

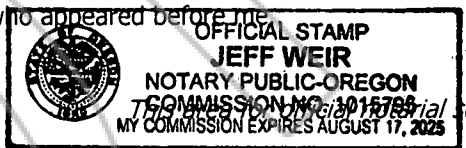
Dated: 6-21-2022

DECLARANT:

Terry G Paulsen
Terry G. Paulsen

State of Oregon)
)ss
County of Lane)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lane and State Oregon, this 21 day of June, 20 22 by Terry G Paulsen, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



WITNESS my hand and official seal.

Signature Jeff Weir
My Commission Expires: 8/17/2025

Notary Name: Jeff Weir Notary Phone: (503) 686-2134
Notary Registration Number: 1015788 County of Principal Place of Business Lane

ILLEGIBLE NOTARY SEAL DECLARATION

I certify under penalty of perjury under the laws of the State of Nevada that the notary seal on the document to which this statement is attached reads as follows:

Name of Notary: JEFF WEIR

Name of State: OREGON

Name of County: LANE

Commission No.: 1015795

Date Commission Expires: AUGUST 17, 2025


Christina Bruno

Signature of person (firm names if any) making verification

Name: Christina Bruno

Date: 06/24/2022

EXHIBIT "A"

AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST as tenant in common in the following described real property:

A portion of the North one-half (1/2) of the Northwest one-quarter (1/4) of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows:

Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records, at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records, at page 591, Douglas County, Nevada, as Document No. 17578.

Except from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of the Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at Page 1688, Douglas County, Nevada as Document No. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the HIGH season within the "Owner's Use Year", as defined in the Declaration together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

Interval:

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

826901
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Gloria, Middle: A., Last: Paulsen, Suffix:			2. Death Date January 16, 2018	
3. Sex Female	4. Age 77 years	5. Social Security Number [REDACTED]-1965		6. County of Death Lane
7. Birthdate October 23, 1940		8. Birthplace San Francisco, California		9. Decedent's Education Some college
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 1300 Butte Lane			14. City/Town Eugene	
15. Residence County Lane		16. State or Foreign Country Oregon		17. Zip Code + 4 97401-2028
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married		
20. Spouse's Name Prior to First Marriage Terry Paulsen		21. Usual Occupation Homemaker		
22. Kind of Business/Industry Own Home		23. Father's Name Max Michael Popoff		
24. Mother's Name Prior to First Marriage Anne Kazakoff		25. Informant's Name Terry Paulsen		
26. Telephone Number Not Available		27. Relationship to Decedent Spouse		28. Mailing Address 1300 Butte Lane, Eugene, OR 97401-2028
29. Place of Death Decedent's Residence - Hospice			30. Facility Name	
31. Location of Death 1300 Butte Lane		32. City/Town or Location of Death Eugene		33. State Oregon
34. Zip Code + 4 97401-2028		35. Method of Disposition Donation and cremation		
36. Place of Disposition Portland Cremation Center, LLC			37. Location Portland, Oregon	
38. Name and Complete Address of Funeral Facility Andreason's Cremation & Burial Services, Springfield 320 N 6th Street, Springfield, Oregon 97477				
39. Date of Disposition TBD		40. Funeral Director's Signature <i>Stephen P. Dockendorf</i>		41. OR License Number CO-3929
42. Registrar's Signature <i>Virginio Standaol</i>		43. Date Received JAN 31 2018		44. Local File Number 5246
45. Amendment				

6975649

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 1041	
CAUSE OF DEATH							
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓ <i>Breast Cancer</i>				<i>3 years</i>	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓					
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓					
Due to (or as a consequence of) ↓							
Due to (or as a consequence of) ↓							
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <i>None</i>							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) <i>Benjamin Chemo, 520 County Club Rd, Eugene, OR 97401</i>							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier <i>Physician (M.D.)</i>		65. License Number <i>MD25135</i>		66. Date Signed (MM/DD/YYYY) <i>1/26/2018</i>			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
69. Amendment							

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: _____

JAN 31 2018

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

