

15

APN: 1421-00-002-006
WHEN RECORDED RETURN TO:
DAWN ELLERBROCK, ESQ.
ALLISON, MacKENZIE, PAVLAKIS,
WRIGHT & FAGAN, LTD.
P.O. Box 646
Carson City, NV 89702

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: 18.00
BK-0312 PG- 2962 RPTT: 0.00



MAIL TAX STATEMENTS TO:
JOHN JOSEPH MacSWEEN, Trustee
P.O. Box 1008
Zephyr Cove, Nevada 89448

The person executing this document hereby affirms that this document submitted for recording does contain the social security numbers of deceased persons as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEES

JOHN JOSEPH MacSWEEN, whose mailing address is P.O. Box 1008, Zephyr Cove, Nevada 89448, being first duly sworn, deposes and says:

1. That IAN MacCLOUD MacSWEEN, also known as IAN M. MacSWEEN, died on August 7, 1996, and a Certificate of Death is attached hereto and incorporated herein by this reference.
2. That JOAN CARLYLE MacSWEEN, also known as JOAN C. MacSWEEN, died on May 20, 1998, and a Certificate of Death is attached hereto and incorporated herein by this reference.
3. That IAN M. MacSWEEN and JOAN C. MacSWEEN were the Grantors and original Trustees of THE MacSWEEN FAMILY TRUST, established on November 23, 1993.

4. That THE MacSWEEN FAMILY TRUST is the owner of that certain parcel of real property situated in the County of Douglas, State of Nevada, being Assessor's Parcel Number 1421-00-002-006, as more particularly described in that certain Grant, Bargain and sale Deed, dated November 23, 1993, and recorded in the Official Records of Douglas County, State of Nevada, in Book 1096, Page 1071, as Document No. 398175, on October 7, 1996, and being more particularly described as follows:

Lot 4 in the Southwest quarter of Fractional Section 30, Township 14 North, Range 21 East, M.D.B. & M., Permit No. 47048, Certificate No. 11145.


Parcels A and B, as set forth on Parcel Map recorded March 17, 1975, in Book 375, Page 443, Document No. 78854, Official Records of Douglas County, State of Nevada, located in a portion of Section 31, Township 14 North, Range 21 East, M.D.B. & M.

5. That due to the passing of IAN M. MacSWEEN and JOAN C. MacSWEEN, JOHN JOSEPH MacSWEEN is the currently acting Trustee of THE MacSWEEN FAMILY TRUST.

6. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED 3/12/12


JOHN JOSEPH MacSWEEN, Trustee

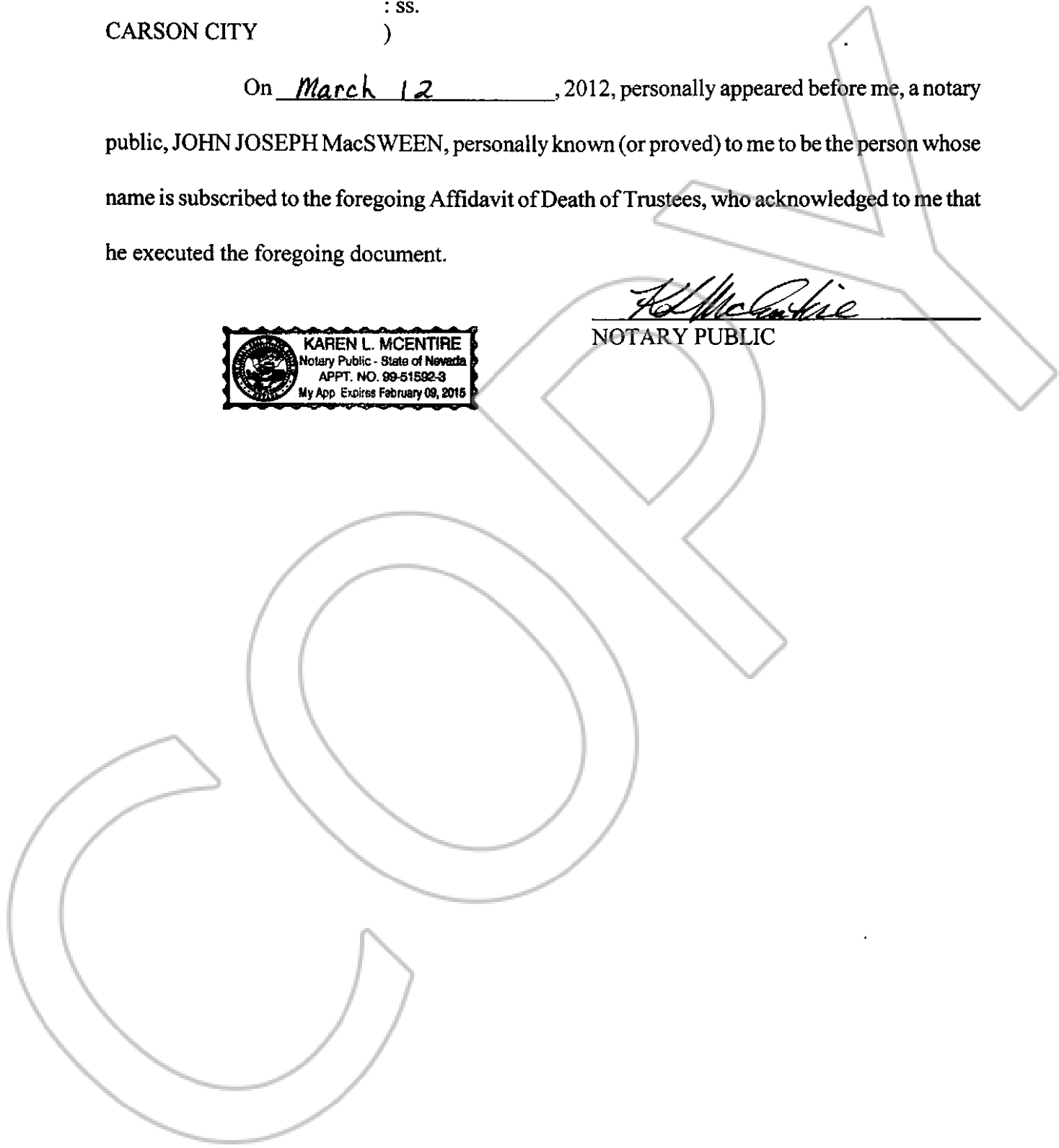
STATE OF NEVADA)
 : ss.
CARSON CITY)

