DOUGLAS COUNTY, NV Rec:\$35.00

Total:\$35.00

2019-929081 05/15/2019 03:16 PM

Pgs=4

WAKEMAN LAW GROUP, INC

	rgs-
APN# 1318-23-213-031	00090991201909290810040040
Recording Requested by/Mail to:	KAREN ELLISON, RECORDER
Name: WAKEMAN LAW GROUP, INC.	\ \
	/ /
Address: 4500 E. THOUSAND OAKS BLVD., STE 101	\ \
City/State/Zip: WESTLAKE VILLAGE, CA 91362	
Mail Tax Statements to:	
Name: MR. OWEN CARTER	
Address: 4320 PARK VICENTE	
City/State/Zip: CALABASAS, CA 91302	
	EATH OF TRUSTEE
	ocument (required) se if applicable)
The undersigned hereby affirms t	hat the document submitted for recording
/ / -	ion as required by law: (check applicable)
old XAffidavit of Death –	NRS 440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17	.150(4)
Military Discharge –	NRS 419.020(2)
Signature	
Megan K. Perry	

This document is being (re-)recorded to correct document #\_\_\_\_\_, and is correcting

**Printed Name** 

RECORDING REQUESTED BY & WHEN RECORDED MAIL TO: WAKEMAN LAW GROUP, INC. 4500 E. THOUSAND OAKS BLVD. #101 WESTLAKE VILLAGE, CA 91362

MAIL TAX STATEMENTS TO: MR. OWEN CARTER 4320 PARK VICENTE

CALABASAS, CA 91302

## AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA	)/	
		APN: 1318-23-213-031
COUNTY OF VEXTURA		) ]

The undersigned, **OWEN CARTER**, Trustee, of legal age, being first duly sworn, deposes and says:

- 1. On January 11, 2000, OWEN CARTER and BARBARA CARTER, as Settlors and Trustees, executed a Declaration of Trust entitled THE CARTER FAMILY TRUST (the "TRUST").
- 2. Pursuant to Article 11, Paragraph 11.1 of the TRUST, OWEN CARTER is the currently acting sole Trustee of the TRUST.
- 3. That BARBARA HARPER CARTER, the decedent named in the attached certified Death Certificate is the same person as named as the initial Trustee of the TRUST and is the same person as one of the parties in that certain Quitclaim Deed dated January 11, 2001, executed by JAVIER R. URIBE AND MARIA O. URIBE, husband and wife, as to their joint undivided one-half interest to OWEN CARTER and BARBARA CARTER, Trustees of the CARTER FAMILY TRUST dated January 11, 2000 and as recorded as Document No.: 0507874 on January 31, 2001 in Official Records of Douglas County, State of Nevada, covering the real property commonly known as 89 Lake Village #B, situated in the City of Stateline, County of Douglas, State of Nevada and legally described as follows:

LOT 43, SUBDIVISION: Lake Village #2-D; SEC/TWN/RNG/MERIDIAN: SEC 23 TWN 13 RNG 18

4.	This	Affidavi	t - Death	of Truste	e is recorded	l to estab	olish that	the	eurre	ently
acting sole	<b>Trustee</b>	of the T	RUST is	OWEN 7.	CARTER by	y reason	of the pro	ovisio	ns o	f the
TRUST.								1	\	

I declare under penalty of perjury that the foregoing is true and correct.

Dated: MAY 10 ,2019

OWEN 7. CARTER, Trustee of the CARTER FAMILY TRUST dated January 11, 2000

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 VENTURA )

Subscribed and sworn to (or affirmed) before me on this 10<sup>th</sup> day of MAY ..., 2019, by OWEN 7. CARTER, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public

