

RECORDING REQUESTED BY:

M. KATHRYN NEWNHAM, ESQ.

AND WHEN RECORDED MAIL THIS AFFIDAVIT AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

MRS MICHAEL DONAHOE  
P O BOX 12308  
ZEPHYR COVE NV 89448

DOUGLAS COUNTY, NV **2016-877389**  
Rec:\$16.00  
Total:\$16.00 **02/29/2016 09:43 AM**  
NEWNHAM & NEWNHAM, APC Pgs=3



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN: 1318-23-210-033

**AFFIDAVIT--DEATH OF TRUSTEE**

STATE OF NEVADA )  
 ) ss  
COUNTY OF DOUGLAS )

BRENDA DONAHOE, of legal age, being first duly sworn, deposes and says:

That MICHAEL DONAHOE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MICHAEL DONAHOE named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 4, 2004, executed by MICHAEL DONAHOE AND BRENDA DONAHOE, HUSBAND AND WIFE, to MICHAEL DONAHOE AND BRENDA DONAHOE, as Trustee of the Donahoe Family Trust Agreement dated June 4, 1992, recorded as Document No. 0627003, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

LOT 34, OF LAKE VILLAGE UNIT NO. 2-A, AS SHOWN ON THE OFFICIAL MAP FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON AUGUST 9, 1972 AS DOCUMENT NO. 61076.

More Commonly Known As 217 Clubhouse Circle, Zephyr Cove, Nevada

I am the surviving successor Trustee of the same Trust under which the decedent held title as Trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of the Trust to serve as Trustee of the Trust.

Dated: 8/21/15

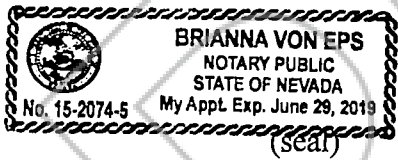
Brenda Donahoe  
BRENDA DONAHOE

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 NEVADA )  
 ) ss  
COUNTY OF DOUGLAS )

Subscribed and sworn to (or affirmed) before me, on this 21<sup>st</sup> day of AUGUST, 2015, by BRENDA DONAHOE proved to me on the basis of satisfactory evidence to be the person who appeared before me.

B. Von  
Signature



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

**2014019059**  
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) <b>Michael Noble DONAHOE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 15, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Zephyr Cove</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>129 Holly Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 29, 1938</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Brenda CLARKE</b>	
13. SOCIAL SECURITY NUMBER <b>0358</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Organization Consultant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Management Consultant</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>129 Holly Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Francis Bernard DONAHOE</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Frances Veraldine NOBLE</b>		18a. INFORMANT- NAME (Type or Print) <b>Branda DONAHOE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>129 Holly Lane Zephyr Cove, Nevada 89448</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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>STEVEN LAURENCE BROOKS M.D.</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>November 19, 2014</b>		21c. HOUR OF DEATH <b>03:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Steven Laurence Brooks M.D. PO Box 5637 Stateline, NV 89449</b>				23b. LICENSE NUMBER <b>5124</b>	
24a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 21, 2014</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				Interval between onset and death	
(a) <b>Brain Cancer</b> DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
(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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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



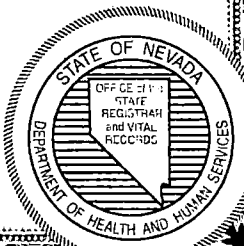
CERTIFIED COPY OF VITAL RECORDS

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: **11/21/2014**

*R. Pena*  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE