

Assessor's Parcel Number: 1320-32-712-021

Recording Requested By:

✓ Name: R. A. McCarthy

Address: 1509 MILLCREEK WAY

City/State/Zip GARDNERVILLE NV 89410

R.P.T.T.: _____

REQUESTED BY
R A McCarthy
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 OCT 12 AM 10:56

WERNER CHRISTEN
RECORDER

\$17⁵⁰ PAID KJ DEPUTY

Notice of Death of Trustee
(Title of Document)

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 or legibly hand printed.

C:\bc docs\Cover page for recording

0626427

BK1004PG04357

NOTICE OF DEATH OF TRUSTEE

STATE OF NEVADA

CARSON CITY

ROBERT A. McCARTHY, being first duly sworn, deposes and says:

1. That SHIRLEY A. McCARTHY died on or about September 16, 2004; an a copy of the Certificate of Death is attached hereto as Exhibit "A," and incorporated herein by this reference.
2. That SHIRLEY A. McCARTHY was one of the Co-Trustees of "THE McCARTHY FAMILY 2001 TRUST," dated January 5, 2001; and the owner of all that certain real property situate in the county of Douglas, state of Nevada, commonly known as 1509 Mill Creek Way, Gardnerville, Nevada 89410, being Assessor's Parcel Number 1320-32-712-021, as more particularly described in that certain Grant, Bargain and Sale Deed dated November 9, 1992, recorded in the Official Records of the county of Douglas, state of Nevada, as Document No. 509283, in Book 0201, at page 4792.
3. ROBERT A. McCARTHY is the surviving Trustee of THE McCARTHY FAMILY 2001 TRUST, dated September 5, 2001.
4. That as of this date, the said trust has not been amended or revoked, and Affiant is the sole Trustee thereof.

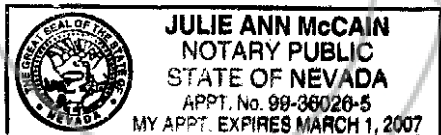
Further affiant sayeth naught.

DATED October 12, 2004

Robert A. McCarthy

ROBERT A. McCARTHY

On October 12, 2004, 2004, personally appeared before me, a notary public, ROBERT A. McCARTHY, personally known (or proved) to me to the the person whose name is subscribed to the foregoing Notice of Death of Trustee, who acknowledged to me that he executed the foregoing document.



Julie Ann McCain

NOTARY PUBLIC

0626427

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(GRANTEE),

all that real property in the County of Douglas, State of Nevada,
being Assessor's Parcel Number 25-670-21, specifically described as:
All that certain lot, piece, or parcel of land situate in the County of
Douglas, State of Nevada, described as follows:

Lot 21, as set forth on the Final Map of MILL CREEK ESTATES, a Planned
Unit Development, filed for record in the office of the County Recorder of
Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337,
as Document No. 252075.

EXHIBIT A

0509283
BK0201PG4793

REQUESTED BY
Robert Brilli
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2001 FEB 23 PM 4:54

LINDA SLATER
RECORDER

SL PAID *K2* DEPUTY

0626427

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 115 IMAGE 722
LOCAL FILE NUMBER 2468

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Shirley Arline MCCARTHY			DATE OF DEATH (Month, Day, Year) 2 September 16, 2004		COUNTY OF DEATH 3a. Washoe
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X	AGE—Last Birthday (Years) 7a. 82	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
	STATE OF BIRTH (If not U.S.A., name country) 9a. Michigan		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education: Specify highest grade completed. 10. 14	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Robert A. McCarthy
PARENTS	SOCIAL SECURITY NUMBER 13. ██████████ 7122		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Secretary		KIND OF BUSINESS OR INDUSTRY 14b. Plumbing	
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 1509 Millcreek Way	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
DISPOSITION	FATHER—NAME First Middle Last 16. Chester Raymond Hamlin			MOTHER—MAIDEN NAME First Middle Last 17. Bertha Helen Hilton		
	INFORMANT—NAME (Type or Print) 18a. Robert A. McCarthy			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1509 Millcreek Way, Gardnerville, NV 89410		
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. John Burman		FUNERAL DIRECTOR LICENSE NUMBER 20b. 624	NAME AND ADDRESS OF FACILITY 20c. Neptune Society Of Nevada 5401 Longley Lane, Suite 11, Reno, NV 89511		
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) John O. McCarty DATE SIGNED (Mo., Day, Yr.) September 22, 2004 HOUR OF DEATH 21c. 1930			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) and manner stated. (Signature and Title) John O. McCarty DATE SIGNED (Mo., Day, Yr.) September 22, 2004 HOUR OF DEATH 22c. 1930		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520			PRONOUNCED DEAD (Mo., Day, Yr.) 22b. September 16, 2004 22d. ON		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. REGISTRAR (Signature) John O. McCarty			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 22, 2004		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Subdural hematoma DUE TO, OR AS A CONSEQUENCE OF: (b) Blunt force trauma (fall); by history DUE TO, OR AS A CONSEQUENCE OF: (c) _____			26. AUTOPSY (Specify Yes or No) 26. No		
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes			28. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident		
	DATE OF INJURY (Mo., Day, Yr.) 28b. Sept. 7, 2004		HOUR OF INJURY 28c. Unknown	DESCRIBE HOW INJURY OCCURRED 28d. Fall from standing height; by history		
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. Home	LOCATION 28g. 1509 Mill Creek Way, Gardnerville, Nevada	STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

No. 264591

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Barbara Lee Hunt*

Date: **SEP 24 2004**



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