DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00

2019-929082 05/15/2019 03:16 PM

WAKEMAN LAW GROUP, INC

Pas=4

APN# 1318-23-213-032	00090992201909290820040047
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

Megan K. Perry

Printed Name

Address: 4320 PARK VICENTE

City/State/Zip: CALABASAS, CA 91302

AFFIDAVIT - DEATH OF TRUSTEE

Title of Document (required)

------(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)

This document is	s being (re-)recorded to correct document #	and is correcting
-		

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

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STATE OF CAI	LIFORNIA)			\
				APN: 13	318-23-213-032
COUNTY OF	VENTURA		V)	

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

- 1. On January 11, 2000, OWEN CARTER and BARBARA H. 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 Grant, Bargain and Sale Deed dated August 30, 2007, executed by JOHN D. VOGT, JR., a married ,am as his sole and separate property and MICHELE E. VOGT, his wife to OWEN T. CARTER and BARBARA H. CARTER, Trustee of the CARTER FAMILY TRUST dated 1/11/2000 and as recorded as Document No.: 0708744 on September 5, 2007 in Official Records of Douglas County, State of Nevada, covering the real property commonly known as 89 Lake Village #A, situated in the City of Stateline, County of Douglas, State of Nevada and legally described as follows:

Lot 43-A of Lake Village unit 2-D as shown on the Official Map in the office of the County Recorder of Douglas County, Nevada, on June 5, 1972 in Book 101, Page 277, as File 59803 of Official Records.

4. This Affidavit - Death of Trustee is recorded to establish that the currently acting sole Trustee of the TRUST is OWEN Z. CARTER by reason of the provisions of the TRUST.
I declare under penalty of perjury that the foregoing is true and correct.
Dated: May 10, 2019 Quan Y. Carter
OWEN Y . 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 th day of MAY
2019, by OWEN 7. CARTER, proved to me on the basis of satisfactory evidence to be the person wh appeared before me.
appeared before the table
Notary Public A. MONSUE Notary Public - California Ventura County Commission # 2179621 My Comm. Expires Jan 14, 2021
My Contin Express 2

