

DOUGLAS COUNTY, NV **2023-1002349**
Rec:\$40.00
\$40.00 Pgs=7 11/15/2023 09:38 AM
VACATION OWNERSHIP TITLE AGENCY
SHAWNYNE GARREN, RECORDER

APN: 1319-30-618-008
Escrow No. 20234496
Title No. 20234496

Recording Requested By:
Vacation Ownership Title Agency, Inc.

Mail Tax Statement to:
Tahoe Summit Village
P.O. Box 4917
Stateline, NV 89449

When Recorded Mail to:
Jeffrey L. Carhart
7453 S. Glencoe Way
Centennial, CO 80122

AFFIDAVIT – DEATH OF TRUSTEES
(Title of Document)

------(Only use if applicable)-----
The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death of Trustee – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Aleta Hannum Signature

Aleta Hannum Printed Name

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

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed.

A portion of APN: 1319-30-618-008

RECORDING REQUESTED BY
VACATION OWNERSHIP TITLE AGENCY

WHEN RECORDED MAIL TO:

Jeffrey L. Carhart
7453 S. Glencoe Way
Centennial, CO 80122

Escrow No: 20234496

RECORDERS USE ONLY

AFFIDAVIT - DEATH OF TRUSTEES

STATE OF *Colorado*

COUNTY OF *Arapahoe* ss.

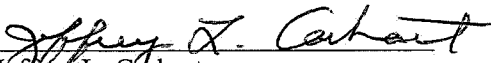
JEFFREY L. CARHART, of legal age, being duly sworn, deposes and says

That **SHARON H. CARHART** and **MARIE J. CARHART**, the decedents mentioned in the attached Certificate of Death, are the same persons as **SHARON H. CARHART** and **MARIE J. CARHART** named as the Trustees of that certain **SHARON H. CARHART and MARIE J. CARHART 2001 TRUST, a California Revocable Living Trust, dated February 9, 2001** and designated the Trustees in the Deeds recorded in Douglas County, State of Nevada on February 28, 2001 as Document Nos. 509483 and 509484.

In accordance with the above referenced trust, **JEFFREY L. CARHART** shall act as successor trustee of said trust on the deaths of **SHARON H. CARHART** and **MARIE J. CARHART**.

JEFFREY L. CARHART is filing this Affidavit with the Douglas County Recorder to establish the succession of **JEFFREY L. CARHART**, as successor trustee pursuant to the aforesaid trust. The trust estate includes an interest in real property located in Douglas County, State of Nevada, which is more fully described in **Exhibits 'A-1' and 'A-2'** attached hereto and incorporated herein by reference.

