44 NAME OF FUNERAL ESTABLISHMEN SNEIDER & SULLIVAI FUNERAL HOME	L'S FD		MBER 48 SIGNAT	URE DE LOCAL RE		500	47 DATE mm/dd/ccyy 07/15/2016				
ᇦᆂ	102 IF HOSPITAL SPECIFY ONE 103 IF OTHE						HOSPICE HOSPITAL	Deced	dent's Other			
PLACE OF DEATH	TIGG COUNTY 105 FACELITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) SAN MATEO 1031 LAFAYETTE STREET							SAN MA				
	IMMEDIATE CAUSE (A) STROKE	Enter the chart of events disease cardiac ariest, respiratory are	Mises, injuries, or contact, or ventricular form	noications Sation without	that dentity caused di showing the challegy	ISTN DO NOT WHAT I DO NOT ABBREVIA	terranal events such TE	Time Interval Between Onset and Death (AT)	X YES	ORIED TO COROXER?		
	(Final disease of condition resulting HYPER	TENSION				- \		; IMMED	MED 16-01170 109 BIOPSY PERFORMED?			
ATH.	Sequentially, list conditions, if any, leading to cause on Line A Enter (C) HYPERI							110 AUTOPSY	X NO			
CAUSE OF DEATH	UNDERLYING CAUSE (disease or injury that	IFIDEWIA	· · · · ·				1	YRS	YES YES	X NO		
CAUS	resulting in death) LAST	CONTRIBLITION TO DEATH BE	IT NOT BEST II TING	IN THE UNIT	ERI VINO CALISE G	(FN (N) 107			YES	No		
	112 OTHER SIGNETCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE 113 WAS OPERATION PERFORMED FOR ANY CONDITION IN TEM 107 OR 1127 (1755, but type of operation and date)											
and the same of	NO		Marie Control						YES	NO UNK		
JAN'S	114 I CERTIFY THAT TO THE BEST OF MY KNOW AT THE HOUR, DATE, AND PLACE STATED FROM Departed Affanded Stress De-	THE CAUSES STATED	S SIGNATURE AND CLEMENT	CHAN	GRUMKI	M.D.	E CO	116 LICENSE NUME A64821	107/44	10016		
PHYSICIAN'S CERTIFICATION	Ducefor Managed Storage December 12 12/16/2015 18 TYPE ATTENDING PHYSICARY STAME, MALING ADDRESS, 25° CODE CLEMENT CI-							T CHANGBUM 103	KIM M.D	١.		
	119 I CERTIFY THAT IN MY OPINION DEATH OF MANNER OF DEATH NATURAL Natural	CURRED AT THE HOUR, DATE, AT Accident Homscide	Sucide Stated FR	ON THE CAUS Pending Investigation	SS STATED Could not determine	ze		UNK 121 INJURY DATE	mm/dd/ccyy 122	HOUR (24 Hours)		
ONEY	123 PLACE OF INJURY (e.g., home, construction sits, wooded area, str.)											
R'S US	124 DESCRIBE HOW INJURY OCCURRED (Events which reculed in injury)											
CORONER'S USE ONLY	125 LOCATION OF PLIURY (Street and number, or focabox, and city, and city)											
No.	128 SIGNATURE OF CORONER / DEPUT	Y CORONER		127 D	ATE mm/dd/ccyy	128 TYPE NA	ME, TITLE OF CORC	NER/DEPUTY CORONER	-	$\overline{}$		
STA REGIS		C D	E.				WIND FINANCIAL	FAX AUTH 8	c	ENSUS TRACT		
		- /										

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

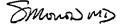
This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

