

APN: 1318-22-002-026

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

✓
Jamie L. Walker, Esq.
c/o ALLING & JILLSON, LTD.
276 Kingsbury Grade, Suite 2000
Post Office Box 3390
Lake Tahoe, Nevada 89449-3390



00011546201508600380110117

KAREN ELLISON, RECORDER

NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW, SHARON MORRIS, aka SHARON McCOY, being first duly sworn deposes and says:


1. She is the Successor Trustee of The McCoy Family Trust;
2. That ROBERT W. McCOY and SHIRLEY A. McCOY were Co-Trustees of The McCoy Family Trust;
3. That as Co-Trustees they acquired title to the certain real property more particularly described on **Exhibit A**, attached hereto and incorporated herein by reference;
4. That the Co-Trustee, ROBERT W. McCOY died in Santa Clara County, California, on or about June 27, 2014. The State of California issued a Death Certificate, No. 3201443005416, attached hereto as **Exhibit "B"**; and
5. That the Co-Trustee SHIRLEY A. McCOY was deemed incapacitated on or about February 2, 2015, a copy of the "Order for Termination of Trust Due to Changed Circumstances and Upon Consent of Trust Beneficiaries" is attached hereto as **Exhibit "C"** and SHARON MORRIS, the daughter of the initial Trustees hereby assumed the role of Successor Trustee;

//

6. Pursuant to the trust instrument which states, "Upon the death, resignation or incapacity of either ROBERT W. McCOY or SHIRLEY A. McCOY as trustee, the successor Trustee shall be the survivor of them. Upon the death, resignation or incapacity of both of the aforesaid as Trustees, the successor Trustee shall by SHARON R. McCOY."

7. Now, therefore, be it known the undersigned is acting as sole Successor Trustee of The McCoy Family Trust.

IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Santa Clara County, California, on this 27 day of March, 2015.


SHARON MORRIS, Successor Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

On 03/27/, 2015, before me, P. YEADON, Notary Public, personally appeared SHARON MORRIS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



NOTARY PUBLIC

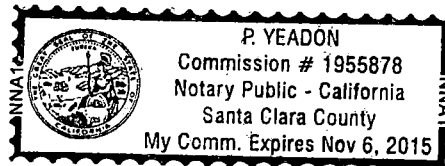


EXHIBIT "A"

COPY

EXHIBIT "A"

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

ORDER NO: 089307/ACCOM

GRANT, BARGAIN, AND SALE DEED

THIS INDENTURE WITNESSETH: That

ROBERT W. MC COY and SHIRLEY A. MC COY, husband and wife

in consideration of the sum of TEN DOLLARS (\$10.00) lawful money of the United States, and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to

ROBERT W. McCOY and SHIRLEY A. McCOY, Trustees of THE McCOY FAMILY TRUST dated June 6, 1990

and to the heirs and assigns of such Grantee forever, all that real property situated in the County of DOUGLAS, State of Nevada, bounded and described as follows:

Lot 8, as shown on the map of STANFORD SQUARE, recorded September 9, 1980, in Book 980, of Official Records at Page 575, Douglas County, Nevada, as Document No. 48290. | Assessment Parcel No. 07-500-08 |

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness our hands this 18TH day of AUGUST, 1993.

Robert W. McCoy
ROBERT W. MC COY

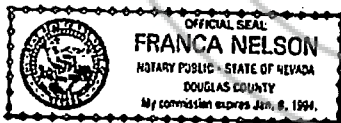
Shirley A. McCoy
SHIRLEY A. MC COY

STATE OF NEVADA)
) :SS
COUNTY OF DOUGLAS)

On August 18, 1993, personally appeared before me, a Notary Public, Robert W. McCoy and Shirley A. McCoy

personally known or proved to me to be the persons whose names are subscribed to the above instrument who acknowledged that they executed the same for the purposes therein stated.

Janca Nelson
Notary Public



WHEN RECORDED MAIL TO:
ROBERT W. MC COY
2460 PORTERFIELD COURT
MOUNTAIN VIEW, CA 94040

The Grantor(s) declare(s): 0
Document Transfer Tax is \$0.00
(X) computed on full value of property conveyed

MAIL TAX STATEMENTS TO:
SAME AS ABOVE

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'93 AUG 30 10:00

316249
BK0893PG5796

SUZANNE BEAUDREAU
RECORDER
500 PAID Sh DEPUTY

EXHIBIT "B"

