

Recording Requested By:
Resort Closings, Inc.
3701 Trakker Trail, Suite 2J
Bozeman, MT 59718

When Recorded, Mail To:
Resort Closings, Inc.
3701 Trakker Trail, Suite 2J
Bozeman, MT 59718

APN/PIN: 07-130-19

AFFIDAVIT OF DEATH - TRUSTEE

LEE S CARTER, Affiant(s), is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. CYNTHIA JEAN CARTER is the party referenced in the attached certified copies of the Certificate of Death who died on 1/1/2012 in Carson City, NV.
2. CYNTHIA JEAN CARTER is the same party named as a Trustee in that certain Declaration of Trust dated 10/19/1998, executed by Lee S Carter and Cynthia Jean Carter, as Trustor(s) of the CARTER LIVING TRUST .
3. CYNTHIA JEAN CARTER Trustee, is the same party who was named as a Grantee in that certain Quit Claim Deed dated 11/9/1998, and recorded 11/12/1998 as Instrument Number 0453877, Book 1198, Page 2550, and certain Quit Claim Deed dated 11/9/1998, and recorded 11/12/1998 as Instrument Number 0453878, Book 1198, Page 2552 of Official Records of Douglas County, NV, legally described as follows:

LEGAL DESCRIPTION ATTACHED HERETO AS "EXHIBIT "A"
AND INCORPORATED HEREIN BY THIS REFERENCE

4. The Trust was in effect at the date of the death of CYNTHIA JEAN CARTER and is still in full force and effect and has not been amended, modified or revoked. LEE S CARTER has consented to act as trustee under the Trust.
5. That Affiant(s) has/have the authority to execute a Warranty Deed/Grant Deed for real property held by the Trust;

Date: 10-18-2022

AFFIANT(S): THE CARTER LIVING TRUST, DATED 10/19/1998

Lee S Carter, TRUSTEE
LEE S CARTER, TRUSTEE

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.

Signed, Sealed and Delivered in the Presence Of:

STATE OF: CALIFORNIA

COUNTY OF: SANTA CLARA

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 18th DAY OF October 2022 BY LEE S CARTER, WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHO APPEARED BEFORE ME.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE AFOREMENTIONED STATE THAT THE FORGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS my hand and official seal:

Press Notarial Seal/Stamp Here

Signature: Rajeev Tyagi

A Notary Public in and for said State

My Commission Expires: 12-07-2023

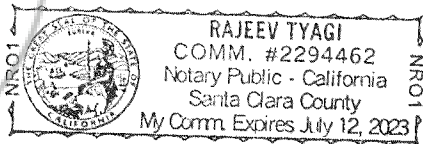


EXHIBIT "A"

LEGAL DESCRIPTION – KINGSBURY CROSSING

THE LAND SITUATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, AND DESCRIBED AS FOLLOWS:

PARCEL A:

AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST AS A TENANT-IN-COMMON IN THE FOLLOWING DESCRIBED REAL PROPERTY (THE REAL PROPERTY);

A PORTION OF THE NORTH ONE-HALF OF THE NORTHWEST ONE-QUARTER OF SECTION 26, TOWNSHIP 13 NORTH, RAGE 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.

EXCEPTING 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 ASSIGN, ALL THOSE CERTAIN EASEMENTS REFERRED TO IN PARAGRAPHS 2.5, 2.6, AND 2.7 OF SAID DECLARATION OF TIMESHARES USE AND AMENDMENTS THERETO TOGETHER WITH THE RIGHT TO GRANT SAID EASEMENTS TO OTHERS.

ALSO EXCEPTING THEREFROM THE NON-EXCLUSIVE RIGHTS TO USE THE "COMMON AREAS" AS DEFINED IN THE DECLARATION.

PARCEL B:

THE EXCLUSIVE RIGHT AND EASEMENT TO USE AND OCCUPY AN "ASSIGNED UNIT" AND THE "COMMON FURNISHINGS" THEREIN, TOGETHER WITH THE NON-EXCLUSIVE RIGHT OT OCCUPY THE "COMMON AREAS" IN PARCEL A ABOVE DURING A PROPERLY RESERVED "USE WEEK", DURING THE "SEASON" IDENTIFIED ABOVE, ON AN [ANNUAL] BASIS, AS DESIGNATED ABOVE, PROVIDED THAT SUCH USE PERIODS ARE FIRST RESERVED IN ACORDANCE WITH THE DECLARATION AND THE "RULES AND REGULATIONS", AS EACH OF SAID TERMS ARE DEFINED IN THE DECLARATION REFERRED TO ABOVE.

PARCEL C:

ALL RIGHTS OF MEMBERSHIP IN KINGSBURY CROSSING OWNERS ASSOCIATION, A NEVADA NON-PROFIT CORPORATION ["ASSOCIATION"], WHICH ARE APPURTENANT TO THE INTERESTS DESCRIBED IN PARCELS A AND B UNDER THE DECLARATION AND BYLAWS OF THE ASSOCIATION.

INTERVAL NUMBER: 4205-33

HIGH

HOA NUMBER: 470453811

USE: ANNUAL

APN: 07-130-19

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PARCEL C:

ALL RIGHTS OF MEMBERSHIP IN KINGSBURY CROSSING OWNERS ASSOCIATION, A NEVADA NON-PROFIT CORPORATION [“ASSOCIATION”], WHICH ARE APPURTENANT TO THE INTERESTS DESCRIBED IN PARCELS A AND B UNDER THE DECLARATION AND BYLAWS OF THE ASSOCIATION.

INTERVAL NUMBER: 4214-49 HIGH

HOA NUMBER: 470556711 USE: ANNUAL

APN: 07-130-19

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

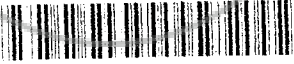
9/22
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3632893

CERTIFICATE OF DEATH

2012000178
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Cynthia Jean CARTER			2. DATE OF DEATH (Mo/Day/Year) January 01, 2012		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 4681 Wagon Wheel Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female
PRECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 70	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) November 03, 1941
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lee Scott CARTER
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER -5800		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Executive Secretary		14b. KIND OF BUSINESS OR INDUSTRY Legal System		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 4681 Wagon Wheel Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Merton Gilbert MATHEWS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rachel Anna ROPER			
	18a. INFORMANT - NAME (Type or Print) Lee Scott CARTER			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 4681 Wagon Wheel Road Carson City, Nevada 89703			
POSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			
ADE CALL	TRADE CALL - NAME AND ADDRESS						
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED KELLE BROGAN MD			22a. 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) stated. (Signature & Title)			
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) January 03, 2012		21c. HOUR OF DEATH 09:15		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Brogan MD 429 Elm Street Reno, NV 89503					23b. LICENSE NUMBER 6000	
	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 10, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) Metastatic Lung Cancer DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(d) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Janey Shoyk
STATE REGISTRAR

DATE ISSUED: **7/28/2021**

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

