Recording Requested by/Mail to:

Name: Daryl Gerstenberger

Address: 909 Williams Street

City/State/Zip: Tracy, CA 95376

Mail Tax Statements to:

Name: Daryl Gerstenberger

Address: 909 Williams Street

City/State/Zip: Tracy, CA 95376

DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

BRANDI DIAL

2022-992403 12/14/2022 10:33 AM

Pgs=7



KAREN ELLISON, RECORDER

Affidavit - Death of Trustee-Succession of Successor Title of Document (required) Trustee

----(Only use if applicable) -

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

X Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

__Judgment -- NRS 17.150(4)

_Military Discharge – NRS 419 020(2)

Signature

Brandi Dial

Printed Name

Recording Requested By: Daryl Gerstenberger, successor trustee Of the Gerstenberger Trust 909 Williams Street Tracy, CA 95376

When Recorded, Mail To:

Daryl Gerstenberger, successor trustee Of the Gerstenberger Trust 909 Williams Street Tracy, CA 95376

Transfer Tax – Exempt #7

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

STATE OF COLITURIA } SCUNTY OF San Jugun } ss.

Daryl C. Gerstenberger, Successor Trustee of the Gerstenberger Trust Agreement dated August 8, 1988, and Amended September 3, 1988 ("Declarant") of legal age, being first duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

1) Wayne W. Gerstenberger and Charlene M. Gerstenberger, Trustees of the Gerstenberger Trust Agreement dated August 8, 1988 and Amended September 3, 1988 ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on December 9, 2020 and August 4, 2018

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

- 2) Decedents is the same persons named as the Trustees named in that certain Declaration of Trust dated 1988 and Amended September 3, 1988 executed by Wayne W. Gerstenberger and Charlene M. Gerstenberger as Trustees (the "Trust")
- 3) Decedents as Trustees are the same persons who are maned as grantee in that certain Grant Bargain and Sale Deed dated May 7, 1994 and recorded as Document No. 337766 on May 18, 1994 in Book 594, Page 3097, of Official Records of Douglas County, Nevada
- 4) That I am named within the aforementioned trust as Successor Trustee;
- 5) That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
- 6) That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: 12/9/22

By: Daryl C. Gersterberger, as Successor Trustee of the Gerstenberger Trust Agreement dated August 8, 1988 and Amended September 3, 1988

STATE OF California COUNTY OF Sanja aquim

} ss:

This instrument was acknowledged before me on <u>Secember 9.2008</u> by _ Darry Ger stenburger

VS Rascuto
Notary Public

A notary public or other officer completing this certificat document to which this certificate is attached, and not the	e verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
State of California)	
County of Sanfoaquin)	
On Dec 9. 8088 before me, Un	nan S Basurto watary suble
Date	Here Insert Name and Title of the Office
personally appeared Daryl Ge	noten berger Name(s) of Signer(s)
/	
subscribed to the within instrument and acknowle	evidence to be the person(s) whose name(s) is/are dged to me that he/she/they executed the same in /her/their signature(s) on the instrument the person(s), ed, executed the instrument.
0	certify under PENALTY OF PERJURY under the laws f the State of California that the foregoing paragraph s true and correct.
Natary Public - California San Joaquin County Commission # 2400023	VITNESS my hand and official seal.
Place Notary Seal Above	Signature of Notary Public
Though this section is optional, completing this in	ONAL modernation of the document or form to an unintended document.
Title or Type of Document:	
Document Date:	Number of Pages:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General	□ Corporate Officer — Title(s):
☐ Individual ☐ Attorney in Fact	☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
Other:	Other:
Signer Is Representing:	Signer Is Representing:

EXHIBIT "A" LEGAL DESCRIPTION

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) an undivided 1/106th interest in and to Lot 37 as shown on Tahoe Village Unit No. 3-13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, Sate of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 074 as shown and defined on said Condominium Plan; 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 it the Declaration of Annexation of The ridge Tahoe Phase Five recorded August 18, 1988, as document No. 184461, as amended 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 he exclusive right to use said interest in Lot 37 only for one week each year in the swing "Season" as defined in and in accordance with said Declarations.

