

DOC # 821688
04/12/2013 01:57PM Deputy: GB
OFFICIAL RECORD
Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-413 PG-3691 RPTT: 0.00



APN# 1022-18-002-030
Recording Requested by:
Name: First American Title Insurance
Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2443363rt

AFFIDAVIT-DEATH OF 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: NRS 440380
(State specific law)

R. Thomas Recorder
Signature Title
R. Thomas
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:**

Sharon Macomber
2450 Telluride Drive
Reno, NV 89511

Space Above This Line for
Recorder's Use Only

A.P.N. 1022-18-002-030

File No.: 143-2443363 (Rt)

****this document has been executed with counterpart signatures****

Affidavit - Death of Trustee

State of *Nevada*)

)ss.

County of *Douglas*)

Charles A. McKinley, Jr. and Sharon L. Macomber ("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. **Charles A. McKinley** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **07-03-2009** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 15, 1996** executed by **Charles A. McKinley** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **August 23, 2009** which was recorded as Instrument No. **0587952** in Book **0803**, Page **14876**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 6, IN BLOCK C, OF HOLBROOK HIGHLANDS FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 22, 1978, AS DOCUMENT NO. 18825.

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.



Dated: April 5, 2013

DECLARANT:

Charles A. McKinley, Jr. and Sharon L. Macomber
Charles A. McKinley, Jr. and Sharon L. Macomber

State of Calif)
County of Inyo)ss
)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Inyo and State Calif, this 9th day of April, 20 13 by Charles A. McKinley, Jr., personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Debra Baker

My Commission Expires: 4-7-2014

Notary Name: Debra Baker

Notary Registration Number: #1882301



Notary Phone: 760 937-5122

County of Principal Place of Business Inyo



Dated: April 5, 2013

DECLARANT:

Sharon L Macomber
Charles A. McKinley, Jr. and Sharon L. Macomber

State of Nevada)
County of Washoe)ss
)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State Nevada, this 9 day of April, 2013 by Sharon L. Macomber, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

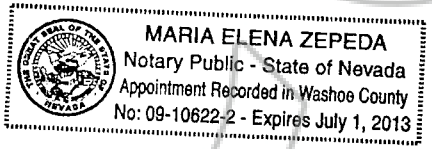
WITNESS my hand and official seal.

This area for official notarial seal

Signature Maria Elena Zepeda

My Commission Expires: July 1, 2013

Notary Name: Maria Elena Zepeda Notary Phone: 775-342-9916
Notary Registration Number: 09-10622-2 County of Principal Place of Business Washoe



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2009010063
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) Charles A MCKINLEY			2. DATE OF DEATH (Mo/Day/Year) July 03, 2009		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1569 Alba Vista		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS		7e. UNDER 1 MIN MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 01, 1932			9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER 4155			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Electrical		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1569 Alba Vista	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Jack Earl MCKINLEY			17. MOTHER - NAME (First Middle Last Suffix) Clementine FUNK		
18a. INFORMANT- NAME (Type or Print) Sharon MACOMBER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 12883 Silver Wolf Road Reno, Nevada 89511				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal / Burial		19b. CEMETERY OR CREMATORY - NAME Eternal Valley Cemetery		19c. LOCATION City or Town State Newhall California			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410			
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) KELLE LYNN BROGAN M.D. <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) July 09, 2009		21c. HOUR OF DEATH 23:30		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511			23b. LICENSE NUMBER 6000		
24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 15, 2009		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).)						Interval between onset and death	
PART I (a) Metastatic Renal Cell Carcinoma						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(d)						Interval between onset and death	
PART II						26. 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 STREET OR R.F.D. No. CITY OR TOWN / STATE			

STATE REGISTRAR



BK 413
PG-3695

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VRS-Rev-20090602

282204 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:

This copy is not valid unless it bears an engraved border displaying date, seal and signature of Registrar.

PNBCO (Rev) 1/06

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