A. MONSUE
Notary Public - California
Ventura County
Commission # 2179621
My Comm. Expires Jan 14, 2021

## **COUNTY OF LOS ANGELES**

## **DEPARTMENT OF PUBLIC HEALTH**

	3052019061009	CERTIF	CERTIFICATE OF DEATH STATE OF CALIFORNA  USE BLACK PIK ONLY I NO E PRACHES WHITEOUTS OR ALTERATIONS			3201919013553			
	STATE FILE NUMBER USE BLACK PIK ONLY / NO ERASJIR  1. NAME OF DECEDENT- FIRST (Given) 2. MIDDLE			ES, WHITEOUTS OR ALTERATIONS LO 2. LAST (Farmin)			OCAL REGISTRATION NUMBER		
IAL DATA	BARBARA	HARPER		CARTER			_\_		
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAS	71)	03/17/19	TH mm/dd/ccyy 42	76	JNDER ONE YEAR IF	UNDER 24 HOL lours Mi	nutes F	
DECEDENT'S PERSONAL DATA		i07 📗 vrs 🛚	X NO UNK MA	ARRIED	0	3/16/2019	1	HOUR (24 Hours) 0350	
EDENT	13. EDUCATION - Highest Leve/Degree (see worksheet on back) BACHELOR  14/15, WAS DECEDENT HIS	PANIC/LATINO(AYSPANISH? (11 yes, see		JCASIAN		oe listed (see worksheet i	on back)	\ \	
DEC	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, ADMINISTRATIVE MANAGER  AUTOMOTIVE							RS IN OCCUPATION	
	20. DECEDENT'S RESIDENCE (Street and number, or location) 89 B LAKE VILLAGE DR						The same of the sa		
USUAL RESIDENCE	21. CITY STATELINE	22. COUNTY/PROVINCE DOUGLAS	23. ZIP CODE 89449		12	25, STATE/FOREIGN			
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP OWEN T CARTER, HUSBAND		27. INFORMANT'S MATUNG 89 B LAKE VILI	ADDRESS (Street LAGE DF	R, STATELIN	NE, NV 89449	state and ED) 9	7	
	28. NAME OF SURVIVING SPOUSE/SROP"-FIRST	29. MIDDLE TOWNES		D. LAST (BIRTH N.	AME)	1			
SRDP A	31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE	33	33 LAST				34. BIRTH STATE	
SPOUSE/SRDP AND PARENT INFORMATION	RICHARD  35. NAME OF MOTHER/PARENT—FIRST	OVERTON 36. MIDDLE	76.	TARPER	AME)			38. BIRTH STATE	
	FLORENCE  39. DISPOSITION DATE mint/dd/ccyy 40. PLACE OF FINAL	ROBYN DISPOSITION RESIDENCE		VALDO	_/	/	OI	<u>+</u>	
ECTOR	03/26/2019 4320 PARK	VICENTE, CALABA	SAS, CA 91302	IER /			,		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41, TYPE OF DISPOSITION(S)  CR/RES		42, SIGNATURE OF EMBALMER  NOT EMBALMED				43. LICENSE NUMBER		
FUNE	44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY	45. LICENSE N FD1359	45. LICENSE NUMBER 46, SIGNATURE OF LOCAL REGISTRAR			47. DATE mm/dd/ccyy 03/26/2019			
<u></u>	101. PLACE OF DEATH RESIDENCE		102 IF HOS	PITAL, SPECIFY OF	ONE 103 IF OTI	HER THAN HOSPITAL	Dec	edent's Communication	
PLACE OF DEATH	TOS ANGELES 4320 PARK VICENTE  4320 PARK VICENTE					Home LTC X Home Cher			
	107. CAUSE OF DEATH Enter the chain of event	s ··· diseases, nunes, or complications	that directly caused death. DC	O NOT enter termin	nal events such	Time interval Between Onset and Death		PORTED TO CORDINARY	
	as cardoc arreal, respiratory arreat, or ventricular for-haring without showing the art outgy. DO NOT ABBREVIATE  MMEDIATE CAUSE  (a) CARDIOPULMONARY ARREST  condition resulting  The condition resulting						YES NEFTEN	MI NO X NO	
	Condition resulting in death)  [6] MALIGNANT NEOPLASM OF LEFT BREAST  Sequentially, List						109 BIOPSY	PERFORMED?	
ЕАТН	conditions, if any, leading to cause on Line A. Enter UNDERLYING		-	+		YRS (CT)		SY PERFORMED?	
DAUSE OF DEATH	CAUSE (disease or Injury that Initiated the events (C)			-		(70)	111 USEDIN C	ETERMINING CAUSE?	
CAU	resulting in death) LAST  112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D.	EATH BUT NOT RESULTING IN THE UN	VDERLYING CAUSE GIVEN IN	107			YES		
,,,,,,,,,,,,,,,,	112. DIFER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GAVEN IN 107 SECONDARY MALIGNANT NEOPLASM OF LIVER, SECONDARY MALIGNANT NEOPLASM OF BONE UNSPECIFIED								
	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN (TEM 107 OR 1127 (if yes, fet type of operation and date) LUMPECTOMY 11/-/2016						113A FFEMALE FRECHANT INLAST YEAR?  YES X NO UNK		
PHYSICIAN'S CERTIFICATION	114 I CEPTRY THAT TO THE BEST OF MY KNOWLEDGE DEATH COOLET AT THE HOUR, DATE, AND PLACE STATED FROM THE CALCES STATED.  Decedent Attended Since Decedent Lists Seen Alive	CARY DREW N	ELSON M.D.		<b>E</b> (3)	116. LICENSE NUME A87420	02/2	0/2019	
HYSIC	(A) mm/dd/ccyy (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIA	AN'S NÁME, MAILING ADDRI	ESS, ZIP CODE (	CARY DREV	V NELSON N	И.D.	5/2010	
- 5	03/15/2019 03/16/2019	4312 WOODMAN	USES STATED.	120. INJURED A	AT WORK?	A 91423	em/dd/coyy 1:	22 HOUR (24 Hours)	
£	MANNER OF DEATH Natural Accdent Hom  123. PLACE OF INJURY (e.g., home, construction s.ie, wooded		on determined	YES					
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in vijury)								
NER'S									
CORC	125. LOCATION OF INJURY (Street and number, or location, an	a city, and zip)							
	128. SIGNATURE OF CORONER / DEPUTY CORONER	127.	DATE mm/dd/ecyy 12	28. TYPE NAME,	TITLE OF CORONER	DEPUTY CORONER			
STA REGIS	TE A B C	D E	10001001100110011001101111111111111111	04157346*	TEODROUT STATE	FAX AUTH.#		CENSUS TRACT	
			0,000100			·			

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



APR - 3 2019