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Doc Number: **0837767**

02/05/2014 09:19 AM

OFFICIAL RECORDS

Requested By:

KALICKI LAW OFFICES

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0214 Pg: 400



Deputy: ar

I the undersigned hereby affirms that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.350

APN: 1320-31-517-006

RECORDING REQUESTED BY:

✓ Kalicki Law Offices, Ltd.
401 Ryland Street, Suite 200
Reno, NV 89502

WHEN RECORDED MAIL TO:

Kalicki Law Offices, Ltd.
401 Ryland Street, Suite 200
Reno, NV 89502

MAIL TAX STATEMENTS TO:

Roy H. McCain
1645 Mackland Avenue
Minden, NV 89423

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, Roy H. McCain the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated April 5, 2007, Christina M. McCain and I executed the Roy & Christina McCain 2007 Revocable Living Trust dated April 5, 2007 ("Trust").

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of Christina M. McCain.

(3) Christina M. McCain died on December 6, 2013, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Christina M. McCain.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

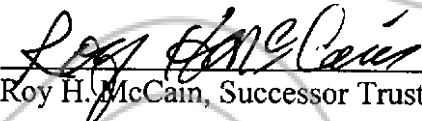
(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

Executed on January 23, 2014, at Douglas, Nevada.



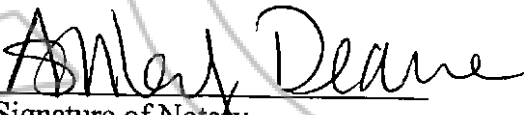
Roy H. McCain, Successor Trustee

STATE OF NEVADA

COUNTY OF DOUGLAS

On January 23, 2014, before me, Ashley Deane, personally appeared Roy H. McCain, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.



Signature of Notary

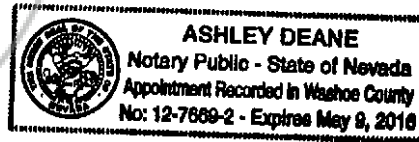


EXHIBIT "A"

