

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:

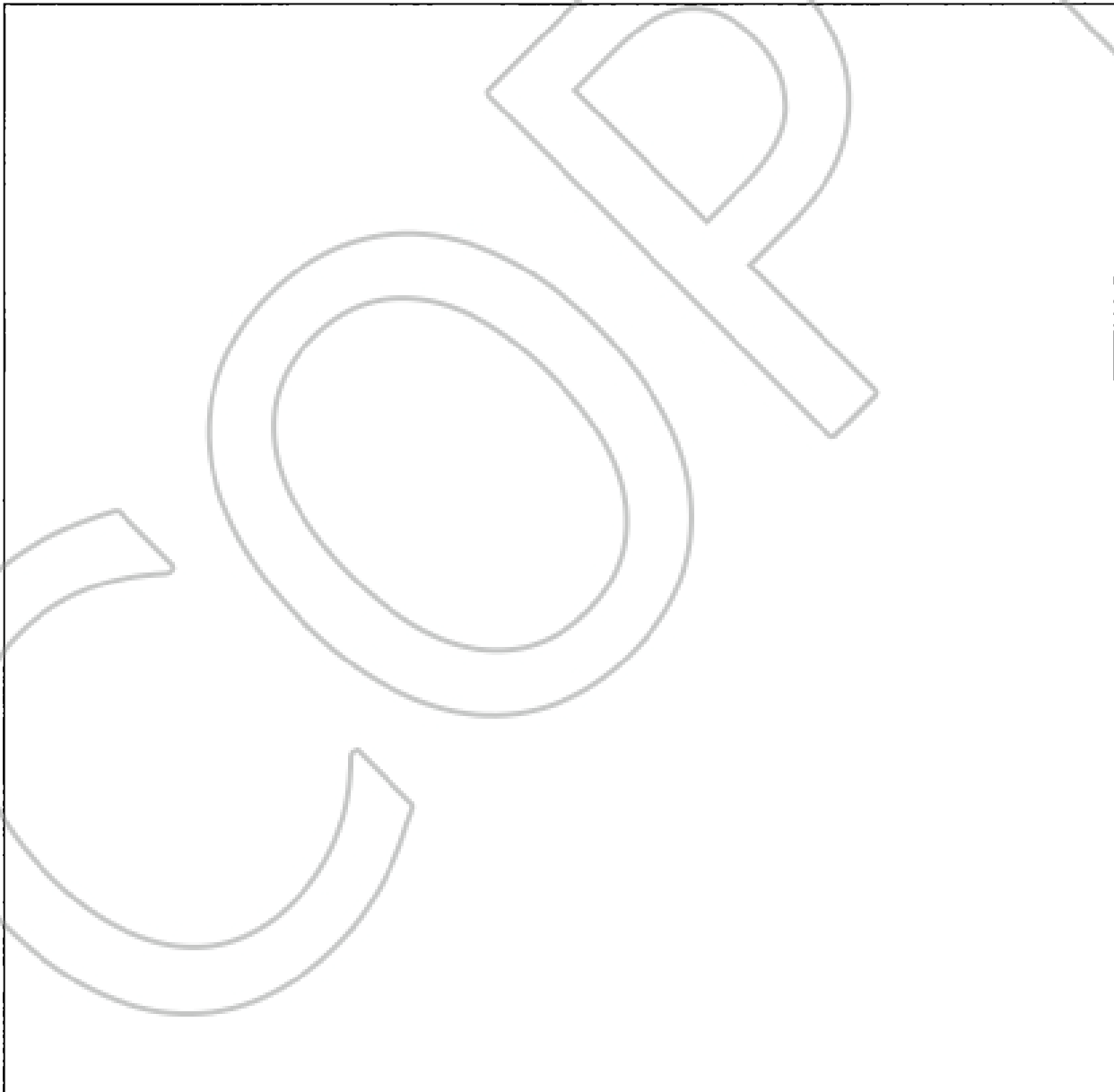
Jason Louie, Attorney at Law  
490 Post Street, Suite 910  
San Francisco, CA 94102  
(415) 240-4646



00156780202209869510080080

KAREN ELLISON, RECORDER

**AFFIDAVIT OF DEATH OF TRUSTEE**



**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF CALIFORNIA, County of San Mateo :

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: 6/17/22

Kelli Louise Leyva  
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.