Dated: *11-6-23*



Jeffrey L. Carhart

SUCCESSOR TRUSTEE

STATE OF Colorado)
COUNTY OF Arapahoe) ss

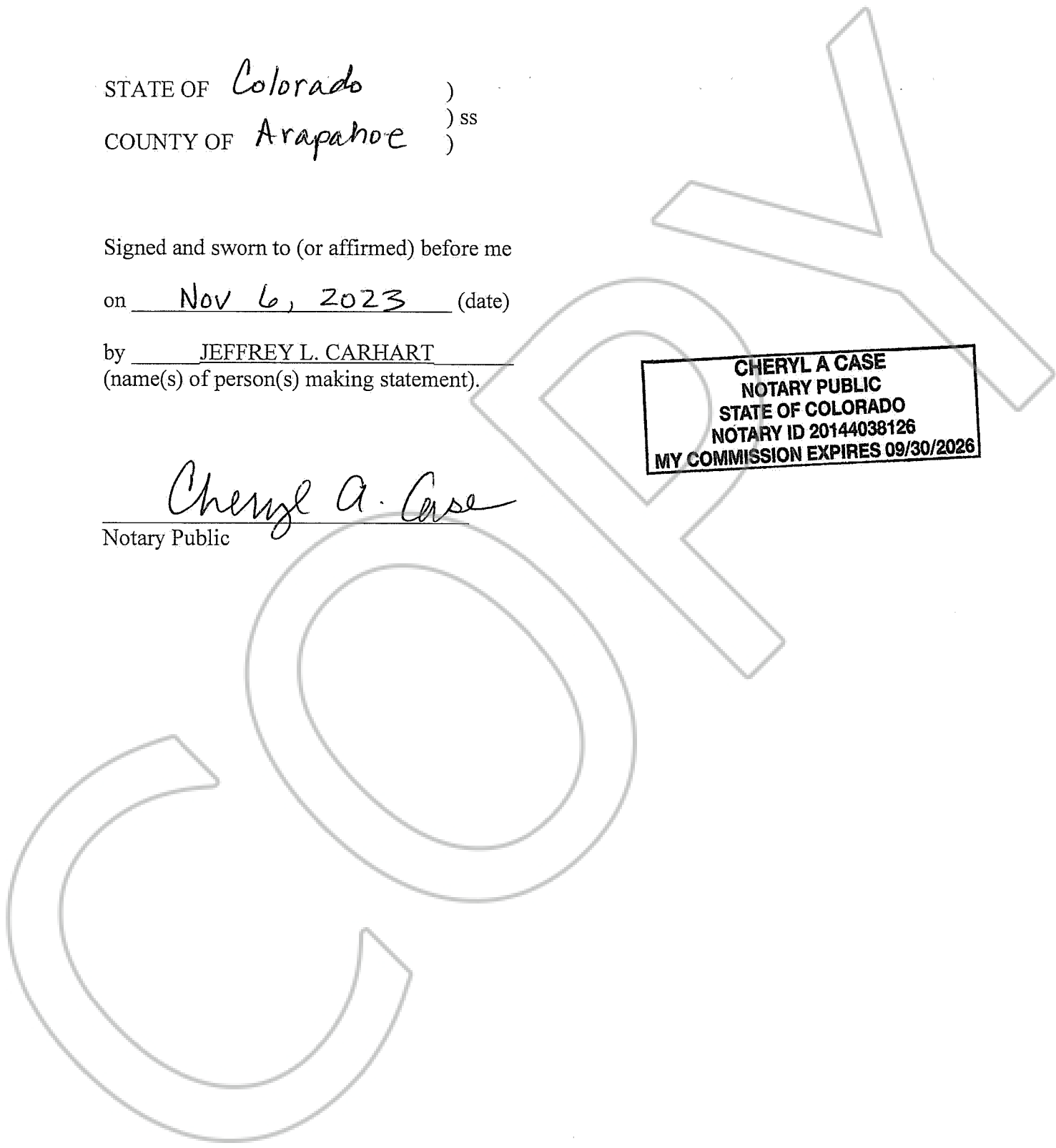
Signed and sworn to (or affirmed) before me

on Nov 6, 2023 (date)

by JEFFREY L. CARHART
(name(s) of person(s) making statement).

**CHERYL A CASE
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20144038126
MY COMMISSION EXPIRES 09/30/2026**

Cheryl A. Case
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LONG BEACH, CALIFORNIA

3052022308694

CERTIFICATE OF DEATH

3202262003477

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV. 2/08)		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) SHARON		2. MIDDLE HOWARTH		3. LAST (Family) CARHART			
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 03/12/1929	5. AGE Yrs. 93	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY KS	10. SOCIAL SECURITY NUMBER 3114	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	7. DATE OF DEATH mm/dd/yyyy 12/28/2022	8. HOUR (24 Hour) 1645		
13. EDUCATION - Highest Level (Degree) (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESSMAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE		19. YEARS IN OCCUPATION 60			
20. DECEDENT'S RESIDENCE (Street and number, or location) 6064 EAST OAKBROOK STREET							
21. CITY LONG BEACH		22. COUNTY/P/PROVINCE LOS ANGELES		23. ZIP CODE 90815	24. YEARS IN COUNTY 82	25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP BLAINE CARHART, AHCD AGENT		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city, or town, state and zip) 6064 EAST OAKBROOK STREET, LONG BEACH, CA 90815					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST PAUL		32. MIDDLE LOCKWOOD		33. LAST CARHART		34. BIRTH STATE KS	
35. NAME OF MOTHER/PARENT - FIRST LESLIE		36. MIDDLE -		37. LAST (BIRTH NAME) BOSTON		38. BIRTH STATE KS	
39. DISPOSITION DATE mm/dd/yyyy 01/09/2023		40. PLACE OF FINAL DISPOSITION WESTMINSTER MEMORIAL PARK 14801 BEACH BLVD., WESTMINSTER, CA 92683				43. LICENSE NUMBER -	
41. TYPE OF DISPOSITION(S) CREMATE/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -			
44. NAME OF FUNERAL ESTABLISHMENT/ MORTUARY WESTMINSTER MEMORIAL PARK		45. LICENSE NUMBER FD1030	46. SIGNATURE OF LOCAL REGISTRAR ANISSA DAVIS, MD, MPH		47. DATE mm/dd/yyyy 01/09/2023		
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY, ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6064 EAST OAKBROOK STREET		106. CITY LONG BEACH			
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator deactivation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CONGESTIVE HEART FAILURE Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) ATHEROSCLEROTIC HEART DISEASE (C) HYPERTENSION		Time Interval Between Onset and Death (A) YRS (B) YRS (C) YRS (D) YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC RENAL FAILURE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. DECEDENT FREQUANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy Decedent Last Seen At mm/dd/yyyy 12/28/2022 12/28/2022		115. SIGNATURE AND TITLE OF CERTIFIER MERLYN MADAMBA ASUNCION, MD		116. LICENSE NUMBER A49850		117. DATE mm/dd/yyyy 01/06/2023	
118. I CERTIFY THAT TO MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MERLYN MADAMBA ASUNCION, MD 21707 HAWTHORNE BLVD. STE 304, TORRANCE, CA 90503		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy							
122. HOUR (24 Hour)							
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, CITY OF LONG BEACH



