

OFFICIAL RECORD

Requested By:

LAW OFFICE OF BRAD SIEFKER

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)

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 42.00
BK-0507 PG- 6820 RPTT: 0.00



APN: ~~25-661-05~~ 1370-29-213-005

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

COUNTY OF SACRAMENTO)
) ss.
STATE OF CALIFORNIA)

Sally Cargile
Sally Cargile

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.



Signature

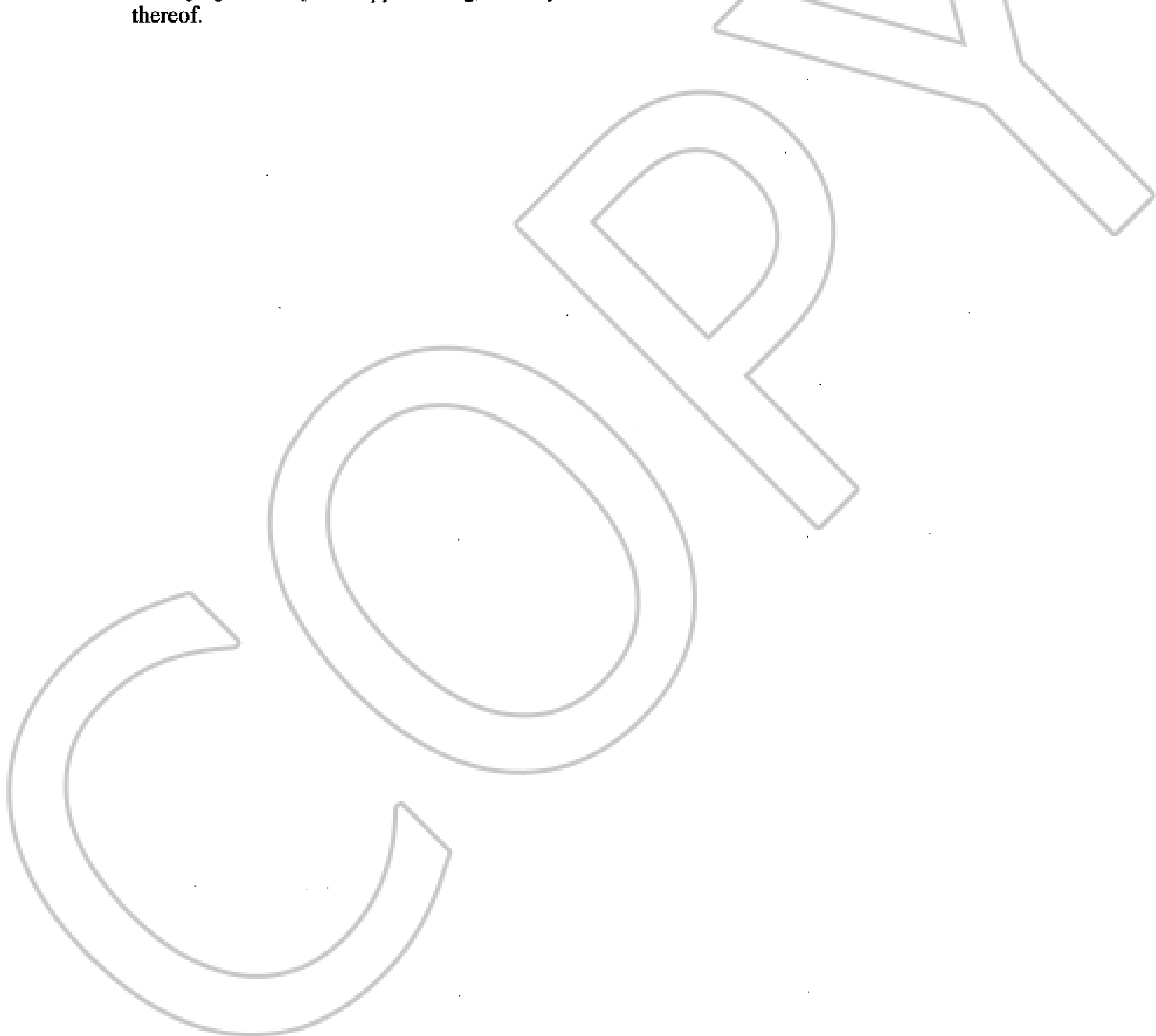
Ruby Morris
Ruby Morris, Notary Public

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.



CERTIFICATION OF VITAL RECORD

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2007001563

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME FIRST Alexander			1b. MIDDLE Van Voorkies			1c. LAST MCKEE			2. DATE OF DEATH (Mo/Day/Year) April 01, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1074 Wisteria Drive					3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Male		
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS	7d. UNDER 1 DAY HOURS	7e. UNDER 1 DAY MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1922		
9a. STATE OF BIRTH (If not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dentist					14b. KIND OF BUSINESS OR INDUSTRY Dentistry					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1074 Wisteria Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) Charles Bradford MCKEE						17. MOTHER - NAME (First Middle Last Suffix) Clare PHINNEY								
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										
19a. BURIAL, CREMATION, REMOVAL; OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory				19c. LOCATION City or Town State Carson City Nevada 89701						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) JAMES SMOLENSKI				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410								
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE LYNN BROGAN M.D.												21c. HOUR OF DEATH 06:30		
21b. DATE SIGNED (Mo/Day/Yr) April 05, 2007				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)						
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511										23b. LICENSE NUMBER 6000				
24a. REGISTRAR (Signature) MIKE NEUMANN				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 09, 2007				24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Primary Pulmonary Hypertension										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(b)										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death				
(c)										Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HOM., 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		

STATE REGISTRAR



BK- 0507
PG- 6822

0701503 Page: 3 Of 4 05/21/2007

T09982

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.

DATE ISSUED:

APR 10 2007

Mike Neumann
STATE REGISTRAR

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

PBNC0 (Rev 1/06)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

STATE OF NEVADA VITAL STATISTICS DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Brooke R. MCKEE		DATE OF DEATH (Month, Day, Year) 2. May 9, 2006	COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Minden		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1074 Wisteria Drive	If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3e. 4. Female
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.	AGE—Last Birthday (Years) 7a. 80	UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) February 14, 1926
STATE OF BIRTH (If not U.S.A., name country) 9a. South Carolina	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education, Specify highest grade completed 10. 14 years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker	KIND OF BUSINESS OR INDUSTRY 14b. Own Home	SURVIVING SPOUSE (If wife, give maiden name) 12. Van V. McKee
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 1074 Wisteria Dr.
INSIDE CITY LIMITS (Specify Yes or No) 15e. yes			
FATHER—NAME First Middle Last 16. Edgar Esse Routh		MOTHER—MAIDEN NAME First Middle Last 17. Nellie Brooke Jones	
INFORMANT—NAME (Type or Print) 18a. Van V. McKee - Husband		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1074 Wisteria Drive, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To be completed by CERTIFYING PHYSICIAN On the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Kelle A. Brogan DATE SIGNED (Mo., Day, Yr.) 5/12/06 HOUR OF DEATH 21c. 1830 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22a. To be completed by CORONER or the 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) DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON PRONOUNCED DEAD (Hour) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Kelle Brogan, M.D., 18653 Wedge Parkway, Reno, Nevada 89511		LICENSE NUMBER 23b. 6000	
REGISTRAR 24a. (Signature) Mrs. Neun	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 15, 2006	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) Natural myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death Interval between onset and death 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.		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 338247



0701503 Page: 4 of 4 05/21/2007

BK- 0507
PG- 6823

116685

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.

DATE ISSUED: MAY 15 2006

[Signature]
STATE REGISTRAR

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

