APN: # 1420-34-710-023

R.P.T.T. \$

/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

10/07/2009 02:36 PM Deputy:

OFFICIAL RECORD

Requested By: LAW OFFICE OF DARCY HOUGHTON

> Douglas County - NV Karen Ellison - Recorder

4 of Fee:

BK-1009 PG- 1627 RPTT: 0.00

17.00

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

BK- 100 PG- 162 PG- 162 PG- 10707/200

APN: # 1420-34-710-023 R.P.T.T. \$

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

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

AFFIDAVIT OF DEATH

Janice H. McCauley, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, bounded and described on Exhibit A, was held by Steve D. McCauley and Janice H. McCauley husband and wife as joint tenants with right of survivorship.

That Steve D. McCauley passed away on August 4, 2008 as identified in the Certificate of Death # 230411 issued by the State of Nevada.

That pursuant to the rules of survivorship, Janice H. McCauley is the survivor and now holds this property as a single woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

August 21, 2009

State of Nevada

County of Carson City

Signed and sworn to before me on August 21, 2009 by Janice H. McCauley.

Signature Debia X. Nicholson

Notary Public



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

2008011905

4	/ / /		CENTIFICATE	OF DEATH.	I	STATE FILE	NUMBER	1 2	
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST,M	2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH							
PERMANENT BLACK INK	Steven Dean	MCCAULEY	CCAULEY		August 04, 20	ugust 04, 2008		Carson City	
STUDY HAV	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPITAL	L OR OTHER INSTITUTION	-Name(if not either, give	e street 3e.lf Hosp, or in inpatient(Specif	st. indicate DOA,	·	. SEX	
DECEDENT	Carson City	and number)	arson Tahoe Regional	Medical Center		inpatient		Male	
	5. RACE White	6. H	lispanic Origin? Specify	7a. AGE-Last	75 UNDER 1 YEAR 7c. I		8. DATE OF BIRTH (Mo/Day/Yr)	
	(Specify)	1	- Non-Hispanic	birthday (Years) 58	· ·	F	January 04,		
IF DEATH OCCURRED IN	9a, STATE OF BIRTH (If not U.S.A name country) California		HAT COUNTRY 10.EDUCAT	TION 11. MARRIED, NE		ED, 12. SUR	EVIVING SPOUSE (If	wife, give	
INSTITUTION	name country) California/ 13. SOCIAL SECURITY NUMBER	/ United			(14b. KIND OF BUSINE		ng ng Mice Harriet E		
REGARDING	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCU / Working Life, Even	JPATION (Give Kind of Work If Retired) Utility W	- 20	7	SS OR INDUSTR IC Works	Ever in I Forces?	US Armed No	
COMPLETION OF RESIDENCE		5b. COUNTY	15c. CITY, TOWN OR L		STREET AND NUMBER	CAMPA O	15e, INSI	IDE CITY	
ITEMS	Nevada	Douglas	Minde	1	4 Jones Street	_ ^	LIMITS (3 or No)	Specify Yes - No	
DADENTA	16 FATHER - NAME (First Middle		, while,	17 MOTHER -	NAME (First Middle Las	st Suffix)	-	<u> </u>	
PARENTS	Franklin Curtis MCCAULEY Helen Ruth CARR								
	18a. INFORMANT- NAME (Type o		18b. MAILING ADL	RESS (Street or R.	F.D. No. City or Town, Sta			V.	
	Janice MCCAULEY								