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Long Beach Department of Health and Human Services.

DATE ISSUED

MAR 01 2023

Anissa Davis, MD, MPH

HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALONGBEACH

COUNTY OF ORANGE HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 2007 30 003029

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SPOF AND PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, social security number, cause of death, and physician information.

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA COUNTY OF ORANGE

DATE ISSUED MAR 27 2007

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Signature: Eric G. Handler M.D. HEALTH OFFICER ORANGE COUNTY, CALIFORNIA

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



Exhibit 'A-1'
(Tahoe Summit Village)

All that parcel of land in the County of Douglas, State of Nevada, and being more particularly described as follows:

PARCEL 1: An undivided 1/51st interests in and to that certain condominium described as follows: (i) An undivided 1/9th interest, as tenants-in-common, in and to Lot 28 of Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53845, Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. **H** (also known as Condominium Unit No. **108**), as shown and defined on said last mentioned map, Unit Type **B**.

PARCEL 2: A non-exclusive right to use the real property known as The Common Area on the Official Map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions and Restrictions recorded September 28, 1973 as Document No. 69063 in Book 973 Page 812 of Official Records and in the Modification recorded July 2, 1976 as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL 3: The exclusive right to use said Unit and the nonexclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcel Two above during One (1) "Use Period" within the Winter "Season" as said quoted terms are defined in the Declaration.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said Use Period within said Season.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise pertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

A portion of APN: 1319-30-618-008

Commonly

known as: Tahoe Summit Village, Unit No. 108, Unit Type B, Winter Season,
Stateline, NV 89449

Exhibit 'A-2'
(Tahoe Summit Village)

All that parcel of land in the County of Douglas, State of Nevada, and being more particularly described as follows:

PARCEL 1: An undivided 1/51st interests in and to that certain condominium described as follows: (i) An undivided 1/9th interest, as tenants-in-common, in and to Lot 28 of Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53845, Official Records of Douglas County, State of Nevada, except therefrom Units 1 to 9; (ii) Unit No. **H** (also known as Condominium Unit No. **108**), as shown and defined on said last mentioned map, Unit Type **B**.

PARCEL 2: A non-exclusive right to use the real property known as The Common Area on the Official Map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No. 72495, records of said county and state, for all those purposes provided for in the Declarations of Covenants, Conditions and Restrictions recorded September 28, 1973 as Document No. 69063 in Book 973 Page 812 of Official Records and in the Modification recorded July 2, 1976 as Document No. 1472 in Book 776 Page 87 of Official Records.

PARCEL 3: The exclusive right to use said Unit and the nonexclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcel Two above during One (1) "Use Period" within the Summer "Season" as said quoted terms are defined in the Declaration.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said Use Period within said Season.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise pertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

A portion of APN: 1319-30-618-008

Commonly

known as: Tahoe Summit Village, Unit No. 108, Unit Type B, Summer Season,
Stateline, NV 89449