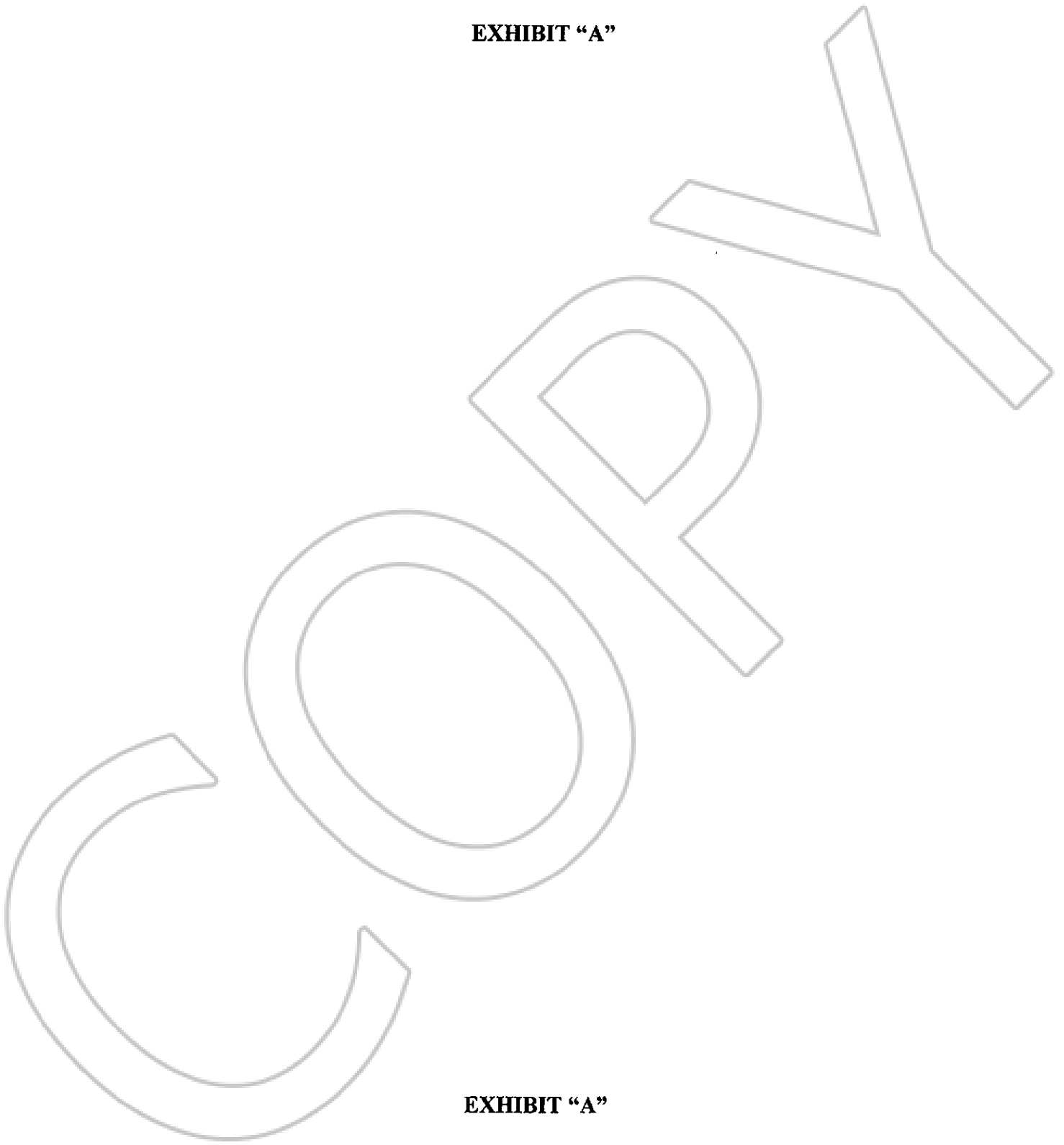


EXHIBIT "A"

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013020791

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) Christina M MCCAIN			2. DATE OF DEATH (Mo/Day/Year) December 06, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 1640 Mackland Ave.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		4. SEX Female
5. RACE White (Specify)		6. Hispanic Origin? Specify Yes - Mexican	7a. AGE-Last birthday (Years) 84	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) April 07, 1929
9a. STATE OF BIRTH (if not U.S.A., name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Roy MCCAIN
13. SOCIAL SECURITY NUMBER 0385		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Medical Receptionist		14b. KIND OF BUSINESS OR INDUSTRY Medical		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1640 Mackland Ave.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ramon DELA VEGA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Theresa RAMIREZ			
18a. INFORMANT - NAME (Type or Print) Roy MCCAIN		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) 1640 Mackland Ave. Minden, Nevada 89423				
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		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) EVAN WAYNE EASLEY M.D.			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) December 13, 2013		21c. HOUR OF DEATH 09:30	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Evan Wayne Easley M.D. - 1520 Virginia Ranch Rd. Gardnerville, NV 89410					23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) BIANCA GALEANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 26, 2013	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) Respiratory Failure						
DUE TO, OR AS A CONSEQUENCE OF						
(b) End Stage Renal Disease						
DUE TO, OR AS A CONSEQUENCE OF						
(c) Hypertension						
DUE TO, OR AS A CONSEQUENCE OF						
(d)						
PART II. 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) No	
28a. ACC., SUICIDE, HOMICIDE, 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 02 14
PG 403
2/5/20 14

VRS-Rev-20120523a

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: **12/26/2013**

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

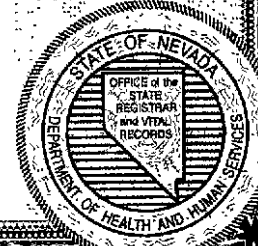


EXHIBIT "B"
LEGAL DESCRIPTION

All that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 6, Block A, as set forth on the final map of MACKLAND UNIT NO. 2 "Phase C", filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on August 21, 1989 in Book 889 at Page 2804, Douglas County, Nevada, as Document No. 229541.

Property Address:
1645 Mackland Avenue
Minden, NV 89423

APN: 1320-31-517-006

