

DOC # 0726862  
07/16/2008 12:29 PM Deputy: DW  
OFFICIAL RECORD  
Requested By:  
NORTHERN NEVADA TITLE C.C

APN: 1320-30-311-016  
ORDER NO.: 2080032WD  
1080450

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0708 PG- 3088 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT -DEATH OF TRUSTEE

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant  
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By: *Sherry Ackermann*

Print Name/Title: SHERRY ACKERMANN/ESCROW ASSISTANT

WHEN RECORDED MAIL TO:

DONALD MCLEAN  
855 MAHOGANY  
MINDEN, NV 89423

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Donald R. McLean  
855 Mahogany Dr.  
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA )  
 ) SS.  
COUNTY OF DOUGLAS )

Donald R. McLean of legal age, being first duly sworn, deposes and says:

1. Josie Lee McLean is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated July 25, 1997, executed by Donald R. McLean and Josie L. McLean as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on July 31, 1997, as Instrument No. 418418, in Official Records of Douglas County, Nevada, describing the following real property:  

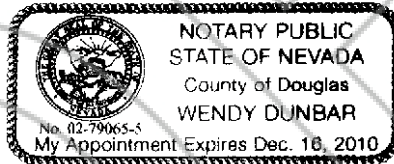
Lot 10, Block B, as set forth on the Final Map of WESTWOOD VILLAGE UNIT NO. III, filed in the office of the County Recorder on August 31, 1989, Book 889, Page 4564, Document No. 209883, Official Records of Douglas County, Nevada.
3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated May 27, 2008

Donald R McLean  
Donald R. McLean

STATE OF NEVADA, COUNTY OF Douglas  
Subscribed and sworn to (or affirmed) before me on this 5 day  
of June, 2008, by  
personally known to me or proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

(seal)  
Signature Wendy Dunbar



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2007004836**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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 AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Josie			1b. MIDDLE Lee			1c. LAST MCLEAN			2. DATE OF DEATH (Mo/Day/Year) July 16, 2007			3a. COUNTY OF DEATH Carson City					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City						3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center						3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Female		
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) 82			7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1925				
9a. STATE OF BIRTH (If not U.S.A., name country) Missouri			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Donald Robert MCLEAN					
13. SOCIAL SECURITY NUMBER [REDACTED]4530			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Manager						14b. KIND OF BUSINESS OR INDUSTRY Pacific Telephone								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 855 Mahogany Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Albert Presley ADKINS						17. MOTHER - NAME (First Middle Last Suffix) Lelah May PRYOR											
18a. INFORMANT- NAME (Type or Print) Donald R MCLEAN						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 855 Mahogany Drive, Minden, Nevada 89423											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal from State						19b. CEMETERY OR CREMATORY - NAME Forest Lawn Memorial Park						19c. LOCATION City or Town State Cypress California					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CAROLL DAVID HIGGINS</b> SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 20			20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 615 South Wells Avenue Reno NV 89502								
TRADE CALL - NAME AND ADDRESS Forest Lawn Mortuary-Cypress 4471 Lincoln Ave. Cypress CA 90630																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>ANDREA WEED MD</b>						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) stated. (Signature & Title)											
21b. DATE SIGNED (Mo/Day/Yr) July 17, 2007			21c. HOUR OF DEATH 15:50			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) ANDREA WEED MD, 775 Fleischmann Way Carson City, NV 89703											23b. LICENSE NUMBER 675						
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 18, 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) Left Lower Lobe Pneumonia						Interval between onset and death Days											
(b) Chronic Obstructive Pulmonary Disease						Interval between onset and death Years											
(c) Essential Hypertension						Interval between onset and death Years											
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) Yes					
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.			28h. CITY OR TOWN STATE								

STATE REGISTRAR

  
 BK- 0708  
 PG- 3091  
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159863 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:

08/02/2007

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

PBNC0 (Rev.) 11/06

  
 SIGNATURE AUTHENTICATED

