

17

**OFFICIAL RECORD**

Requested By:

LAW OFFICE OF DARCY HOUGHTON

APN: # 1420-34-710-023

R.P.T.T. \$ \_\_\_\_\_

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-1009 PG- 1627 RPTT: 0.00

✓ Mail tax statements to:  
Ms. Janice McCauley  
1574 Jones St.  
Minden, NV 89423



When recorded mail to:  
**Law Office of Darcy K. Houghton**  
777 E. William St., Ste. 107  
Carson City, NV 89701

**AFFIRMATION**  
Pursuant to NRS 440.380

The undersigned does hereby affirm pursuant to NRS 440.380, the attached document does contain the social security number of a person as required.

September 8, 2009

\_\_\_\_\_  
Darcy K. Houghton  
777 E. William St., Ste. 107  
Carson City, NV 89701  
Attorney for Trustee



**Exhibit "A"**

**Legal Description**

**Lot 23 of SIERRA VIEW SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 18, 1960, in Book 02, Page 105, as Document No. 15897.**

**APN #: 1420-34-710-023.**

Per NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed No. 0590156 recorded on September 16, 2003.



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

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

2008011905  
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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Steven Dean MCCAULEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 04, 2008</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No. - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>58</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 04, 1950</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Janice Harriet BROWN</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-8547</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Utility Worker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Public Works</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1574 Jones Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Franklin Curtis MCCAULEY</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Helen Ruth CARR</b>		18a. INFORMANT - NAME (Type or Print) <b>Janice MCCAULEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1574 Jones Street Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Masonic Memorial Gardens</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
TRADE CALL - NAME AND ADDRESS					
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>SIGNATURE AUTHENTICATED VIJAY MAIYA</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) <b>August 05, 2008</b>		21c. HOUR OF DEATH <b>01:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV. 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 08, 2008</b>		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) <b>Asystole</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Septic Shock</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Lung Cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II					
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		28. HOUR OF INJURY	
28a. 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	
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- 1009  
PG- 1630  
0751918 Page: 4 Of 4 10/07/2009

VRS-Rev. 2008T

230411 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:

08/08/2008

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

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



556706