



APN# 1420-07-214-006

Recording Requested by:
Name: First American Title Insurance Company
Address: 1673 Lucerne Street, Suite A
City/State/Zip: Minden, NV 89423
Order Number: 143-2391234

Affidavit of Death - Trustee (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

440-380

(State specific law)

Rishelle Thompson Escrow
Signature Title

Rishelle Thompson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Linda L. McCormick
4867 Monte Mar Drive
El Dorado Hills, Ca 95762

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-07-214-006

File No.: 143-2391234 (Rt)

Affidavit - Death of Trustee

State of *California*)
)ss.
County of *El Dorado*)

Linda L. McCormick ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **William V. McCormick** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **11/29/2009** at **Folsom, California** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **9/15/99** executed by **William V. McCormick and Linda L. McCormick** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Corporation Grant, Bargain, Sale Deed** dated **5/5/2003** which was recorded as Instrument No. **0576211** in Book **0503**, Page **04466**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052009194175

CERTIFICATE OF DEATH

3200934009215

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
WILLIAM		VINCENT		MCCORMICK JR.	
4. DATE OF BIRTH (month/day/year)					
09/20/1926					
5. AGE (Yr)					
83					
6. SEX					
M					
7. DATE OF DEATH (month/day/year)					
11/29/2009					
8. HOUR (24 hours)					
1225					
9. BIRTH STATE/FOREIGN COUNTRY					
PA					
10. SOCIAL SECURITY NUMBER					
[REDACTED]-2806					
11. EVER IN U.S. ARMED FORCES?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
12. MARITAL STATUS (at Time of Death)					
MARRIED					
13. EDUCATION (highest level/degree)					
SOME COLLEGE					
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see instruction on back)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
15. DECEDENT'S RACE - (Up to 3-races may be listed (see instructions on back))					
WHITE					
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RET. REG.					
LOAN OFFICER					
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)					
HOMES AND LAND SALES					
18. YEARS IN OCCUPATION					
22					
19. DECEDENT'S RESIDENCE (Street and number or location)					
4867 MONTE MAR DRIVE					
20. CITY					
EL DORADO HILLS					
21. COUNTY/PROVINCE					
EL DORADO					
22. ZIP CODE					
95762					
23. YEARS IN COUNTY					
18					
24. STATE/FOREIGN COUNTRY					
CA					
25. INFORMANT'S NAME, RELATIONSHIP					
LINDA MCCORMICK, WIFE					
26. INFORMANT'S MAILING ADDRESS (Street and number or care/of care/number, city of town, state/zip)					
4867 MONTE MAR DR., EL DORADO HILLS, CA 95762					
27. NAME OF SURVIVING SPOUSE - FIRST					
LINDA					
28. MIDDLE					
LOU					
29. LAST (Maiden Name)					
MATTER					
30. NAME OF FATHER - FIRST					
WILLIAM					
31. MIDDLE					
VINCENT					
32. LAST					
MCCORMICK					
33. BIRTH STATE					
IRELAND					
34. NAME OF MOTHER - FIRST					
KATHLEEN					
35. MIDDLE					
BRIDGET					
36. LAST (Maiden Name)					
MOONEN					
37. BIRTH STATE					
IRELAND					
38. DISPOSITION DATE (month/day/year)					
12/02/2009					
39. PLACE OF FINAL DISPOSITION (Street and number or location)					
RES LINDA MCCORMICK WIFE 4867 MONTE MAR DR., EL DORADO HILLS, CA 95762					
40. TYPE OF DISPOSITION					
CR/RES					
41. SIGNATURE OF EMBALMER					
NOT EMBALMED					
42. LICENSE NUMBER					
FD467					
43. NAME OF FUNERAL ESTABLISHMENT					
MILLER FUNERAL HOME					
44. SIGNATURE OF LOCAL REGISTRAR					
GLENNAH TROCHET, MD					
45. LICENSE NUMBER					
A78702					
46. DATE (month/day/year)					
12/02/2009					
101. PLACE OF DEATH					
MERCY FOLSOM HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE					
<input checked="" type="checkbox"/> INPAT <input type="checkbox"/> ER/OP <input type="checkbox"/> DON <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other					
104. CITY					
SACRAMENTO					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)					
1650 CREEKSIDE DR					
106. CITY					
FOLSOM					
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
108. DEATH REPORTED TO CORONER?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. BIOPSY PERFORMED?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
110. AUTOPSY PERFORMED?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
111. USES IN DETERMINING CAUSE?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. NAME DATE CAUSE					
POST OBSTRUCTIVE PNEUMONIA DEHYDRATION ACUTE RENAL FAILURE LUNG CANCER STAGE FOUR					
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date)					
NONE					
115. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
Decedent Attended Since: [REDACTED] Last Seen Alive: [REDACTED]					
117. SIGNATURE AND TITLE OF CLERK					
THOMAS MARX, D.O., M.D.					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
THOMAS MARX D.O., M.D. 1650 CREEKSIDE DRIVE, FOLSOM, CA 95630					
119. LICENSE NUMBER					
A78702					
120. DATE (month/day/year)					
12/02/2009					
121. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
122. INJURED AT WORK?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
123. PLACE OF INJURY (e.g., home, construction site, flooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number or location and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE (month/day/year)					
128. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					

BK-210
PG-1515



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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

} SS



* 0 0 1 1 0 3 3 5 1 *

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

December 8, 2009

DATE ISSUED

Glennah Trochet MD
LOCAL REGISTRAR

This copy not valid unless prepared on engraved binder displaying date and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Douglas, State of Nevada and is described as follows:

LOT H25, AS SHOWN ON THE FINAL MAP #97-1007-7 OF VALLEY VISTA ESTATES, PHASE 6 RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON APRIL 24, 2002, IN BOOK 0402, AT PAGE 7191, AS DOCUMENT NO. 540408, OFFICIAL RECORDS.

