

1
2 **PASSED**
3
4

MAR 05 2024

Date

5
6 RESOLUTION NO. 109 (2024)
7

8 *A resolution for the Estate of Amanda Lynn George.*
9

10 WHEREAS, Amanda Lynn George (deceased September 24, 2019), enrolled member of the
11 Eastern Band of Cherokee Indians did not leave a Last Will and Testament; and
12

13 WHEREAS, Martha Marie Ledford qualified as the Administratrix of the estate of Amanda
14 Lynn George in Cherokee Court Estate File No. 19-099; and
15

16 WHEREAS, the Tribal Realty Office has examined the records on file regarding the deceased's
17 possessory holdings in Tribal trust land, and other documents, and has written this
18 resolution to provide for the distribution of the deceased's possessory holding to
19 their eligible heirs.
20

21 NOW, THEREFORE, BE IT RESOLVED by the Eastern Band of Cherokee Indians in Council
22 Assembled, at which a quorum is present that the Tribal Council of the Eastern
23 Band of Cherokee Indians does hereby recognize the heirs of Amanda Lynn
24 George: Breydan Mitchell Ensley and Kieaira Kay Ensley (enrolled minor).
25

26 BE IT FURTHER RESOLVED that **Wolfstown Community Parcel No. 625-B (Part of Parcel**
27 **No. 625)**, containing 1.500 acres, more or less be assigned to Breydan Mitchell
28 Ensley and Kieaira Kay Ensley (enrolled minor).
29

30 BE IT FURTHER RESOLVED that **Wolfstown Community Parcel No. 625-I (Part of Parcel**
31 **No. 625-D)**, containing 0.500 acres, more or less be assigned to Breydan Mitchell
32 Ensley and Kieaira Kay Ensley (enrolled minor).
33

34 BE IT FINALLY RESOLVED that the Tribal Business Committee and the Tribal Realty
35 Services are hereby authorized to carry out the intent of this resolution.
36

37 *Submitted by: Kaila Cucumber, Land Records Specialist, on behalf of Tribal Realty Services.*
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ADDRESSES

Breydan Mitchell Ensley
RR#14806
Post Office Box 1721
Cherokee, North Carolina 28719

Parent or Guardian of
Kieaira Kay Ensley
RR#15382 (Minor D.O.B. 11/12/2007)
Post Office Box 1721
Cherokee, North Carolina 28719

EASTERN BAND OF CHEROKEE INDIANS

File No.

EST 19-099

Cherokee, North Carolina

**EBCI
CHEROKEE TRIBAL COURT
CHEROKEE, NC**

In The Cherokee Court
Before the Clerk

IN THE MATTER OF THE ESTATE OF:

Name

AMANDA LYNN GEORGE

2019 OCT 21 A 10:30 LETTERS

G.S. 28A-5-1; 28A-6-3; 28A-11-1; 36C-2-209 (as adopted and interpreted by the C.C.)

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of The Eastern Band of Cherokee Indians to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Cherokee Court.

Name And Address Of Fiduciary 1

**Martha Marie Ledford
PO Box 70
Cherokee, NC 28719**

Date Of Qualification

10/21/2019

Clerk Of Court

K. DENISE HALLAUER-FOX

Title Of Fiduciary 1

Administrator

EX OFFICIO JUDGE OF PROBATE

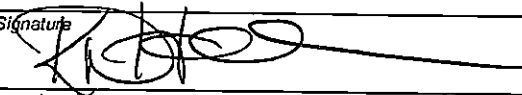
Name And Address Of Fiduciary 2

N/A

Date Of Issuance

10/21/2019

Signature



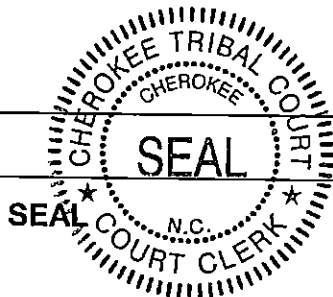
Title Of Fiduciary 2

N/A

Deputy Clerk

Assistant Clerk

Clerk Of Court



NOTE: This letter is not valid without the official seal of the Clerk of the Cherokee Court.