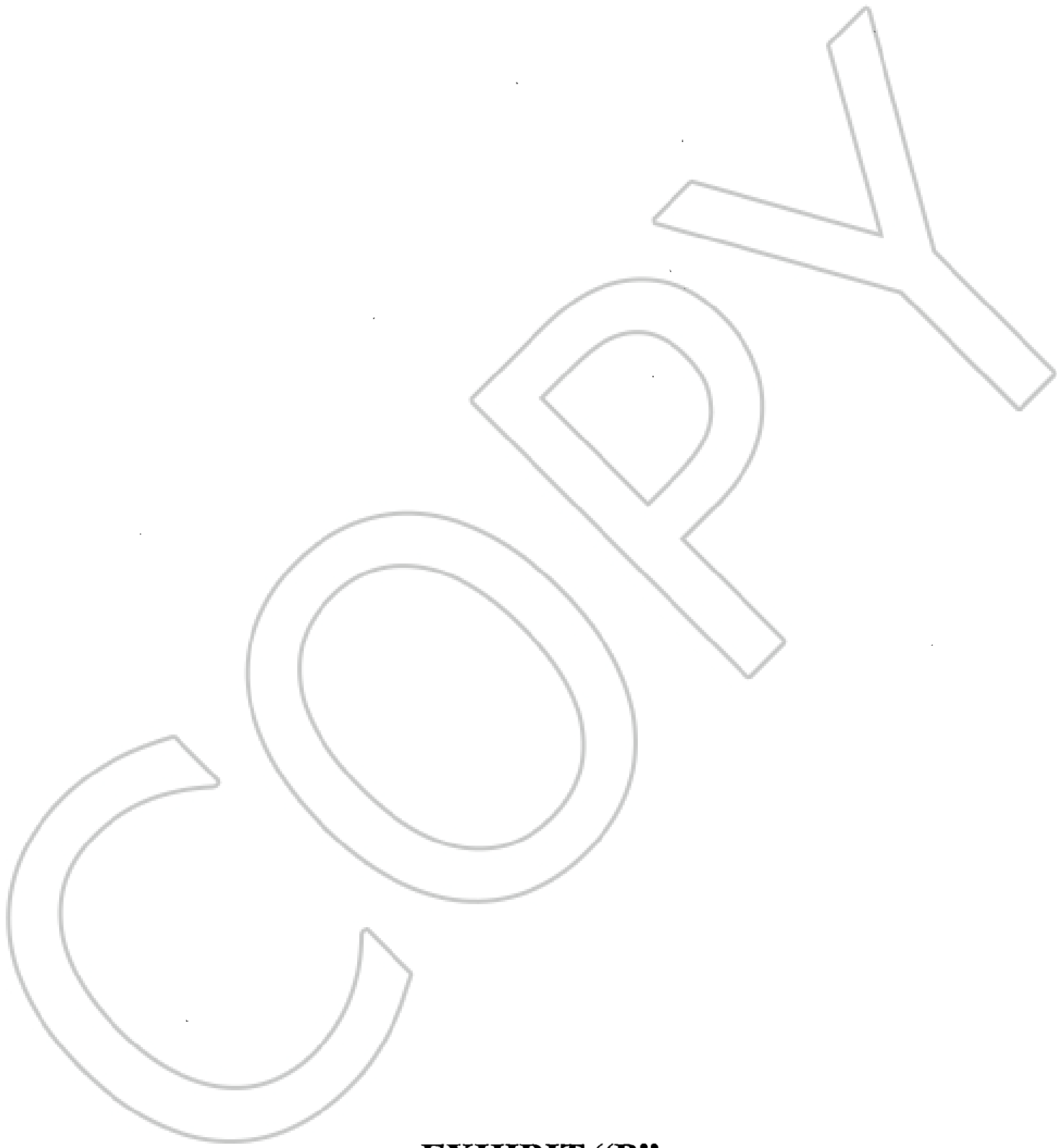


EXHIBIT "B"

