

**ASSESSOR'S PARCEL NO. 1319-15-000-015**

**WHEN RECORDED MAIL TO:**

MISTY MARQUETTE WILSON  
GIANELLI NIELSEN  
27 S. SHEPHERD STREET, STE. A  
P.O. BOX 4918  
SONORA, CA 95370

**MAIL TAX NOTICES TO:**

THOMAS E. HARRINGTON, TRUSTEE  
KATHLEEN A. HARRINGTON, TRUSTEE  
7599 CRYSTAL LAKE COURT  
LITTLETON, CO 80125

### **Affidavit of Successor Trustee**

The undersigned AMANDA M. RUSSELL, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. GEORGE E. COOK AND JEANETTE M. COOK are named as Trustees under that certain trust known as The Cook 1999 Revocable Trust dated December 21, 1999 (herein, the "Trust").
2. GEORGE E. COOK died on APRIL 5, 2006, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
3. JEANETTE M. COOK died on JULY 1, 2020, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
4. GEORGE E. COOK AND JEANETTE M. COOK are the same persons named as trustee grantees in that particular deed recorded as Document No. 0577100, on May 16, 2003, in the office of the Recorder of Douglas County, Nevada.
5. AMANDA M. RUSSELL is designated as the successor trustee under the Trust, to serve upon the death of GEORGE E. COOK AND JEANETTE M. COOK. The Trust was in effect at the dates of the death of GEORGE E. COOK AND JEANETTE M. COOK and has not been revoked. AMANDA M. RUSSELL has consented to act as trustee under the Trust.

*A Russell*  
AMANDA M. RUSSELL

State of California  
County of Sacramento

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.

Subscribed and sworn to (or affirmed) before me on this 10th day of June, 2022, by Amanda M. Russell, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Witness my hand and official seal.

*J Tillman*  
Signature of Notary Public

[Affix Notary Seal]



## 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 1/1989th interest in and to all that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL E-1 of the Final Subdivision Map LDA #98-05 for DAVID WALLEY'S RESORT, a Commercial Subdivision filed for record with the Douglas County Recorder on October 19, 2000, in Book 1000, at Page 3463, as Document No. 0501638, and by Certificate of Amendment recorded November 3, 2000, in Book 1100, at Page 467, as Document No. 0502689, Official Records of Douglas County, Nevada.

Together with a permanent non-exclusive easement for utilities and access, for the benefit of Parcel E-1, as set forth in Quitclaim Deed recorded September 17, 1998, in Book 998, at Page 3250, as Document No. 0449574, Official Records, Douglas County, Nevada.

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 Nos. 0466255, 0485265, 0489957, 0509920 and 0521436, and subject to said Declaration; with the exclusive right to use said interest for one Use Period within a PREMIUM UNIT each year in accordance with said Declaration.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

COUNTY OF TUOLUMNE

SONORA, CALIFORNIA

CERTIFICATE OF DEATH

3 2006 55 000146

STATE FILE NUMBER		STATE OF CALIFORNIA USE BACK AND GOLF TAGS FOR DEATHS, AMBIGUOUS, AND DEATHS OR ALIENATIONS Y-111-183-185		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
George		Emmett		Cook Jr	
4. DATE OF BIRTH (month/day)		5. AGE Yrs.		6. SEX	
George Emmett Cook		04/30/1930 75		M	
7. BIRTH STATE/FORIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		-6122		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARRITAL STATUS (at time of Death)		13. DATE OF DEATH (month/day)		8. HOUR (24 hours)	
Married		04/05/2006		0630	
15. EDUCATION - Highest Level/Degree (see instructions on back)		16. WAS DECEDENT SPANISH/SPIAN/SPANOLATOR? (if yes, see instructions on back)		18. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back)	
Bachelor's		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION - Type of work (normal of life. DO NOT USE RETIRED)		18. AGENCY OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS RECOGNITION	
Civil Engineer		Consulting		40	
23. DECEDENT'S RESIDENCE (Street and number or location)					
16911 Tuolumne Road					
21. CITY		22. COUNTY/PROVINCE		25. STATE/FORIGN COUNTRY	
Sonora		Tuolumne		CA	
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, P.O. box, state, ZIP)		
Jan Cook - Wife			16911 Tuolumne Road, Sonora, CA 95370		
29. NAME OF SURVIVING SPOUSE - FIRST		30. MIDDLE		31. LAST ( Maiden Name)	
Jeanette		Bernice		McCann	
32. NAME OF FATHER - FIRST		33. MIDDLE		34. LAST	
George		Emmett		Cook	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST ( Maiden)	
Zelma		-		Beal	
38. BIRTH STATE		39. BIRTH STATE		40. BIRTH STATE	
MN		NE		NE	
41. DISPOSITION DATE (month/day)		42. PLACE OF FINAL DISPOSITION			
04/07/2006		RES: Jeanette Cook, 16911 Tuolumne Road, Sonora, CA 95370			
43. TYPE OF DISPOSITION(S)		44. SIGNATURE OF EMBALMER		45. LICENSE NUMBER	
CR / RES		Not Embalmed		-	
46. NAME OF FUNERAL ESTABLISHMENT		47. LICENSE NUMBER		48. SIGNATURE OF LOCAL REGISTRAR	
Terzich & Wilson Funeral Home		FD 762		David W. Wynne <i>David W. Wynne</i> 04/07/2006	
49. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home/LTD <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Tuolumne		16911 Tuolumne Road		Sonora	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORPSE?		109. BIRTH PERFORMED	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT abbreviate terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death	
Cachexia and Dehydration		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5 Days	
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.		110. BIRTH PERFORMED		111. AUTOPSY PERFORMED	
Esophageal Adenocarcinoma		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. USED IN DETERMINING CAUSE?		114. IF FEMALE, PREGNANT IN LAST YEAR	
None		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		116. SIGNATURE AND TITLE OF DECEDENT		117. DATE (month/day)	
EGN and Biopsy 11/14/2002		<i>David W. Wynne</i>		04/06/2007	
118. TYPE OF DEATH (See instructions on back)		119. TYPE OF DEATH (See instructions on back)		120. TYPE OF DEATH (See instructions on back)	
A) <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. TYPE OF DEATH (See instructions on back)		122. HOURS (24 hours)	
02/07/2003 04/03/2006		Daniel Phillips, M.D., 690 Guzzi Lane #D, Sonora, CA 95370		123. HOURS (24 hours)	
124. PLACE OF INJURY (e.g., Home, construction site, wooded area, etc.)		125. SIGNATURE OF CORONER/DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
124. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		127. DATE (month/day)		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
125. LOCATION OF INJURY (Street and number, if occupant, and city, and ZIP)		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
129. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE (month/day)		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
129. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE (month/day)		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH # CEYSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.

*David W. Wynne*  
DAVID W. WYNNE  
TUOLUMNE COUNTY ASSESSOR-RECORDER

DATE ISSUED 4/7/2006 \*000055239\*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

3052020146826

CERTIFICATE OF DEATH

3202034006371

Form containing personal data, residence, informant, parent information, funeral directory, place of death, cause of death, physician's certification, and coroner's use only sections.

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED July 9, 2020

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Olivia Kasirye MD

OLIVIA KASIRYE, MD LOCAL REGISTRAR