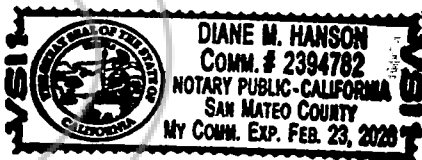
State of California  
County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 17<sup>th</sup> day of June 17, 2022, by Kelli L Leyva, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: *Diane M Hanson*

(Seal)

Print Name: Diane M Hanson



**EXHIBIT A**

**DECEDENTS' DEATH CERTIFICATES**

COPY

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

**COUNTY OF SAN MATEO**

**HEALTH SYSTEM**  
SAN MATEO, CALIFORNIA

3052016139328

**CERTIFICATE OF DEATH**

3201641002444

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITE DOTS OR ALTERATIONS (S-114REV 3/06)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (Given) <b>PETER</b>		2 MIDDLE <b>JOSEPH</b>		3 LAST (Family) <b>LAZARA</b>	
A/K/A ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy <b>03/19/1941</b>		5 AGE Yrs <b>75</b>	
6 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10 SOCIAL SECURITY NUMBER <b>████████-3506</b>		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13 EDUCATION—Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18 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>DRAFT MAINTENANCE SPECIALIST</b>		12 MARITAL STATUS/SRDP* (At Time of Death) <b>MARRIED</b>		7 DATE OF DEATH mm/dd/yyyy <b>07/13/2016</b>	
20 DECEDENT'S RESIDENCE (Street and number, or locality) <b>1031 LAFAYETTE STREET</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>BEER DISTRIBUTOR</b>		19 YEARS IN OCCUPATION <b>35</b>	
21 CITY <b>SAN MATEO</b>		22 COUNTY/PROVINCE <b>SAN MATEO</b>		23 ZIP CODE <b>94403</b>	
24 YEARS IN COUNTY <b>50</b>		25 STATE/FOREIGN COUNTRY <b>CA</b>			
26 INFORMANT'S NAME, RELATIONSHIP <b>BARBARA LAZARA, WIFE</b>		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city of town, state and zip) <b>1031 LAFAYETTE STREET, SAN MATEO, CA 94403</b>			
28 NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>BARBARA</b>		29 MIDDLE <b>JEAN</b>		30 LAST (BIRTH NAME) <b>VIRGIL</b>	
31 NAME OF FATHER/PARENT—FIRST <b>ANTHONY</b>		32 MIDDLE <b>GABRIEL</b>		33 LAST <b>LAZARA</b>	
34 BIRTH STATE <b>CA</b>		35 NAME OF MOTHER/PARENT—FIRST <b>MARIE</b>		36 MIDDLE <b>ANTOINETTE</b>	
37 LAST (BIRTH NAME) <b>MANINA</b>		38 BIRTH STATE <b>CA</b>			
39 DISPOSITION DATE mm/dd/yyyy <b>07/18/2016</b>		40 PLACE OF FINAL DISPOSITION <b>SKYLAWN MEMORIAL PARK HIGHWAY 92 AT SKYLINE BLVD., SAN MATEO, CA 94402</b>			
41 TYPE OF DISPOSITION(S) <b>BU</b>		42 SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>		43 LICENSE NUMBER <b>-</b>	
44 NAME OF FUNERAL ESTABLISHMENT <b>SNEIDER &amp; SULLIVAN &amp; O'CONNELL'S FUNERAL HOME</b>		45 LICENSE NUMBER <b>FD230</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>▶ SCOTT MORROW, MD</b>	
47 DATE mm/dd/yyyy <b>07/15/2016</b>					
101 PLACE OF DEATH <b>RESIDENCE</b>		102 IF HOSPITAL, SPECIFY ONE <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY <b>SAN MATEO</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality) <b>1031 LAFAYETTE STREET</b>		106 CITY <b>SAN MATEO</b>	
107 CAUSE OF DEATH <b>(A) STROKE</b>		Enter the chain of events—diseases, 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.		108 DEATH REPORTED TO CORONER? Time Interval Between Cause and Death (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) <b>IMMED</b>	
109 BIRTH REPORTED TO CORONER? Time Interval Between Cause and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <b>YRS</b>		110 AUTOPSY PERFORMED? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <b>YRS</b>		111 USED IN DETERMINING CAUSE? (A) <input type="checkbox"/> YES <input type="checkbox"/> NO (B) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 <b>NONE</b>					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</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 Attended Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		115 SIGNATURE AND TITLE OF CERTIFIER <b>▶ CLEMENT CHANGBUM KIM M.D.</b>		116 LICENSE NUMBER <b>A64821</b>	
117 DATE mm/dd/yyyy <b>08/11/2014</b>		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>CLEMENT CHANGBUM KIM M.D. 1000 FRANKLIN PARKWAY, SAN MATEO, CA 94403</b>		117 DATE mm/dd/yyyy <b>07/14/2016</b>	
119 I CERTIFY THAT ON MY OWN 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 mm/dd/yyyy	
122 HOUR (24 Hours) <b>122</b>					
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 locality, and city, and zip)					
126 SIGNATURE OF CORONER / DEPUTY CORONER <b>▶</b>		127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH #	
				CENSUS TRACT	
				*010001003298025*	

**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 **04/27/2022** **Christina Ogden**

\* 0 0 1 1 4 7 7 9 3 \*

*Scott Morrow MD*  
**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.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052022093168

CERTIFICATE OF DEATH

3202241001513

Form containing personal data, residence, informant, spouse, funeral, place of death, cause of death, physician, and coroner information.

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

Signature of 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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



## 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