APN: a portion of APN 1319-30-644-041



COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

	3052020283632	CERT	TIFICATE OF II STATE OF CALIFORNIA NLY /NO FRASURES WHETEOU VS-114/REV 2006)	EATH	ato and a	3202007007	
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)	2 MIDDLE	NS-114(REV 2006)		3. LAST (Family)	LOCAL REGISTRATION	NUMBER
ĕ	WAYNE	WALTER			GERSTENBER		
ONAL DA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		11/2	9/1934	86	forths Days He	UNDER 24 HOURS 8. SEX Minutes
PERS	9. BIRTH STATE/FOREIGN COUNTRY KANSAS 10. SOCIAL SECURITY NJ	MBER 11 EVER II	N U.S. ARMED FORCES? S NO UN	WIDO	STATUS/SROP' (u) Time of Deeth) WED	7, DATE OF DEATH FAMOR 12/09/2020	0046
DECEDENT'S PERSONAL DATA	13. EDLCATION - Highest Last/Degree 14/15, WAS DECEDENT HISPANIC/LATINO/AUSPANISH? (if you, see worksheel on lack) 16. DECEDENT'S RACE - Up to 3 racos may be latted (see worksheel on back) WHITE WHITE						
ä	17 USUAL OCCUPATION - Type of work for most of Ke. DO NOT USE R. EXECUTIVE MANAGER	I	S, KIND OF BUSINESS OR SOVERNMEN		, grocery store, road constructi	on, employment agency, etc.	19 YEARS IN OCCUPATION 55
AL ENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 2653 VALLECITO WAY						
USUAL RES:DENCE		NTY/PROVINCE TRA COSTA	1 .	P CODE 531	24. YEARS IN COUNT 42	25. STATE/FOREIGN C	COUNTRY
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP DARYL GERSTENBERGER, SON		27 INFORMANT'S	AMS ST	SS (Street and number or rural ., TRACY, CA 9	route number, city or lown, a 5376	date and zip)
-		29 MIDDLE	_/_	-	(BEHTH NAME)	\	
OP AND	31, NAME OF FATHEFUPARENT-FIRST	32. MIDDLE	//	32 LAS			36. BIRTH STATE
SE/SRI	WALTER	WILLIAM		GEF	RSTENBERGER		KANSAS
SPOUSE/SROP AND PAHENT INFORMATION	MARY	36. MIDDILE ELSIE		DAL			38. BRATH STATE
TOR/	29. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL DISPOSIT 12/22/2020 5810 MIDWAY F	™SACRAM ID., DIXON,	ENTO VALLE CA 95620	YNATIO	ONAL CEMETER	RY	
PEGIST	41 TYPE OF DISPOSITION(S) BU		ATURE OF EMBALMER	D.			43, LICENSE NUMBER EMB9293
FUNERAL DIRECTOR/ LOCAL REGISTRAR	44. NAME OF FUNERAL ESTABLISHMENT HIGGINS CHAPEL	45 LICE	NSE NUMBER 46 SIGN	TURE OF LOC	AL REGISTRAR	<i>52</i>	47. DATE mm/dd/ccyy
	101 PLACE OF DEATH	FD42			HER FARNITAL	OTHER THAN HOSPITAL, S	
PLACE OF DEATH	KAISER FOUNDATION HOSPITAL 104. COUNTY 105. FACILITY ADDRESS OF	TO POST YOU WANTED DE	The C		EECOP 100A H	Home LTC	Home Ottor
P.LA	CONTRA COSTA 4501 SAND CR		0010 (3800) 2101	or occasion,		ANTIOCH	1
	107. CAUSE OF DEATH Enter the chain of enerts disease areast, respiratory area invited that CAUSE (A) CONGESTIVE HEART F	d or ventrious Routalion	it ins that density caused I without abouring the estolog	PANTA DO NOT DO NOT ARB	enter forminal evands such REVIATE,	Time Interval Baharean Greek and Ducath (AT)	108, DEATH REPORTED TO CORONER? YES X NO
	Final disease or condition resulting in results			<u> \</u>		DAYS	109. BIOPSY PERFORMED?
_	(B) PULMONARY HYPERTI Sequentially, list conditions, if any,	ENSION	/	_ \		MONS	YES X NO
: DEATH	learling to cause (C) unit A Enter (C) UNDERLYING		1			(CI)	11C. AUTOPSY PERFORMED? YES X NO
USE O	CAUSE (disease or in my that militate the events (0) resulting in death LAST				1	ют	111, USED IN DETERMINING CAUSE?
5	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU CHRONIC KIDNEY DISEASE, AORTIC	I NOT RESULTING IN T	HE LINDERLYING CALISE	SIVEN IN 107	+		YES NO
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107			ļ	 	11931	F FEMALE, PREGNANT IN LAST YEAR?
-			/				YES NO LINK
ATION	114 I CERTIFY THAT "O THE BEST OF MY KNOWLEDGE DEATH OCCURRED 15 THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Abonded Since Decement Last Seen Alive	MANDEEP	KAURDO		₩	20016136	ER 117. DATE mm/dd/ccyy 12/09/2020
PHYSICIAN'S CERTIFICATION	(A) min/dd/ceyy (B) mm/dd/ceyy 118	TYPE ATTENUING PH	YSICIAN'S NAME, MANUA	G ADURESS, 2	AMANDEE	P KAUR D.O.	
	113, I CERTIFY THAT IN KEY OFFINION DEATH OCCUPATED AT THE HOUR, SLATE, AN	D PLACE STATED FROM TO		120.	INJURED AT WORK?	I	en/ds/coyy 122. HOUR (24 Hours)
5	MANNSH OF DEATH Natural Accident Homoide 123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.	Succe kwg			YES NO UN	х	
SE ON							
CORONER'S USE ONLY	124 DESCRIBE HOW INJURY OCCURRED (E-work which insided in niver)						
CORO	125. LOCATION OF INJURY (Street and number, or location, and city, and 2\$2)						
	126, SIGNATURE OF CORDNER / DEPUTY CORONER		127. DATE mm/dd/ocyj	128. TV	PF NAME, TITLE OF CORONE	R / DEPLITY CORONER	
STA	ATE A B C D	E	! HORIUM HUMADIK	DINI (KINININI	10141110011111111111111111111111111111	FAX AUTH.®	CENSUS TRACT
прин			1 .0	000100475	2870*		



