

APN#: 1320-30-211-049 & 1219-15-002-070

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 059878-TEA

When Recorded Mail To:
Michael R. McAllister, Sr.
P.O. Box 66
Minden, NV 89423



I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature _____

Traci Adams

Escrow Officer

Affidavit-Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



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RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Michael R. McAllister, Sr.
P.O. Box 66
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE
AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)

) SS.

COUNTY OF DOUGLAS)

Michael R. McAllister, Sr. and Patricia Rose Schwake, Successor Trustees of the George Warren McAllister and Rose Borda McAllister 1990 Family Trust dated April 4, 1990 and Michael R. McAllister, Sr. an unmarried man of legal age, being first duly sworn, deposes and says:

Rose Borda McAllister, is the decedent mentioned in the attached certified copy of Certificate of Death, as George Warren McAllister is the same person named as Trustee in that certain Declaration of Trust, executed by George Warren McAllister and Rose Borda McAllister, as Trustees of the George Warren and Rose Borda McAllister 1990 Family Trust.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, George Warren McAllister and Rose Marie McAllister, husband and wife, and Michael R. McAllister, an unmarried man, Grantor, Grants to George Warren McAllister and Rose Borda McAllister, as Trustees of the George Warren and Rose Borda McAllister 1990 Family Trust, all of the interest of George Warren McAllister and Rose Borda McAllister and Michael R. McAllister, Sr., Grantee recorded on April 6, 1990, as Book 490, at Page 750 of Instrument No. 223417 in Official Records of Douglas County, Nevada, describing the following real property:

Assessor's Parcel Number(s):
1320-30-211-049 & 1219-15-002-070

Commonly known as: 1735 Westwood Drive, Minden, NV 89423 AND 896 Evan Court



We are the Successor Trustees of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

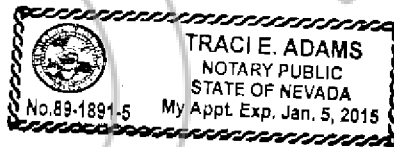
Dated 8/19/13

Michael R. McAllister Sr
Michael R. McAllister, Sr.

George Warren McAllister and Rose Borda McAllister
1990 Family Trust dated April 4, 1990

Michael R. McAllister Sr
Michael R. McAllister, Sr., Successor Trustee

Patricia Rose Schwake
Patricia Rose Schwake, Successor Trustee



STATE OF Nevada }
COUNTY OF Douglas } S

This instrument was acknowledged before me on
8/19/13

By Michael R. McAllister, Sr. and Patricia Rose Schwake, Successor Trustees and Michael R. McAllister, Sr..

Traci E. Adams
Notary Public

CERTIFICATION OF VITAL RECORD

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

2007002004
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED - NAME FIRST Rose			1b. MIDDLE Marie			1c. LAST BORDA MCALLISTER			2. DATE OF DEATH (Mo/Day/Year) April 27, 2007			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) Carson Valley Medical Center						3d. If Hosp. or Inst. - indicate DOA, OP, Emer. Rm., Inpatient (Specify) Emergency Room / Outpatient.			4. SEX Female		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE - (e.g., White; Black; American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE - Last birthday (Years) 85			7b. UNDER 1 YEAR MOS. DAYS HOURS MINS			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) September 24, 1921		
	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)					
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-2462			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary						14b. KIND OF BUSINESS OR INDUSTRY U. S. Government								
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1735 Westwood Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
POSITION	16. FATHER - NAME (First-Middle-Last-Suffix) John Baptiste BORDA						17. MOTHER - NAME (First-Middle-Last-Suffix) Augustine Petra ARRIAS											
	18a. INFORMANT - NAME (Type or Print) Mike MCALLISTER						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1605 7th Street Minden, Nevada 89423											
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory			19c. LOCATION City or Town State Carson City Nevada 89701								
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1380 Highway 398 N. Gardnerville NV 89410											
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HEWITT DO 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) May 02, 2007			21c. HOUR OF DEATH 06:40			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449						23b. LICENSE NUMBER NV-1107											
	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 03, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
CAUSE OF DEATH	25. IMMEDIATE CAUSE PART I (a) Debility DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____												Interval between onset and death Years					
	PART II Dementia - Alzheimers type OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I												26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
CONDITIONS IF ANY WHICH MAY RISE TO IMMEDIATE CAUSE DURING THE DERLYING USE LAST	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 813
PG-6416

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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:

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

SIGNATURE AUTHENTICATED