EBCI-E-403, Rev. 7/06

Copies to:

Enrollment

Bank(s)

CERTIFICATION OF VITAL RECORD
STATE OF NORTH CAROLINA
JACKSON COUNTY
OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 N.C. VITAL RECORDS
BK 0-105 PG 023-1

REGISTRATION DISTRICT NO: **050-00** LOCAL NO: _____ COUNTY OF DEATH: **Jackson** STATE FILE NO: _____

DECEASED TYPEPRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	1a. FIRST Amanda		1b. MIDDLE Lynn		1c. LAST George		1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE	
	2. SEX F	3a. AGE - LAST BIRTHDAY (Yrs) 37	3b. UNDER 1 YEAR Months: _____ Days: _____	3c. UNDER 1 DAY Hours: _____ Minutes: _____	4. DATE OF BIRTH (Month/Day/Year) 08/04/1982		5. BIRTHPLACE (County/State or Foreign Country) Jackson, NC	6. DATE OF DEATH (Month/Day/Year) 09/24/2019	
7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA 7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____ 7c. FACILITY NAME (If not institution, give street and number) _____ 7d. CITY OR TOWN _____ 7e. COUNTY OF DEATH _____ Roadside Near 253 Olivet Church Rd. Whitlittier Jackson									
8. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (Give name and date of first marriage) _____			10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) Gaming Host		10b. KIND OF BUSINESS/INDUSTRY Gaming Industry	
11. SOCIAL SECURITY NUMBER _____			12a. RESIDENCE - STATE OR FOREIGN COUNTRY NC		12b. COUNTY Jackson		12c. CITY OR TOWN Cherokee		
12d. STREET AND NUMBER 375 Lizzie Cucumber Road			12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No		12f. ZIP CODE 28719		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input checked="" type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSc, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)				15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____			16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input checked="" type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ Eastern Band Of The Cherokee Indians		
17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Unknown				18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) Martha Ledford (Natchacha)		19a. INFORMANT'S NAME Martha Ledford			
19b. RELATIONSHIP TO DECEDENT Mother				19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. Box 70, Cherokee, NC 28719		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Cherokee, NC			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____				20b. LOCATION (City or Town and State) Cherokee, NC		21. SIGNATURE OF FUNERAL DIRECTOR <i>Bruce David Martin Jr.</i>			
21a. NAME AND ADDRESS OF FUNERAL HOME Long House Funeral Home Inc., 407 Woltown Rd., Cherokee, NC 28719				21b. LICENSE NUMBER FS-2771		21c. NAME OF EMBALMER Bruce David Martin, Jr.		21d. LICENSE NUMBER FS-2771	
22. PART I. Enter the <u>immediate</u> cause(s) (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 on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.									
IMMEDIATE CAUSE Final disease or condition resulting in death: Traumatic Injuries to Chest and Abdominal Area Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Due to (or as a consequence of) _____ Due to (or as a consequence of) _____ Due to (or as a consequence of) _____							Approximate Interval Onset to death 0938 am		
PART II. Other significant conditions contributory to death but not resulting in the underlying cause given in PART I.									
23. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined				24. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26. IF YES <input type="checkbox"/> Declined by Medical Examiner		27. TIME OF DEATH (Approximate) 0938am		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43-90 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
30. DATE PRONOUNCED (Month/Day/Year) 09/24/2019		31a. DATE OF INJURY (Month/Day/Year) 09/24/2019		31b. TIME OF INJURY 0938am		31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. Olivet Church Rd	
31e. LOCATION OF INJURY (Street/Number/City/State) Near 253 Olivet Church Rd, Whitlittier, NC				31f. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____					
32. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician/nurse/practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> 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.									
33. SIGNATURE AND TITLE OF CERTIFIER <i>Anthony K. Seigonal, Medical Examiner</i>				33b. LICENSE NUMBER 10-2-19		34. DATE REGISTERED BY STATE			
34. FOR LOCAL REGISTRAR (Name) Bobbie Jo Rhymen				35. DATE FILED (Month/Day/Year) 10-3-19		DATE CORRECTED (Month/Day/Year)			
DATE AMENDED (Month/Day/Year)				ITEM(S) CORRECTED:					
DATE AMENDED (Month/Day/Year)				ITEM(S) AMENDED:					

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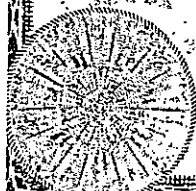
This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

Witness my hand and official seal:

Joe Hamilton
 Register of Deeds
 Jackson County

this the **3** day of **October**, 20**19** By: *Louis Danner*
 Deputy/Assistant Register of Deeds

Any alterations or omissions voids this certificate. Do not accept unless on security paper with Registrar of Deeds seal clearly embossed in left corner.



EASTERN BAND OF CHEROKEE INDIANS

File No.

EST 19-099

Cherokee, North Carolina

EBCJ **The Cherokee Court**
 CHEROKEE TRIBAL COURT
 CHEROKEE, NC Before the Clerk

IN THE MATTER OF THE ESTATE OF 2019 DEC -5 A 8: 53

Decedent:

AMANDA LYNN GEORGE**FILED****Heir Information**

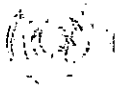
R08108

DOD: 09/24/2019

Pursuant to Cherokee Code Sec. 28-1(c), the following individuals are hereby declared the legal heirs of the above-named decedent for purposes of inheritance of personal property. This final determination is based on Tribal Enrollment descendant lists and legal documentation.

Kinship	Name	DOB	Roll #
Surviving Spouse	No surviving spouse	N/A	N/A
Surviving Children	Breydan Mitchell Ensley	02/23/2006	R14806
	Kieaira Kay Ensley	11/12/2007	R15382

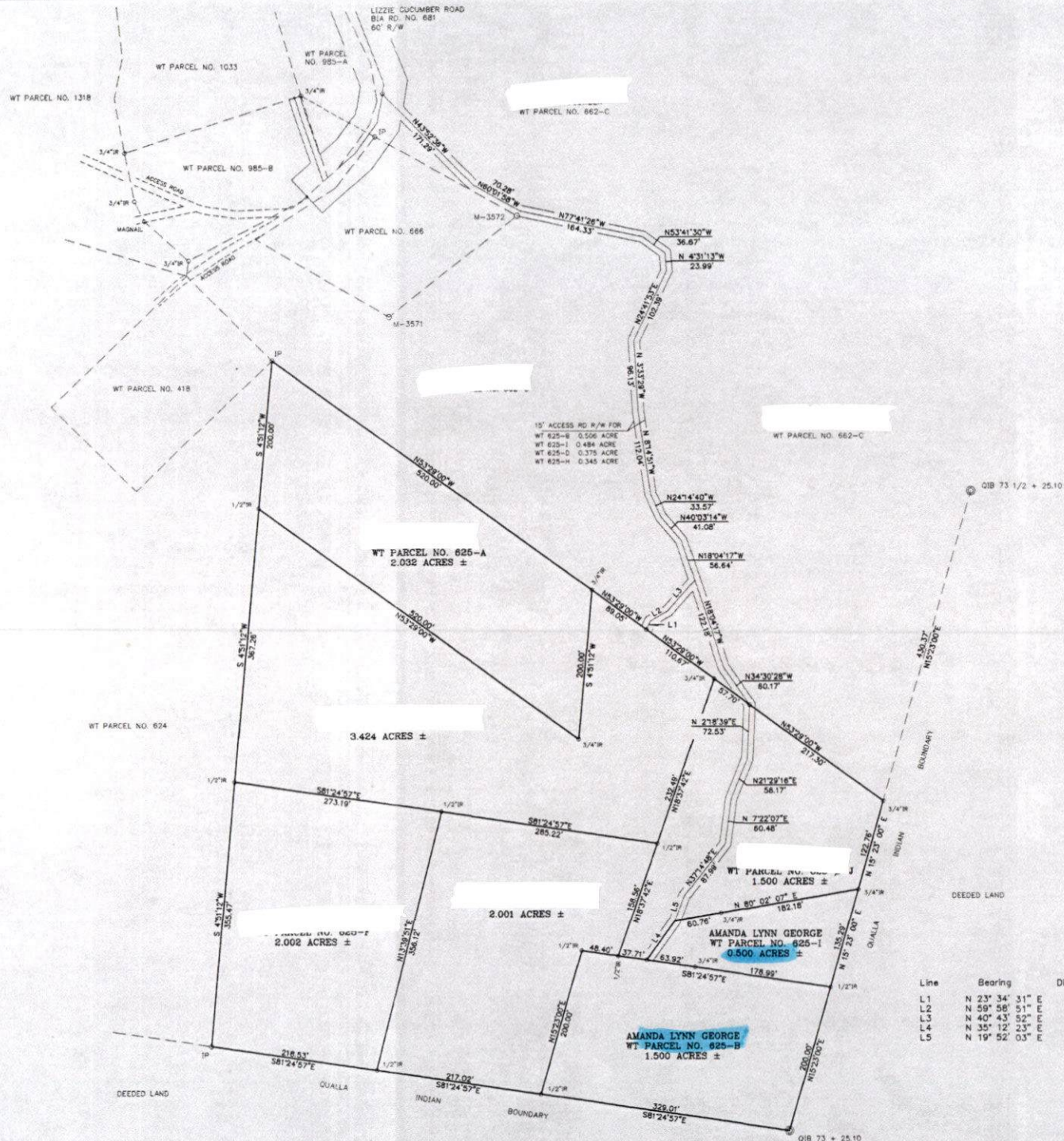
I hereby certify that the above information is true and correct to the best of my knowledge and belief.



Clerk of Court

14 DEC 2019

Date



WT PARCEL NO. 625-A
2.032 ACRES ±

3.424 ACRES ±

2.001 ACRES ±

2.002 ACRES ±

AMANDA LYNN GEORGE
WT PARCEL NO. 625-B
1.500 ACRES ±

AMANDA LYNN GEORGE
WT PARCEL NO. 625-I
0.800 ACRES ±

Line	Bearing	Distance
L1	N 23° 34' 31" E	12.24'
L2	N 59° 56' 51" E	26.76'
L3	N 40° 43' 52" E	54.04'
L4	N 35° 15' 23" E	63.92'
L5	N 19° 52' 03" E	35.18'

MAP DATE 02-10-2004
12-08-2006 REVISED TO SHOW DIVISION OF WT625-I FROM WT625-D

0 50 100 200 300 400 500
SCALE 1" = 100' WT625-F.DWG / WT625-F.ASC

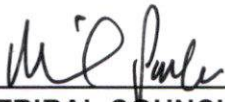
The attached Resolution/Ordinance No. 109 dated March 5, 2024 was:

PASSED (X)

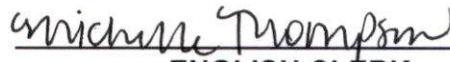
KILLED ()

and ratified in open Council on MARCH 5, 2024 by 94 voting for the act and 0 members voting against it as follows:

VOTE	FOR	AGAINST	ABSTAIN	ABSENT
Richard French	X			
Perry Shell	X			
Boyd Owle	X			
Bucky Brown	X			
Tom Wahnetah	X			
David Wolfe	X			
Adam Wachacha	X			
Mike Parker	X			
Bo Crowe	X			
Jim Owle	X			
Dike Sneed				X
Michael Stamper	X			
	94	0	0	6



TRIBAL COUNCIL CHAIRMAN



ENGLISH CLERK



PRINCIPAL CHIEF

APPROVED (✓) VETOED ()

VETO UPHELD () VETO DENIED ()

DATE: 3-21-24

I hereby certify that the foregoing act of the Council was duly:

PASSED ()

KILLED ()

and ratified in open Council after the same has been interpreted by the Official Interpreter and has been fully and freely discussed.

INTERPRETED ()

OMITTED ()