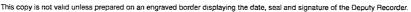
This is a true and exact reproduction of the document officially registered and placed on file in the offi Contra Costa County Recorder.

ATTEST

DATE ISSUED 01/27/2022







COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

	3052018161959	C C C C C C C C C C C C C C C C C C C	CERTIFICATE OF D STATE OF CALEDORNA SHASUMES MANTEOU VIS-THEREV 3705) VIS-THEREV 3705)	EATH		3201807004	
	STATE FILE NUMBER NAME OF DECEDENT- FIRST (GIVEN)	2. M DOLE	NS-114(REV 3/05)	J. LAS	T (Family)	OCAL REGISTRATION N	rumoeri
DATA	CHARLENE AKA, ALSO KNOWN AS - Include full AKA (FIRST,	MAE M DOLE, LAST)	14 DATI	GEI	RSTENBERGE	DER ONE YEAR FU	NDETI 24 HOURS _ [6 SEX
DNAL			01/1	0/1935	83 Months	s Days Hou	Minutes F
PERS	9. BIRTH STATE/FOREIGN COUNTRY KS	1590	EVER IN U.S. ARMED FORCES? YES X NO UN	12 MARITAL STATUS MARRIED	/SRDP* pd Time of Dects) 7. DA	TE OF DEATH mm/dd/ /04/2018	50yy 8. HOUR (24 Hours) 1 1537
DECEDENT'S PERSONAL DATA	13. EDUCATION - Highest Level/Dequeo (See worksheet on back) HS GRADUATE YES YES	ECEDENT HISPANICALATINOVAVSPANISH	17 fil yes, see worksheet on trick) [X] NO	OFFRARE	ACE - Up to 3 races may be	listed (see worksheer on	back)
DECE	17. USUAL OCCUPATION - Type of work for most BRANCH MANAGER	of Me. DO NOT USE RETIRED			ry sture, med construction, e	mnloyment agency, ric.)	19. YEARS IN OCCUPATION
	20. DECEDENT'S RESIDENCE (Siree) and number	r, or location)	DANNINO .				20
USUAL RESIDENCE	2653 VALLECITO WAY	22. COUNTY/PROVINCE	23. Z	P CODE	24. YEARS IN COUNTY 1	25. STATE/FOREIGN CO	DUNTRY
	ANTIOCH 26. INFORMANT'S NAME RELATIONSHIP	CONTRA CO			756	CA	
INFOR-	WAYNE WALTER GERST		100 2653 VALI		Y, ANTIOCH, C	A 94531	ice and zigi)
AND	28. NAME OF SURVIVING SPOUSE/SRDP-FIRS		29 AFDICE 30 LAST (BIRTH NAME) WALTER GERSTENBE		796	1	
/SRDP	31. NAME OF FATHER/PARENT-FIRST CHARLES	32 M:DCLE	/ /	33 LAST VITT			34. BIRTH STATE
SPOUSE/SRDP AND PARENT INFORMATIO	35. NAME OF MOTHER/PARENT-FIRST	36 MIDDLE	\leftarrow	37 LAST (BIRT)	I NAME)	-	36 BIRTH STATE
	AGNES 39. DISPOSITION DATE mm/dd/ccyy 49. PLA	BARBAF		EDER	LCEMETERY		KS
PUNERAL DIRECTOR/ LOCAL REGISTAAR	08/21/2018 5810	MIDWAY RD, DIXO	N, CA 95620 SIGNATURE OF EMBALMER		/	/	43. LICENSE NUMBER
AL DIR	BU	>	DARREN CARTI			<i>5</i>	EMB9293
PUNET	44 NAME OF FUNERAL ESTABLISHMENT HIGGINS CHAPEL		D425 F CH	TURE OF LOCAL REC RISTOPHEI	R FARNITANO	, мс🗐	47. DATE mm/dd/scyy 08/08/2018
