WHEN FILED MAIL TO: Law Offices of Brad Siefker / 828 University Avenue Sacramento, CA 95825 MAIL TAX INFORMATION TO: Sally Cargile 5509 Callister Avenue Sacramento, CA 95819

05/21/2007 11:04 AM OFFICIAL RECORD Requested By: LAW OFFICE OF BRAD SIEFKER

Douglas County - NV Werner Christen - Recorder

Page: Of Fee: BK-0507 PG- 6820 RPTT:

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THIS SPACE FOR RECORDER'S USE

AFFIDAVIT--DEATH OF TRUSTEES

STATE OF NEVADA COUNTY OF DOUGLAS

SALLY CARGILE, of legal age, being first duly sworn, deposes and says: That ALEXANDER VAN VOORKIES MCKEE and BROOKE R. MCKEE, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as ALEXANDER VAN VORRHIES MCKEE and NELLIE BROOKE ROUTH MCKEE, named as the parties in that certain Grant Deed, dated February 11, 1993, executed by ALEXANDER VAN VORRHIES MCKEE AND NELLIE BROOKE ROUTH MCKEE as trustees of the VAN MCKEE FAMILY REVOCABLE TRUST, dated FEBRUARY 19, 1988, and recorded on February 18, 1993, Document no. 299917, in Book 293, Page 3056, Official Records of Douglas County, State of Nevada, which deed pertains to land more particularly described as follows:

PROPERTY DESCRIPTION ATTACHED AS EXHIBIT "A"

SALLY CARGILE, shall forthwith serve as sole trustee of the VAN MCKEE FAMILY REVOCABLE TRUST

Executed on May 10, 2007, at Sacramento, California

) ss.

COUNTY OF SACRAMENTO)

STATE OF CALIFORNIA

Subscribed and sworn to (or affirmed) before me on this 10th day of May 2007, by Sally Cargile, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

RUBY MORRIS COMM. #1467708 Notary Public-California SACRAMENTO COUNTY Comm. Exp. Feb 3, 2008

Signature

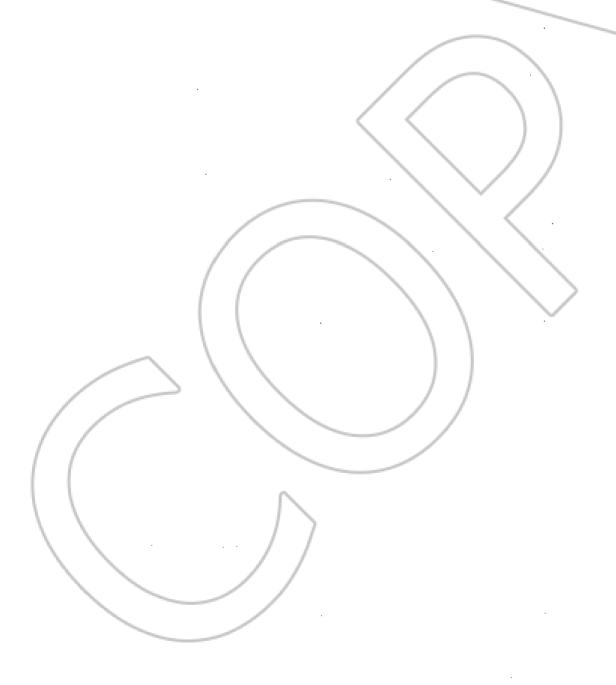
Notary Public

EXHIBIT A

Lot 59, in Block D as shown on the Official Plat of Winhaven Unit No. 2, Phase A, filed for record in the office of the County Recorder on September 14, 1990, in Book 990 of Official Records, at Page 1934, Douglas County, State of Nevada, as Document No. 234654.

Assessment Parcel No. 25-661-05

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.



STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2007001563

TYPE OR .					STATE	LE NUMBER		
PRINT IN	1a. DECEASED-NAME FIRST	1b. MIDDLE	1c. LAST	2. DATE	OF DEATH (Mo/Day/Year)	3a, COUNTY OF DEATH		
PERMANENT BLACK INK	Alexander V	/an Voorkies	MCKEE		April 01, 2007	Douglas		
DECEDENT	36. CITY, TOWN, OR LOCATION Minden	N OF DEATH 3c. HOSPITAL OR O	THER INSTITUTION -Name 1074 Wisteria Drive		3e.lf Hosp. or Inst. indicate Inpatient(Specify)	DOA,OP/Emer. Rm. 4, SEX Male		
DECEDENT	5. RACE-(e.g., White, Black, American Indian) (Specify) White	Was Decedent of Hispanic Origin If yes, specify Mexican, Cuban, Puer Non-hispa	rto Rican, etc. [birthd.	GE-Last 7b. UNDI	R 1 YEAR 7c. UNDER 1 DA DAYS HOURS MINS	Y 8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1922		
IF DEATH OCCURRED IN 1	9a. STATE OF BIRTH (If not U.S name country) California		DUNTRY 10. EDUCATION 1	WODCED (Specify)		URVIVING SPOUSE (if wife, give en name)		
REGARDING COMPLETION OF RESIDENCE	13. SOCIAL SECURITY NUMBER	Life Even If Retired)	(Give Kind of Work Done D		14b. KIND OF BUSINESS (DR INDUSTRY Dentistry		
TEMS	15a RESIDENCE - STATE Nevada	15b. COUNTY 15c	*CITY, TOWN OR LOCATION Minden	ON 15d STREET A	er that it is a second	15e. INSIDE CITY LIMITS (Specify Yes of No) Yes		
PARENTS	16. FATHER - NAME (First Midd Ch				irst Middle Last Suffix) Clare PHINNI	Y		
	18a. INFORMANT- NAME (Type or Print) Sally CARGILE 18b. MAILING ADDRESS: (Street or R.F.D. No. City or Town, State, Zip) 5509 Callister Avenue Sacramento, California 95819							
ISPOSITION	Cremati	And the same of th	Fitzhenry's	NAME Crematory	19c LOCATION	City or Town State		
Haroamon	JAMES	NATURE (Or Person Acting as Suc SMOLENSKI	DIRECTOR LICENSE		DRESS OF FACILITY ZHenry's Carson Valle	•		
RADE CALL	SIGNATURE AUTHENTICATED 217 1380 Highway 395 N Gardnerville NV 89410.							
CERTIFIER	to the cause(s) stated (to page 5) to the cause(s)		W.D. DEATH 06:30	the time, data and place of the time, data and the time	os and due to the cause(s) st Mo/Day/Yr) 22c	on, in my opinion death occurred at ated. (Signature & Title) HOUR OF DEATH PRONOUNCED DEAD AT (Hour)		
		CERTIFIER (PHYSICIAN, ATTENDIN Kelle Lynn Brogan M.D.	18653 Wedge Pkwy F	Reno, NV 89511		23b. LICENSE NUMBER 6000 /		
	24a. REGISTRAR (Signature)	MIKE NEUMAN SIGNATURE AUTHENTIC	ATED (Mo/D	April 09,4	2007 YE			
CAUSE OF DEATH	1 1	(enter only one cause Pulmonary Hypertensi	on Table 1			tween onset and death		
EONDITIONS IF ANY WHICH BAVE RISE TO IMMEDIATE —	(b)	AS A CONSEQUENCE OF:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tween onset and death		
E CAUSE STATING THE SUNDERLYING CAUSE LAST	(c)	NT CONDITIONS-Conditions contrib	outing to death but not result	ing in the underlying cause		SY (Specify 27, WAS CASE REFERRED		
	H 28a. ACC., SUICIDE, HOM., UNDET	28b. DATE OF INJURY (Mo/Day/Y)	,	28d. DESCRIBE HOW IN	Yes or No)	NO OR NO NO NO		
	OR PENDING INVEST, (Specify)	29f. PLACE OF INJURY- At home,			Take the state of	TY OR TOWN STATE		
	Yes or No)	building, etc. (Specify)			TREET OR R.F.D. No. CI	TON TOWN		
	1 10	\ . I . I .	STATE REC	SISTRAR		•		

STATE REGISTRAR



0507 PG- 6822 05/21/2007 6822

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CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

APR 1 0 2007

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STATE OF NEVADA

ECERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

STATE OF NEVADA/LIALERAFATIENTICS HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

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SEATH OF EIRTH (IT FOULDS, againe Country) SPECIAL SECURITY NUMBER SOUTH CATOLINA					1 ···	4 Female
THEST S. WILCE		RACE—(e.g., White, Black, American	Was Decedent of Hispanic Origin specify Mexican, Cuban, Puerlo R	P Specify ☐ yes no If yes, AGE—La Birthday	(Years) MOS DAYS HOURS	MINS
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FATHER-NAME First Middle Last MOTHER MADEN NAME First Middle Last 16. Edgar Esse Routh 17. NeIlie Broke Jones INFORMANT-NAME (Type or Print) 18a. Van V. McKee - Husband 18b. 1074 Wisteria Drive, Minden, Nevada 89423 BURIAL GREMATION, REMOVAL OTHER (Specify) CEMETERY OR GREMATORY—NAME 19a. Cremation 19b. FitzHenry's Crematory 16c. Carson City, Nevada FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY FITZHENRY'S Carson Valley Funeral CDC Person Acting as Such) 20a. Drive of the best of my knowledge, death occopres at the time, date and place and at the time, date and place and dat the time, date and place and date to the cause(s) stated to the cause(s) stated 18d. (Signature and Title) 21b. Date Signed (Mo. Day, Yr.) FICUR OF DEATH 22c. On the basis of examination and for investigation, in my opinion death occurred at the time, date and place and date to the cause(s) and mammer stated. 22c. On the basis of examination and for investigation, in my opinion death occurred at the time, date and place and date to the cause(s) and mammer stated. 22c. On the basis of examination and or investigation, in my opinion death occurred at the time, date and place and date to the cause(s) and mammer stated. 22c. On the basis of examination and or investigation, in my opinion death occurred at the time, date and place and date to the cause(s) and mammer stated. 22c. On the basis of examination and or investigation, in my opinion death occurred at the time, date and place and date to the cause(s) and mammer stated. 22c. On the basis of examination and or investigation, in my opinion death occurred at the time, date and place and date to the cause(s) and mammer stated. 22c. Signature and Title) 22c. 22d. On the basis of examination and or investigation, in my opinion death occurred at the time, date and place and date to the cause(s) and mammer stated. 22d. On the basis of examination and or investigation, in my opinion death occurred at the time, date and place and date to the cause(s) and mammer stated. 22d. On the			18 6 66	The same of the sa	15d 1 0 7 / 1 1 d t	
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ANY 24a. (Signature) W 24b. 15, 2006 24c. YES NOTE Interval between onset and death USE NOTE 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	DIATE	25. IMMEDIATE CAUSE		(a), (b), AND (c).)	Paris de la companya della companya	Interval between onset and death
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DUE TO, OR AS A CONSEQUENCE OF:	7	DUE TO, OR AS A C	ONSEQUENCE OF:		,	unpide Detailed of Pot suin gents
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(Specify Yes or No) bullding, etc. (Specify) 289. 28f. 28g.	L.	(Specify Yes or No)	bullding, etc. (Speci	(b)	•	/:
No. 338247	7			<u> </u>		No 3382/7
STATE REGISTRAR			STATE RE	GISTRAR		NO. 550241



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