DISPOSITION	19a. BURIAL, CREMATION, REM				- 19 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	c. LOCATION	7	3	
	Crematio	197 7	35	c Memorial Garde	1 4 4 2 2		o Nevada 89503		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such). 20b. FUNERAL (1) / 20c. NAME AND ADDRESS OF FACILITY JOHN LAWRENCE DIRECTOR LIGENSE Autumn Funerals & Cremations								
	SIGNATU	JRE AUTHENTICATED	304	R 11/1/20	7 - 1575 N Lompa				
TRADE CALL	TRADE CALL - NAME AND ADDR	JESS Dルダー 六人	ではいいない。	11/1/2	بها السياد المساد المعلم			<u>.</u>	
	21a. To the best of my know	wiedge, death occurred at t	the time, date and place and NATURE AUTHENTICAT	22a. On the	e basis of examination and ate and place and due to the	/or investigation,	in my opinion death	occurred at	
(S S C	VIJAY MAIYA	The second second	- I 등 - E - * * * * * * * * * * * * * * * * *		_iii	~ (n:31:0:0:10 or 1100)		
CERTIFIER	E 21b. DATE SIGNED (Mo/D S August 05, 2008	ay/Yr) 21c: HO	UR OF DEATH	φ. 22b. DATE	SIGNED (Mo/Day/Yr)	22c. H	OUR OF DEATH		
/	August 05, 2008	IC DUVERNIAN IS AT ISS.	01:00	— დ გე —	MOUNCED DEAD ASSES	NA 224 PG	RONOUNCED DEAD	AT /Hour	
	Type or Print)	TATE	TIME VERTIFIER	- [₽.8; ƪ PKO	NOUNCED DEAD (Mo/Da)	77 ZZE. PI	DEMU	trivary	
/				MEDICAL EXAMINER: OR CORONER) (Type or Print) 23b. LICENSE NUMBER				?	
		Or. Vijay Maiya 160	0 Medical Parkway Ca	arson City, NV 89	9703		11909	F N IZ -	
REGISTRAR	24a. REGISTRAR (Signature)	CHRISTINA		(Mo/Day/Yr) Aŭ	U SY KEGIŞTRAR	24c DEATH DUE	TO COMMUNICABLE NO X	LE DISEASE	
CAUSE OF	25. IMMEDIATE CAUSE	SIGNATURE AUTH	ENTICATED (SEPER LINE FOR (a), (b)/A	7 297 21	and the root	1/	Interval between ons	et and death	
DEATH	PARTI (a) Asystole		Company of the control of the co		(其为) 为) 为	独	1 Same Miles	교내를 역무대되네	
	(4)	A CONSEQUENCE OF:	7.5	Call Said	10 1 111		Interval between ons	et and death	
CONDITIONS IF	(b) Septic Sho			6 2	S 1/2 1 1/2	· i			
ANY WHICH GAVE RISE TO	DUE TO, OR AS	A CONSEQUENCE OF			12 1 But		Interval between ons	et and death	
IMMEDIATE CAUSE ->	(c) Lung Can	76. 76.	<u></u>		<u></u>		-		
STATING THE UNDERLYING	DUE TO, OR AS	A CONSEQUENCE OF:	e major (1) or mili	199 / 1	***	i i	interval between ons	et and death	
CAUSE LAST	(d)	The same		-v	- 1.05 P		 		
/ /	PARTH						25. AUTOPSY (Specify Yes or No) No 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
/ /	28a. ACC., SUICIDE, HOM., UNDET,"	28 DATE OF THE	unce but	Inv Inc.	LOLAL IN HUNG CO.		No or No)	Yes	
	OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Da	y/Yr) 78c. HOUR OF INUI	URT ZEG. DESCRIBE	HOW INJURY OCCURRED	`	/		
	28e. INJURY AT WORK (Specify	28f. PLACE OF INJURY-	\Lhome, farm, street, factor	office 28g. LOCATIO	N STREET OR R.F.	D. No. CITY	OR TOWN	STATE	
	Yes or No)	bullding, etc. (Specify)	, , , , , , , , , , , , , , , , , , ,	1	The second secon				
55	<u> </u>		0747	- DECISTOAS	·				
3		2.4	∦ SIAII	E REGISTRAR	1	•			

0751918 Page: 4 Of 4

PG- 1630 10/07/2009

VRS-Rev-2008T



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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:

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