DATE ISSUED 04/27

04/27/2022

Christina Ogden





SCOTT MORROW, MD

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





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

3052022093168			CERTIFICATE OF DEATH STORE OF CAUFORM USE BLACK WAY ON A PERSONER, WATERUTS OR AUTOMADAS 4-1 FOR TAINS						3202241001513				1	
	STATE FILE NUMBER 1 NAME OF DECEDENT- FIRST (Given)		USE BLACK INC ONLY / NO ERRORRES, WHITEOUTS OR ALTERATORS VS-11 (REV 3/05) 2 MIDDLE 3 LAST (Farrily)					LOCAL REGISTRATION NUMBER				4		
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	AKA ALSO KNOWN AS - INCODE HIE AKA (F	ANSI, MUDULE, DASI)				/1944	mvaavocy	5 AGE Yrs. 77	Months	Oaya .	Hours	Monutes	F	
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	CONTRACT SPECIALS 20 DECEDENT'S RESIDENCE (Street and no		CIVILIAN NAVY								35			
Z C	1031 LAFAYETTE ST.													
USUAL Residence	21 CITY SAN MATEO	UNTY/PROVINCE 23 ZP 600E 24 YEARS IN COUNT N MATEO 94403 50					7704	25 STATE/FOREIGN COUNTRY CA						
INFOR-	28 INFORMANT'S NAME, RELATIONSHIP	NUTED		27 INFOR	AINBF	UNG ADDR	ES9 (Street	FOSTE	R CITY	, CA 944	n, state and zi	p) ⁻		
	KELLI L. LEYVA, DAUG 28 NAME OF SURVIVING SPOUSE/SRIP-		29 MIDDLE			- 4"	т (виятн	75	\.	1				
DP AND RMATE	31 NAME OF FATHER/PARENT-FIRST	32 MIDDLE	_/_	_/	33 LAS			<u> \</u>	34 BIRTH STAT			ETATE		
SPOUSE/SRDP AND ARENT INFORMATION	RALPH	WASHING	TON	<u> </u>	VIR	GIL			c			CA		
SPOUS	35 NAME OF MOTHER/PARENT-FIRST LOUISE		HENRIETT		100	HEN	T (B)PITH IDRIC	NAME) CKSEN	/	за вяттн sт СА)TATE	
. F 20 €	39 DISPOSITION DATE mitrod/ocyy 40 04/22/2022 H	PLACE OF FINAL DISPOS IGHWAY 92 A	SKYLA	WN MEMO	RIAL F	ARK	Δ 04	Mna 🎤		7		-		
DIRECT	41 TYPE OF DISPOSITION(S)	101111111111111111111111111111111111111	42 SR	GNATURE OF EMBA	LIMER		7/0	J	-	/	43 LICI	ENSE MUM	IBEA	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	BURIAL NOT EMBALMED 46 JUGENSE MUMBER 46 SIGNATURE OF LOCAL REGISTRAR						1	- F&T	47 DAT	E mm/dd/	ССУУ			
-ES	SNEIDER & SULLIVAN & O'CONNELL'S FD230 SCOTT MORROW MD								<i>5</i> (3)		19/202	22		
5 E									Other					
PLACE OF DEATH	SAN MATEO 103 FACILITY ADDRESS OR LOCATION WHERE FOUND (STIRRE and number, or location) SAN MATEO 1031 LAFAYETTE ST.								,	SAN MATEO				
	107 CAUSE OF DEATH Enter the cheer of events — deedses reunes or complications — that deachy caused death, DO NOT criter forming events such as carded, exrest, resourcery errent, or ventricular flatferon without showing the existing. DO NOT ASPREMATE							No.	Time Liserval Sebagen 108 DEATH REPORTED TO CO			X NO		
	IMMEDIATE CAUSE (A) CARDIAC (Pinal disease or condition resulting)	ARREST			<u> </u>	_ `\				MINS	هرسا	7EMML HUNDS	<u>"</u>	
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SBOF	CAUSE thomas or yeary that what the revols Or making in control LST								YEARS		N DETERMEN	ING CAUSE?		
3	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107									<u> </u>	ES	<u></u>		
	NONE 113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (If yets, last type of operation and date) 1134 IF FEMALE PREGNANT IN LAST YEAR?													
and the same of	NO	V 3	or on their (in yes, asch	type or operators are						[YES [NO.	☐ mx	
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'n	MANNER OF DEATH Natural A			rvestigation	datarmined		YES	NO [UNK					
ISE ON														
CORONER'S USE ONLY	124 DESCRIBE HOW INJURY OCCURRED (Events which insufied in entry)													
СОЗО	125 LOCATION OF INJURY (Street and mumber, of location, and city, and city, and city.													
128 SIGNATURE OF CORONER / DEPUTY CORONER 127 DATE mm/dd/ccyy 128 TYPE NAME, TITLE OF CORONER / DEPUTY GORONER														
STA	TE A B	C D	E	+		Т.				FAX AUTH #		CENS	US TRACT	
REGIS	TRAB	\perp / \perp		IAI II A BERTA	IBO KOTOTOTO			MATERITOR CALI	<u> </u>					

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

DATE ISSUED

04/22/2022

Christina Ogden





SCOTT MORROW, MD HEALTH OFFICER AND REGISTRAR

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



EXHIBIT B

LEGAL DESCRIPTION

A Timeshare Estate comprised of:

PARCEL ONE:

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

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 31 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records, Douglas County, State of Nevada. Except therefrom units 81 to 100 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. 090 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, 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 modification thereof recorded September 28, 1973, as Document No. 69063 in book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 – Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada 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 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (a) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Develoments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, -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 FIVE:

The Exclusive right to use said UNIT 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 during ONE "use week" within the Summer "use season", as said quoted terms are defined in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said use week within said use season.

A Portion of APN 42-180-10