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201443005416

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) ROBERT		2. MIDDLE WAYNE		3. LAST (Family) MC COY	
AKA, ALSO KNOWN AS—(include full AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH mm/dd/yyyy 09/17/1933		5. AGE, Yrs. 80		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 2785		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (RDY at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 06/27/2014		8. HOUR (24 Hour) 1258	
13. EDUCATION—Highest Level/Degree (See worksheet on back) MASTER'S <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN					
17. USUAL OCCUPATION—Type of work (or most of it). DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION 23	
20. DECEDENT'S RESIDENCE (Street and number, or location) 527 NEWVILLE DRIVE					
21. CITY LOS GATOS		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 95032	
24. YEARS IN COUNTY 52		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP STEVEN MC COY, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 529 NEWVILLE DRIVE, LOS GATOS, CA 95032			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST SHIRLEY		29. MIDDLE A		30. LAST (BIRTH NAME) MURPHY	
31. NAME OF FATHER/PARENT—FIRST JOHN		32. MIDDLE		33. LAST MC COY	
34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT—FIRST HAZEL		36. MIDDLE	
37. LAST (BIRTH NAME) BATES		38. BIRTH STATE UNKNOWN			
39. DISPOSITION DATE mm/dd/yyyy 07/09/2014		40. PLACE OF FINAL DISPOSITION RESIDENCE OF STEVEN MC COY 529 NEWVILLE DRIVE, LOS GATOS, CA 95032			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MOUNTAIN VIEW FUNERAL & CREMATION SERVICE		45. LICENSE NUMBER FD2114		46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD	
47. DATE mm/dd/yyyy 07/08/2014					
101. PLACE OF DEATH SON'S RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P, <input type="checkbox"/> ER/OP, <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC, <input type="checkbox"/> Decedent's Home, <input checked="" type="checkbox"/> Other	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 529 NEWVILLE DRIVE		106. CITY LOS GATOS	
107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) WET GANGRENE ON RIGHT LEG Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST OSTEOMYELITIS CONGESTIVE HEART FAILURE DIABETES		108. TIME INTERVAL BETWEEN Death and Death YR 14-02210		109. DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. NO					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy (B) Decedent Last Seen Alive mm/dd/yyyy 01/22/2013 04/10/2013		115. SIGNATURE AND TITLE OF CERTIFIER SARKIS BANIPAL SIN M.D.		116. LICENSE NUMBER A102655	
117. DATE mm/dd/yyyy 07/07/2014		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SARKIS BANIPAL SIN M.D. 1610 WESTWOOD DR STE 5, SAN JOSE, CA 95125			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS.

DATE ISSUED
By **JUL 11 2014**



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
PRNCO (Rev) 12/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

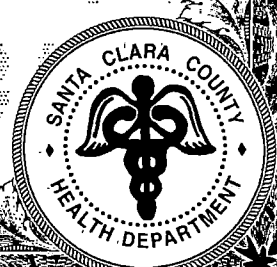


EXHIBIT "C"

COPY

EXHIBIT "C"

ENDORSED

FILED

2015 FEB -2 A 8:48

David H. Yarnall, Clerk of the Superior Court
County of Santa Clara, California

Dr. _____
Date: _____

1 Matthew C. O'Donnell, Esq. #100052
2 O'DONNELL & ASSOCIATES
3 1190 Chestnut Street
4 Menlo Park, CA 94025
5 Tel: 650-853-7183
6 Fax: 650-324-9173
7
8 Attorneys for Petitioner
9 Sharon R. Morris

10
11 SUPERIOR COURT OF CALIFORNIA
12 IN AND FOR THE COUNTY OF SANTA CLARA

13 IN RE: THE McCOY FAMILY)
14 TRUST DATED)
15 JUNE 6, 1990)

CASE NO. 15-PR175951
ORDER FOR
TERMINATION OF
TRUST DUE TO CHANGED
CIRCUMSTANCES AND UPON
CONSENT OF
TRUST BENEFICIARIES
(Probate Code § 15409)

Date:
Time: Ex Parte
Department: 12

16
17
18
19 The verified Ex Parte Petition for Termination of Trust Due to Changed Circumstances and
20 Upon Consent of Trust Beneficiaries came on for hearing of the petition by the court this date.
21 Petitioner was represented by MATTHEW C. O'DONNELL, counsel.

22 On evidence given to the satisfaction of the court, the court makes the following findings:
23 1. Notice of the time and place of the hearing is waived.
24 2. Settlers Robert W. McCoy and Shirley A. McCoy executed The McCoy Family Trust
25 (hereafter, "the Trust") on June 6, 1990 and funded the Trust with all of their property, real and
26 personal. Robert W. McCoy and Shirley A. McCoy were the initial trustees of the Trust.
27 3. Robert W. McCoy died on June 27, 2014.

