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Doc Number: **0826551**

07/02/2013 03:00 PM  
OFFICIAL RECORDS

Requested By  
**WILLIAM MCKENZIE**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3      Fee: \$ 16.00  
Bk: 0713 Pg: 566



RECORDING REQUESTED  
AND RETURN TO:

✓ William H. McKenzie  
738 Indian Trail Rd.  
Gardnerville, Nevada 89460

MAIL TAX STATEMENTS TO:

William H. McKenzie  
738 Indian Trail Rd.  
Gardnerville, Nevada 89460

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE  
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE**

*2AM 1219*  
A.P.N. #1279-23-001-036

Douglas County, Nevada

STATE OF NEVADA      )  
                                  ) SS.  
COUNTY OF DOUGLAS )

The undersigned, William H. McKenzie, Trustee, being first duly sworn, depose and say that, Joan T. McKenzie, Co-Trustee of THE MCKENZIE FAMILY TRUST dated December 16, 1996, is the same Joan T. McKenzie as indicated in the attached certified copy of Certificate of Death and the same Joan T. McKenzie named as one of the parties in that Grant Deed dated March 19, 1997, executed by Joan T. McKenzie & William H. McKenzie, husband and wife as joint tenants, to Joan T. McKenzie & William H. McKenzie, Co-Trustees of THE MCKENZIE FAMILY TRUST dated December 16, 1996, recorded as Document No. 0408793 on *March 20, 1997*, of Official Records of the County of Douglas, State of Nevada, covering the following described real property:

LOT 16, AS SHOWN ON THE MAP OF INDIAN ROAD RANCH ESTATES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 19, 1975, DOCUMENT NO. 78386.

William H. McKenzie, further declares that, as a result of the death of Joan T. McKenzie, he/she is the Sole Trustee of the above-mentioned Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

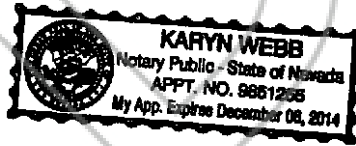
Executed on July 2, 2013, in the City of Gardnerville, County of Douglas, State of Nevada.

William H. McKenzie  
William H. McKenzie, Trustee

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

Subscribed and sworn to (or affirmed) before me on this 2 day of July, 2013, by William H. McKenzie, Trustee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal



Karyn Webb  
Notary Public for said State

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

**2011016887**  
STATE FILE NUMBER

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Joan Therese MCKENZIE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 28, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>738 Indian Trail Rd.</b>		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>79</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 25, 1931</b>	
5. RACE. White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS    DAYS    HOURS    MINS	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>William Henry MCKENZIE</b>		13. SOCIAL SECURITY NUMBER <b>██████-2225</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Pre-school Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>		15. Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>738 Indian Trail Rd.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Joseph MCFADDEN</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nora Gertrude REIMERS</b>		18a. INFORMANT - NAME (Type or Print) <b>William Joseph MCKENZIE</b>		18b. MAILING ADDRESS (Street or R F D. No, City, or Town, State, Zip) <b>738 Indian Trail Rd. Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Anatomical Donation/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Science Care</b>		19c. LOCATION City or Town State <b>Aurora Colorado 80011</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOSH FAULKNER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>775</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N. Roop Carson City NV 89708</b>	
21. 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) <b>SIEMAY LEE MD</b> SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>October 31, 2011</b>			21c. HOUR OF DEATH <b>10:21</b>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>SIEMAY LEE MD 1516 Virginia Ranch Rd Gardnerville, NV 89410</b>		
23b. LICENSE NUMBER <b>11789</b>			24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 02, 2011</b>			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) <b>Cardiopulmonary Arrest</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Chronic Obstructive Pulmonary Disease</b> Interval between onset and death <b>&gt;5 Years</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. AUTOPSY (Specify Yes or No) <b>No</b>			
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
26g. LOCATION		STREET OR R F D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

BK 0713  
PG 568  
7/2/2013

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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:

NOV 05 2012

STATE REGISTRAR

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