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052019061009				CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INCOMEY INDEMISSIRES, WHITEOUTS OF ALTERATIONS LEADING STATE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE				3	3201919013553			
	1. NAME OF DECEDENT- FIRST (Given) 2. MIDDL			MIDDLE	VS-11e(REV	WHITEGUTS OR 3/C6)		T (Family)	LO	CAL REGISTRATIO	N NUMBER	- \
ATA	BARBARA AKA, ALSO KNOWN AS - Include full	HAR		ARPER		1		RTER	1 15 10	ronus vera	c 1657441	0.00
NAL D	AND ALSO KILOTA AS - INCIDES IN	ARA (F.HS.), VIDDLE, DAS	11)			03/17/	BIRTH mm/dd/c 1942	5. AGE Yrs. 76	Months	Days	hours	OURS 6. SEX
'S PERSC	9. BIRTH STATE-FOREIGN COUNTRY VA	-76	607	YES	النثا	v~k N	/ARRIED		03/	TE OF DEATH 707 (8. HOUR 124 Hours) 0350
DECEDENT'S PERSONAL DATA	13. EDUCATION - Highest Leveu/Degrate 1- (see worksheet on back) BACHELOR	YES				X	AUCASIA	AN		isted (see worksneet	-	
ä	ADMINISTRATIVE N		T USE RETIRED		L KIND OF BUSII		ISTRY (e.g., grac	ery stare, road cons	itruction, em	iployment agency et	(5) 19. YE	ARS IN OCCUPATION
, 5	20. DECEDENT'S RESIDENCE (Street 89 B LAKE VILLAGE							Transport of the last of the l			The same of the sa	
RESI	21 CITY STATELINE		22. COUNTY PE DOUGL			23. ZIP GG)	12	\. [r	5. STATE/FOREIGN		
INFOR- MANT	OWEN T CARTER,				27, INFOR 89 B I	MANTS MAILI	NG ADDRESS (SI ILLAGE [DR, STAT	ELINE	NV 8944	state and 2 o)
	28. NAME OF SURVIVING SPOUSE/S	SADP*-FIRST	29. MI	WNES			30. LAST (BIRT	76	1			
/SRDP	31 NAME OF FATHER/PARENT-FIRS	ST .	32. MI	ERTON	$\overline{}$		33 LAST HARPE	Ь				1. ВІЯТН ЗТАТЕ А
SPOUSE/SRDP AND PARENT INFORMATION	35. NAME OF MOTHER/PARENT-FIR	sr	36. Mil	DOLE		$\overline{}$	37. LAST (BIRT	H NAME)		 		BIRTH STATE
	FLORENCE 39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL		BYN RESIDEN	CE OWE	NTCA	WALDO	\rightarrow	\rightarrow		JC	H
FUNERAL DIRECTOR/ LOCAL REGISTRAS	03/26/2019 41. TYPE OF DISPOSITION(S)	4320 PARK	VICENT	E, CALA	BASAS,	CA 9130	2		_		1 42 1 05	NSE NUMBER
AL DIR	CR/RES			▶ NO	42. SIGNATURE OF EMBALMER NOT EMBALMED					- 43. DGE	NOE NOMBEH	
FUNE.	44. NAME OF FUNERAL ESTABLISHM NEPTUNE SOCIETY	Y		FD13	,	79	U DAVIS	-407		<i>€</i> Э)		mm/dd/ccyy 6/2019
<u>"</u>	101. PLACE OF DEATH RESIDENCE				The same of	102. IF H	OSPITAL, SPECI		I IF OTHER	THAN HOSPITAL.	G D	coecient's
PLACE OF DEATH	TOUR COUNTY 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) LOS ANGELES 4320 PARK VICENTE						106.CITY CALABASAS					
	107. CAUSE OF DEATH	Enter the chain of event	s ··· d seases, n	unes, or complicat	ons that direct	saused death	DO NOT enter to	rminai events suiun		Time interval Between Sharm and Brain	108 OEATH	HACKOOL GILLOAN
	as cardia. smed. respiratory smed. or with cour for all on without showing the et oxyy. CO NOT ABBREVIATE. IMMEDIATE CAUSE: W CARDIOPULMONARY ARREST Candidion resulting						MINS	T T NEED	S X NO			
	in death)	SNANT NEOP	LASM C	F LEFT E	BREAST	\	1			(Βη)	109. BIOP:	SY PERFORMED?
DEATH	conditions, if any, leading to cause on Une A. Enter UNDERLYING		.			\vdash	_		<u>.</u>	YRS _	110. AUTO	PSY PERFORMED?
SAUSE OF DEATH	CAUSE (disease or injury that initiated the events (D)					-				(DT)	111, USED N	S X NO
CAU	resulting in death) LAST	NS CONTRIBUTING TO DE	ATH BUT NOT	RESULTING IN TE	HE LINDERI YING	CALISE GIVEN	N 107				YE N	s vo
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	115 OWER SOUFFOUNT CONDITIONS CONTRIBUT NOT DESAUTING IN THE UNDERLYING CAUSE SAVEN IN TO SECONDARY MALIGNANT NEOPLASM OF LIVER, SECONDARY MALIGNANT NEOPLASM OF BONE UNSPECIFIED											
	113. WAS OPERATION PERFORMED I LUMPECTOMY 11/-	FOR ANY CONDITION IN (/2016	TEM 107 OR 11:	27 (if yes, list type	of operation and	date.)	/			113A	FREMLE P	EGWWT NIASTYEAR?
AN'S ATTON	114. I CERTIFY THAT TO THE BEST OF MY K AT THE HOUR, DATE, AND PLACE STATED F Decedent Attended Since	NOWLEDGE DEATH COOLFRE FROM THE CAUSES STATED. Decadent Last Seen Alive	► CAE	V DREW	/ NEL SO	NMD	•	F	6	A87420	02/	ATE mm/dd/ccyy
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ecyy (B)	mm/dd/ccyy	118. TYPE	ATTENDING PH	YSICIAN'S NAME	MA LING AD	DRESS, ZIP GOI	*CARY D	REW	NELSON I	<u> 103/</u> М.D.	20/2019
٠ H	119. I CERTIFY THAT IN MY OPINION DEAT	3/16/2019 HOOGURREDATTHEHOUR	DATE AND PLACE	WOODM.	AN AVE	STE 20	1, SHERI	MAN OAK	.S, CA	91423		122. HOUR :24 Hours
>;	MANNER OF DEATH Natural Accident Homode Succes Pending Cauding by 123 PLACE OF INJURY (e.g., home, construction sets wooded area, etc.)											
SE ONI												
ER'S U	124 DESCRIBE HOW NJURY OCCURRED (Events which resulted in injury)											
CORO	123. PLACE OF NUURY (e.g., home, construction side, wooded area, etc.) 124. DESCRIBE HOW NUURY OCCURRED Events which resulted in injury. 125. LOCATION OF INJURY (Street and number or location, and city, and zip)											
	125. S:QNATURE OF CORONER / DE	PUTY CORONER			127. DATE mm	/dd/ccyy	128. TYPE NAS	AE, TITLE OF COR	ONER / DE	PUTY CORDNER		
STA	TE A B	0	D	E				TOTAL CONTRACT IN TAR	-	FAX AUTH.#		CENSUS TRACT
REGIS	IKAK		1	l			1004157346*		i_			

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.



Health Officer and Registrar O 13

APR -3 2019

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

NY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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