28 Order for Termination of Trust due to Changed
Circumstances and Upon Consent of
Trust Beneficiaries

Case No:

1 4. Upon the death of Robert W. McCoy, the Trust divided into two subtrusts, i.e.,
2 TRUST A, the SURVIVOR'S TRUST and TRUST B, the DECEDENT'S TRUST (hereinafter "the
3 subtrusts"). The assets of the Trust at the death of Robert W. McCoy were a rental property located
4 132 Kahle Drive, Ste O, Stateline, Nevada (Parcel Number 1318-22-002-026) and a residence
5 located at 527-529 Newville Drive, Los Gatos, California (APN: 407-33-011). In accordance with
6 the terms of the Trust, the assets of the Trust were allocated equally between the subtrusts by
7 transferring the Nevada rental property and a 32.653% tenant in common interest in the residence
8 to TRUST B, the DECEDENT'S TRUST and the remaining 67.347% of the residence to TRUST
9 A, the SURVIVOR'S TRUST. The legal description of the residential property is as follows:

10 All that certain real property in the County of Santa Clara County, State of California,
11 described as follows:

12 LOT 5 of Tract No. 5280 in Town of Los Gatos, as recorded in Book 311 of Maps,
13 pages 22 and 23, of the Records of the County of Santa Clara, California.

14 Commonly known as 527-529 Newville Drive, Los Gatos

15 5. Upon the death of Robert W. McCoy, and due to the mental incapacity of Shirley A.
16 McCoy, Sharon R. Morris (the daughter of Robert W. McCoy and Shirley A. McCoy) became trustee
17 of both of the subtrusts.

18 6. The superior court having jurisdiction over this trust has exclusive jurisdiction over
19 the internal affairs of the trust.

20 7. Santa Clara County is the proper place of venue for this proceeding as the principal
21 place of administration. The trustee resides in Santa Clara County and the surviving settlor resides
22 at Skyline Health Care Center, a skilled nursing facility in San Jose, California.

23 8. The persons listed below, along with their addresses and their relationship to Shirley
24 A. McCoy, are the beneficiaries of the McCoy Family Trust, the subtrusts, and/or the intestate heirs
25 of Shirley A. McCoy, and as such are entitled to notice of this petition:

26 ///

27 ///

28 ///

<p>1 Shirley A. McCoy 2 c/o Skyline Health Care Ctr 2065 Forest Ave. San Jose, CA 95128 3 surviving settlor present beneficiary</p>	<p>Sharon R. Morris 914 Gwen Dr. Campbell, CA 95014 daughter residuary beneficiary</p>	<p>Steven W. McCoy 527-529 Newville Dr. Los Gatos, CA 94065 son residuary beneficiary</p>
--	--	---

5 9. This court has the authority to grant the petition to terminate the Survivor's Trust and
6 pursuant to Probate Code sections 15409 which provides that a upon petition by a trustee or a
7 beneficiary, the court may terminate a trust, if owing to changed circumstances not known to the
8 settlor and not anticipated by the settlor, the continuation of the trust under its terms would defeat
9 or substantially impair the accomplishment of the purposes of the trust. In addition, Probate Code
10 section 15407(a)(4) provides that a trust terminates when the trust purpose becomes impossible to
11 fulfill.

12 10. Petitioner seeks to terminate a Trust that no longer serves the intended purpose
13 because it is impossible to fulfill the intent due to Shirley A. McCoy's receipt of Medi-Cal benefits
14 during her lifetime for her long-term care.

15 12. Petitioner requests that the Court waive notice to Shirley A. McCoy.

16 13. The consent of all interested parties with capacity to execute them are on file.

17 14. Waivers of Notice of all interested parties with capacity are on file.

18 **GOOD CAUSE SHOWING IT IS THEREFORE ORDERED THAT:**

19 1. Notice of hearing of this petition is waived;

20 2. Sharon R. Morris, as sole successor trustee, by her signature on the petition, and
21 Sharon R. Morris and Steven W. McCoy, as trust beneficiaries, by their consents filed in this matter,
22 consent to the trust termination and distribution of trust estate in equal shares to the children of
23 Robert W. McCoy and Shirley A. McCoy, the intended beneficiaries of the trust, while retaining for
24 Shirley A. McCoy a life estate;

25 3. The trustee is instructed and authorized to distribute all assets of TRUST A, the
26 SURVIVOR'S TRUST under the McCOY FAMILY TRUST dated June 6, 1990, specifically, a
27 67.347% tenancy in common interest in the residence at 527-529 Newville Drive, Los Gatos,

1 California (APN: 407-33-011), but reserving to Shirley A. McCoy a life estate in the property, in
2 equal shares to trust beneficiaries Sharon R. Morris and Steven W. McCoy;

3 4. Upon such distribution of the assets, the trust is terminated.
4
5

6
7 **Thomas E. Kuhnle**

8 Dated: January 22, 2015

9 Judge of the Superior Court
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27