DOC # 0775977

12/23/2010 02:19 PM Deputy: SG
OFFICIAL RECORD
Requested By:
ZELLER, HOFF & ZELLER

RECORDING REQUESTED BY: AND WHEN RECORDED MAIL TO:

CATHY A ZELLER
ZELLER, HOFF & ZELLER, INC.
929 RANDOLPH STREET
NAPA CALIFORNIA 94559-2908

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 4 Fee: BK-1210 PG-5711 RPTT:



17.00

0.00

AFFIDAVIT DEATH OF TRUSTEE

State of California, County of Napa:

Joayne McGrath, of legal age, being first duly sworn, says:

On September 23, 1986, Kenneth J. McGrath, also known as Kenneth James McGrath and Joayne S. McGrath, as Settlors, by a Declaration of Trust created the Kenneth and Joayne McGrath Trust;

On September 23, 1986, the said Settlors executed a Deed, recorded February 20, 1987 as Instrument No. 150276 in Official Records in the office of the Douglas County Recorder, conveying to Kenneth J. McGrath and Joayne S. McGrath, as Trustees of the said trust the hereinafter described real property;

On January 10, 2010, one of the said Trustees, the same person as the decedent mentioned in the attached certified copy of Certificate of Death, died;

The said Declaration of Trust provides that Joayne S. McGrath thereupon became the trustee of the said Trust, and having accepted the office of Trustee, is now qualified and acting Trustee of the said Trust;

The property hereinabove mentioned, situated in the City of Stateline, County of Douglas, State of Nevada, is described as:

See Exhibit "A" attached hereto and incorporated herein by this reference

Assessor's Parcel No.: 07-253-08-1-

1318-23-710-025

Dated: December 14, 2010

Frant JOAYNE McGRATH

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STATE OF CALIFORNIA)
(COUNTY OF NAPA)

Subscribed and sworn to (or affirmed) before me on this 14th day of December, 2010 by JOAYNE McGRATH, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.



i Stylly
Notary Public

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EXHIBIT "A"

LEGAL DESCRIPTION

Lot 25, as shown on the map of Lakewood Knolls Subdivision, Douglas County Nevada filed in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1958, under Document No. 13163.



STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

OUNTY of SOLANO HEALTH AND SOCIAL SERVICES DEPARTMENT

	STATE FILE NEARBER	CERTI — USF BLACK BIK ONLY	FICATE OF DEA' STATE OF CHAMMA (MICHAELES WHITEOUTS ON A NS-1 INFECT MOS)	TH Windows ———	32010480		
	1. NAME OF DECEMBIT- FIRST (GIVE)	2 MICOLE JAMES		3.LAST Farmer/ MC GRATH	LOGAL REGISTRATI	LOCAL REGISTRATION NUMBER	
PS PERSONAL DATA	AKA, ALBO KNOWN AS - Include full AKA (FURST, MEDIDLE, LAST)	JORGANES		IRTH mm/dd/coyy 5, AGE You.	F LANDER ONE YEAR	FUNDRAHOUSS. I 6, SEX	
	9. SHITH STATE-FOREIGN COLATRY 10. SOCIAL SECURITY	MANAGED 144 Berning	11/19/1		Months Onje	House Minima M	
	NY \ 5577	X YES	M xwu 🔲 on 🔲	MARTAL STATUS/SPOP (4) Time of the IARRIED	01/10/2010	1850	
SDEN	13. EDUCATON - Highest Level Degree 14/15. WAS DECEDENT HISPANIC DOCTORATE YES	LATNOLA¦®PANSH7 #yer, #		DECEMBIT'S RACE - Up to 3 races	s may be listed (see workshee	on back)	
ž	17. USUAL SOCUPATION - Type of work for most of life. DO NOT USE RETIRED 18. KIND OF BUSH MEDICAL DOCTOR 18. KIND OF BUSH HEALTH (NESS OR MOUSTRY (e.g., growny size, road construction, employment agency, etc.) 19, YEARS IN DOCUMENTON			
R. USUAL	20. DECEMBNT'S RESIDENCE (Sevent and number, or location):						
	27 TWIN CREEKS DRIVE	UNTY/PROVINCE .		E 24. YEARS IN COL	UNITY 25, STATE/FOREIGN	CONTRACTO	
	FAIRFIELD SOI	LANO	94534	2	CA ′ ·		
₽3	TONI WILSON, DAUGHTER		1901 HOPPER	WAY, YOUNTVIL	LE, CA 94599	, allala and sip)	
SPOUSE/BADP AND URENT INFORMATION	28 NAME OF SURVIVING SPOUSE/SHIDP FIRST JOAYNE	29. HIDDLE	- AF	M LAST (BIRTH NAME)		· · ·	
	31. NAME OF FATHER PARSYT—RRST FRANK	MICHAEL		N. LAST		34. BATTH STATE	
	35. NAME OF MOTHER/PARENT-PIRST	36. MIDDLE	76.	MC GRATH,		NE 38. BIRTH STATE	
3	MARY 38. DISPOSITION DATE IMPRODUCTIVE 40. PLACE OF FRVAL DISPOSITION	ALICE	- I	DENMAN		NY	
FUNERAL DIRECTOR LOCAL RECESTRAR	01/15/2010 27 TWIN CREEKS DRIVE, FAIRFIELD, CA 94534						
	CR/RES	•	RE DY EMBALMEN		Z = 41 (1,)	43, LICENSE MUMBER	
	NEPTUNE SOCIETY OF NORTHERN	48 LICENSE	MUMBER 44 SIGNATURE	D W CHAPMAN	569	47. DATE mm/dd/opyy	
	101 PLACE OF DEATH	CAL PO 1003	76	SPITAL SPECIFY ONE 103.	FOTHER THAN HOSPITAL		
PLACEO	OWN RESIDENCE 106. FACILITY ADDRESSO	OR LOCATION WHERE FOUN	D (Street and number, or local		Hospice Nursing Horse/LTC	Decedents Other	
	SOLANO 27 TWIN CREE	EKS DRIVE 🥂	\ \ \	O NOY order terminal evenus such	FAIRFIE	-	
PHYSICIANTS CENTIFICATION	AMEDITE CARE IN PROCEEDED IN META			OT ASSERBANTE,	Time Interval Between Orași and Death	- X YES NO	
	Final disease or condition resulting in death)	. , -	<u> </u>	· · · · · · · · · · · · · · · · · · ·	6 MOS	2010-0047	
	Sequentially, list conditions, if any, leading to cause on Une A. Enter			_\		X ves No	
	OF LIFE A ERROR UNDERLYING CAUSE (disease or livury that		2 .		(OI)	110. AUTOPSY PERFORMED?	
	Initiated the events F7 resulting in deetly LAST		***	. استيء	(ETT)	111, USBD W DETERMINING CAUSE?	
	112 OTHER SIGNEPICINT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 100	OR 1127 (if yee, that type of o	peration and dule)	7	113A.1	F FEMALE, PREGNANT OI LAST YEAR?	
	SHL LOSKITEY THAT TO THE SEST OF MY MANWLEDGE DEATH OCCUPIED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	S SIGNATURE AND TITLE OF	CERTIFIER		116. LICENSE NUMB	VES NO UNK	
	Deposited discount from	ADLIBALITYAN	M.D.	50	1 2-0040	01/12/2010	
	07/07/2009 12/09/2009 1100 TRANCAS STREET SUITE 256, NAPA, CA 94558						
TERT'S USE OWLY	MAANER OF CEATH Natural Accident Homicide	Sukokie Pending investigati	Could not be	120, NUUREO AT WORK? YES NO U	121. NAURY DATE III	mAttricky 122, HOUR (\$1 Hours)	
	123. PLACE OF INAURY (e.g., home, construction else, wooded area, etc.)						
	124. DESCRIBE HOW INJURY OCCURRED (Events which rejulted in Injury	uny)			· · · · ·	·	
	125 LOCATION OF INJURY (Street and number, or location, and oily, an	d zip)				<u> </u>	
81					~ T ~		
· L	126. SIGNATURE OF CORONER / DEPUTY COHONER	127.	DATE mm/dd/cow 12	S, TYPE NAME, TITLE OF GORDA			
			DATE min/dd/oxyy 12	A, TYPE NAME, TITLE OF CORON	ER/DEPLITY CORONER	- ,	
· L	E A B C D	127. 	DATE min/dd/ocyy 12 01/00/100			CEASUS TRACT	



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION.

ng the seal, date of issuance and the original signature of the Deputy.