# T	101 PLACE OF DEATH RESIDENCE	·	102	IF HOSPITAL, SPECII	FY ONE 103. IF OTHE	R THAN HOSPITAL SP	COFY ONE DRUGGETE ORDER
PLACE OF DEATH	104, COUNTY 105.	FACILITY ADDRESS OR LOCATION WI	KERE FOUND (Street and number	or location)		106. CITY ANTIOCH	
	107. CAUSE OF DEATH Faller the	e chain of exents diceases, injuries or o ac exest, respiratory errest or ventrioxist R	empăcations that directly caused britalion webout showing the etiolog	nath DO NOT enter te	minal scenils such	1	DB. DEATH REPORTED TO CORONER?
	INVEDIATE CAUSE (A) COMPLETE (Final disease or condition resulting			1		DAYS 2	X YES NO 2018-3825
	in death) (B) Sequentially, list				1	(BT)	109. BIOPSY PERFORMED?
DEATH	conditions, if any, lasting to cause on Line A. Enter UNDERLYING	-	-	/		(CT)	11C. AUTOPSY PERFORMED?
AUSE OF DEATH	CAUSE (disease or in ury that in lated tine events (D) resulting in cleath) LAST			\ -		(DT) 1	11. USED IN DETERMINING CAUSE?
Š	112 OTHER SIGNIFICANT CONDITIONS CONTRI	TRUTING TO DEATH RUT NOT PESSATT	G IN THE UNDERLYING CAUSE	WENIN 107	TOAL NEDUDO	DATINGE	TAND AND
	CONGESTIVE HEART FA ISCHEMIA 113, WAS OPERATION PERFORMED FOR ANY CO	N	·	A, PERIPHE			FEMALE, PREGNANT IN LAST YEAR?
and the last of th							YES X NC UNK
PHYSICIAN'S CERTIFICATION	114, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE: AT THE HOUR, DATE AND PLACE STATED FROM THE CA Cecedent Attended Since Decedent L	USES STATED. MAICHAE	ND TITLE OF CERTIFIER L ESMAT ABDEL-	MALEK M.C		A70460	08/08/2018
PHYSIC	(B) mm/dd/coyy (B) mm/dd 08/02/2018 08/03/20	118 TYPE ATTENDO	NG PHYSICIAN'S NAME, MAILIN LIN BLVD, DUBLI	G ADDRESS, 21P CO.	*MICHAEL ES	MAT ABDEL	-MALEK M.D.
J	113, I CERTIFY THAT IN MY OPINION DEATH OCCUPRE		FROM THE CAUSES STATED. PHYSING COLAIN	120, INJURE	DAT WORK?	121, INJURY DATE ran	vds/ocyy 122. HOUR (24 Hours)
Ä	123. PLACE OF INJURY (e.g., home, construction		mast-do moiler, rewit	164 L.J.	<u> </u>		
CORONER'S USE DNLY	124 DESCRIBE HOW MUJURY OCCURRED (Ever	nts which resulted in injury)					
ONER	125. LOCATION OF INJURY (Street and number,	or location, and city, and zio)	- · · · · · · · · · · · · · · · · · · ·				
SOS	126. SIGNATURE OF CORONER / DEPUTY COR	/ /	127. DATE: mm/dd/ccyy	100 TURE NA	IE, "TILE OF CORONER / D	EDITY COPONED	
	120. SIGNATURE OF CORUNER/DEPUTY CON	7" /	127. DHIT; mmvad/ccy)	rea. ITHE NAM	THE OF CONCINCATO	C. STI COMUNER	
STA	(IE ' , " #	G D E		0001003957012*	ANITATION OF BUT	FAX AUTH.#	CENSUS TRACT
- 75		7	,		'	*	→

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed of fits in the office of the Contra Costa County Recorder.

ATTEST

001095330 Deborah Cooper