On March 12, 2012, personally appeared before me, a notary public, JOHN JOSEPH MacSWEEN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustees, who acknowledged to me that he executed the foregoing document.



K. L. McEntire

NOTARY PUBLIC



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

Altered

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

96 008548

ROLL 88 IMAGE 407

LOCAL FILE NUMBER
1691

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

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Ian MacCloud MAC SWEEN			2. DATE OF DEATH (Month, Day, Year) August 7, 1996		3. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Incline Village		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Incline Village Health Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient 6		4. SEX Male
5. RACE—(e.g. White, Black, American Indian, etc) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 73	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) June 24, 1923
9a. STATE OF BIRTH (If not U.S.A., name country) Canada		9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		12. SURVIVING SPOUSE (If wife, give maiden name) Joan C. Bigelow
13. SOCIAL SECURITY NUMBER 1266		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self Employed Contractor		14b. KIND OF BUSINESS OR INDUSTRY Building and Development		
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Zephyr Cove		15d. STREET AND NUMBER 1004 Skyland	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER—NAME First Middle Last Joseph MacSween			17. MOTHER—MAIDEN NAME First Middle Last Hannah Snedden			
18a. INFORMANT—NAME (Type or Print) John J. MacSween			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 661, Zephyr Cove, Nevada 89448			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Masonic Crematory		19c. LOCATION City or Town State Reno, Nevada		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Joseph J. MacSween</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 94	20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 02 1281 N. Roop St., Carson City, Nevada 89706			
21. To the best of my knowledge, death occurred on the above date and place and due to the cause(s) stated. (Signature and Title) <i>Jay Schroeder MD</i>			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) and manner stated. (Signature and Title) <i>Jay Schroeder MD</i>			
21b. DATE SIGNED (Mo., Day, Yr.) 8/8/96		21c. HOUR OF DEATH 0111		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jay Schroeder, M.D., 865 Tahoe, Incline Village, Nevada 89450			22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON		22e. PRONOUNCED DEAD (Hour) AT	
23a. REGISTRAR <i>Paula Dep</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 8, 1996		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) Respiratory Failure				Interval between onset and death Shows		
DU TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) Chronic Hypoxia				Shows		
DU TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) Airway compromise from Lymphoma				months		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I Terminal Lymphoma / Ascites				28. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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	28h. STREET OR R.F.D. No.	
				28i. CITY OR TOWN	28j. STATE	

Information corrected, State Affidavit #31951, Oct. 1, 1996.
Item #1. Ian MacCleod MAC SWEEN STATE REGISTRAR

No. 097104

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **OCT 01 1996**

Gyonna Sylva
State Registrar

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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Joan Carlyle MAC SWEEN		2. May 20, 1998	3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Zypher Cove		3c. 1004 Skyland Drive	3e. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS
5. White	6.	7a. 76	7b. :
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Canada	9b. U.S.A.	10. 12	11. Widowed
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. 1225	14a. Homemaker	14b. Own Home	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Zephyr Cove	15d. 1004 Skyland Dr.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Edgar Carlyle Bigelow		17. Pheobe Mary Shardlow	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. John J. MacSween - Son		18b. P.O. Box 661, Zephyr Cove, Nevada 89448	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Masonic Memorial Gardens	19c. Reno, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. 94	20c. Walton's Chapel of the Valley 1281 North Roop St., Carson City, Nevada 89706
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Joy Schroeder</i>		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) and manner stated. (Signature and Title) <i>Joy Schroeder</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 05/21/98		22b. 1920	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1920		22c. ON	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Dr. J. Schroeder, 878 Northwood Blvd., Inclin Village, Nevada		89450	23b. 7451(NV)
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>	24b. 5-21-98	24c. 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) Sepsis Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Pyelonephritis (Kidney infection) Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Multiple strokes Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	



STATE REGISTRAR

No. 129435



BK- 0312
PG- 2966

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03/13/2012

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **MAY 21 1998**

[Signature]
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT