

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

TERRY R. BERGERSON
W6337 LONE OAK DR
MINONG, WI 54859

Space Above This Line for
Recorder's Use Only

A.P.N. 1318-26-101-006

File No.: 470818232

Affidavit - Death of Trustee

State of Wisconsin)
County of Washburn)ss.
)

Terry R. Bergerson ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Beth Elaine Peterson** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 22, 2011** at **Woodburn, Oregon** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 17, 2011** executed by **Terry R. Bergerson and Beth E. Peterson** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **January 17, 2011** which was recorded as Instrument No. **0777831** in Book **0111**, Page **6720**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 6/14/22

DECLARANT:

Terry R. Bergerson
TERRY R. BERGERSON

State of Wisconsin)
)ss
County of Washburn)

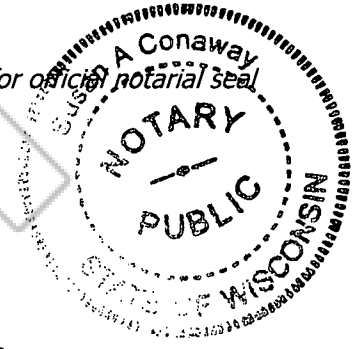
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washburn and State Wisconsin, this 14 day of June, 2022 by Terry Bergerson, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Susan A Conaway

My Commission Expires: 3/4/2024



Notary Name: Susan Conaway Notary Phone: 715.520.7606
Notary Registration Number: 214043 County of Principal Place of Business Washburn

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:

**SUSAN A. CONAWAY
NOTARY PUBLIC
STATE OF WISCONSIN**

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.

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

559870

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: <u>Beth</u> Middle: <u>Elaine</u> Last: <u>Peterson</u> Suffix:				2. Death Date <u>October 22, 2011</u>	
3. Sex <u>Female</u>		4. Age <u>56 years</u>		5. Social Security Number [REDACTED] <u>1262</u>	
7. Birthdate <u>October 14, 1955</u>		8. Birthplace <u>Allegan, Michigan</u>		9. Decedent's Education <u>Master's degree</u>	
10. Was Decedent of Hispanic Origin? <u>No</u>		11. Decedent's Race(s) <u>White</u>		12. Was Decedent Ever in U.S. Armed Forces? <u>No</u>	
13. Residence: Number and Street <u>423 S Settlemier Avenue</u>			14. City/Town <u>Woodburn</u>		
15. Residence County <u>Marion</u>		16. State or Foreign Country <u>Oregon</u>		17. Zip Code + 4 <u>97071</u>	
18. Inside City Limits? <u>Yes</u>		19. Marital Status at Time of Death <u>Married</u>		20. Spouse's Name Prior to First Marriage <u>Terry Ross Bergerson</u>	
21. Usual Occupation <u>Landscape Architect</u>			22. Kind of Business/Industry <u>State of Oregon</u>		
23. Father's Name <u>Donald Walter Peterson</u>			24. Mother's Name Prior to First Marriage <u>Barbara Joanne Reynolds</u>		
25. Informant's Name <u>Terry Bergerson</u>		26. Telephone Number <u>Not Available</u>		27. Relationship to Decedent <u>Spouse</u>	
28. Mailing Address <u>423 S Settlemier Avenue, Woodburn, OR 97071</u>		29. Place of Death <u>Decedent's Residence - Hospice</u>		30. Facility Name	
31. Location of Death <u>423 S Settlemier Avenue</u>		32. City/Town or Location of Death <u>Woodburn</u>		33. State <u>Oregon</u>	
34. Zip Code + 4 <u>97071</u>		35. Method of Disposition <u>Cremation</u>		36. Place of Disposition <u>Cascade Cremation Center</u>	
37. Location <u>Tualatin, Oregon</u>		38. Name and Complete Address of Funeral Facility <u>Crown Memorial Center, Cremation & Burial - Salem 412 Lancaster Drive NE, Salem, Oregon 97301</u>			
39. Date of Disposition <u>TBD</u>		40. Funeral Director's Signature <u>Timothy Z. Boje</u>		41. OR License Number <u>CO-3788</u>	
42. Registrar's Signature <u>[Signature]</u>		43. Date Received <u>NOV - 3 2011</u>		44. Local File Number <u>112156</u>	
45. Amendment					
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 <u>0530</u>					
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 →		a. <u>multiorgan failure - liver, kidney</u>			
Due to (or as a consequence of) ↓		b. <u>metastasis</u>			
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		c. <u>ovarian cancer</u>			
Due to (or as a consequence of) ↓		d.			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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) <u>Leslie Stevens 2400 Lancaster Drive NE, Salem, OR 97301</u>					
63. Name and Title of Attending Physician [if Other than Certifier]					
64. Title of Certifier <u>Family Medicine Doctor</u>		65. License Number <u>D023923</u>		66. Date Signed (MM/DD/YYYY) <u>October 31, 2011</u>	
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. <u>Leslie A. Stevens MD</u>				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					

378222

45-2DP (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MARION COUNTY REGISTRAR.

[Signature]
RICHARD A. SHERMAN
COUNTY REGISTRAR
MARION COUNTY, OREGON

NOV - 3 2011

DATE ISSUED: _____

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

