

APN: 1320-29-210-005

WHEN RECORDED RETURN TO:  
JOEL W. LOCKE, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:  
Margaret Anne McDonald, Trustee  
1740 Lantana Drive  
Gardnerville, NV 89423

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of any person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA )  
                              : ss.  
CARSON CITY        )

MARGARET ANNE McDONALD, being first duly sworn, deposes and says:

1. That the McDONALD 1996 TRUST was created on December 4, 1996, and amended and restated on December 10, 2013.
2. That LLOYD C. McDONALD and MARGARET ANNE McDONALD were the Grantors and Trustees of said Trust.
3. That Grantor and Trustee, LLOYD C. McDONALD, died on May 2, 2016 (“Decedent”), and a certified copy of his death certificate issued by the State of Nevada is attached hereto as Exhibit “1.”
4. That after the death of Decedent, the sole and currently acting Trustee of said Trust is MARGARET ANNE McDONALD.
5. That said Trust is the owner of all that certain real property situate in Douglas County, state of Nevada, commonly known as 1740 Lantana Drive, Gardnerville, Nevada 89410, being Assessor’s Parcel Number 1320-29-210-005, as more particularly described in that certain Grant, Bargain, Sale Deed, dated May 7, 1998, recorded in the Official Records of Douglas County, state of Nevada, as Document No. 0441129, on June 2, 1998, and being more particularly described as follows:

Lot 289, as set forth on the official plat of WINHAVEN, UNIT NO. 3, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 18, 1992, as Document No. 295672.

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6. That as of this date, the said trust has not been revoked and Affiant is the Trustee thereof.

7. That this Affidavit has been executed in Carson City, Nevada.

8. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

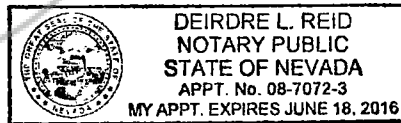
Further Affiant sayeth naught.

DATED 5-17, 2016.

  
MARGARET ANNE McDONALD, Trustee

On May 17, 2016, personally appeared before me, a notary public, MARGARET ANNE McDONALD, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

  
NOTARY PUBLIC



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

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

CASE FILE NO. 3892459

**2016008288**  
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>Lloyd Thomas MCDONALD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 03, 2016</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 city) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>85</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 19, 1931</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>18</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Margaret Anne MAHANEY</b>	
13. SOCIAL SECURITY NUMBER <b>5634</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Physician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1740 Lantana Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lloyd E MCDONALD</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gladys N MAHANEY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Margaret MCDONALD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1740 Lantana Drive Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MONICA GIESE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>880</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</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>TREVOR PHAN M.D.</b> <b>SIGNATURE AUTHENTICATED</b>			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>May 06, 2016</b>		21c. HOUR OF DEATH <b>04:25</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>Trevor Phan M.D. 801 W Williams Ave Fallon, NV 89406</b>				23b. LICENSE NUMBER <b>12765</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 09, 2016</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>Acute Renal Failure</b> DUE TO, OR AS A CONSEQUENCE OF:				Days	
(b) <b>Sepsis</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF:				Days	
(d) <b>Parkinson Disease</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Parkinson Disease</b>				Months	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertension				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	

Information Corrected, State Affidavit# 63786, 05/13/2016 - AKA: Lloyd Charles MCDONALD

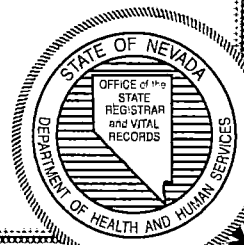
STATE REGISTRAR

VRS-Rev-20120523a



6270-8  
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: **MAY 13 2016**

*Cody Phinney*  
STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE