**DOUGLAS COUNTY, NV** 

2016-881146

Rec:\$19.00 \$19.00

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FIRST AMERICAN TITLE MINDEN KAREN ELLISON, RECORDER

APN#	1418-27-2	10-029	
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Name:	g Requested	First American Title Insurance	\ \
Maine.		Company	\ \
Address:	-	1663 US Highway 395, Suite 101	\ \
City/State	-/7in·	Minden, NV 89423	\ \
Order Nun		143-2501042	
Older Ivan	nocr.	113 2301012	
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•	•	Affdavit Death of Trustee	(for Recorder's use only)
		(Title of Document)	) ) .
		D	
		Recorder Affirmation St	atement
		Please complete Affirmation Sta	atement below:
			· /
I the	undersigne	d hereby affirm that the attached document, inc	cluding any exhibits, hereby submitted
for recordi	ng does not	contain the social security number of any person	on or persons. (Per NRS 239B.030)
	/		/ /
	/	-OR-	
<b>I</b> Z*1	/	/	\\
		hereby affirm that the attached document, inc	
_	ng does con	tain the social security number of a person or p	persons as required by
law:	$\longleftarrow \longleftarrow$	(State en esific law)	<del></del>
		(State specific law)	
-	TIMO	ne Escrou OTL	00 1
Signati	re/	Title	
	<i></i>	1	
S.K.	/an	e\	
Print S	ignature		<del></del>
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			•

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

## **RECORDING REQUESTED BY**

First American Title Insurance Company of Nevada

## AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Whende Boroughs PO Box 180 Trinidad CA 95570

Space	Above	This	Line	for
Rec	order's	Use	Only	,

File No.: 143-2501042 (JL)

**A.P.N. 1418-27-210-029**, 30, 31, & 32

Affidavit - Death of Trustee

State of California )
)ss.
County of )

**Whende Bouroughs** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Thomas McLaren ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on April 27, 2008 at Zephyr Cove Nevada (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated executed by The Tyrus R. Cobb Trust as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **December 30, 1992** which was recorded as Instrument No. **297252** in Book **193**, Page **1528**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT C OF SUBDIVISION NO. 1, CAVEROCK COVE, LTD. TRACT, ACCORDING TO THE OFFICIAL MAP THEREOF APPROVED BY THE BOARD OF COUNTY COMMISSIONERS OF DOUGLAS COUNTY, NEVADA, ON AUGUST 5, 1936, AND FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON THE 26 TH DAY OF SEPTEMBER, 1936.

TOGETHER WITH ALL THAT LAND LYING WESTERLY OF THE ABOVE DESCRIBED MEANDER LINE TO THE LOW WATER LINE AT ELEVATION 6,223.0 FEET, LAKE TAHOE DATUM, IN ACCORDANCE WITH NRS 321.595.

EXCEPTING THEREFROM THAT PORTION OF SAID LAND CONVEYED TO THE STATE OF NEVADA BY DEED DATED JANUARY 14, 1952, AND RECORDED JANUARY 18, 1952 IN BOOK A-1 DEEDS, PAGE 79, DOUGLAS COUNTY, NEVADA RECORDS.

Declarant is the successor trustee under the Trust. The Trust was in effect at the date of

4.

Notary Name:

Notary Registration Number:\_

the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust. Dated: **DECLARANT:** Whende Boroughs, Successor Trustee State of ) )ss County of SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County \_ and State day of know to me or proved to me on the basis of satisfactory evidence to be the person s who appeared before me.. WITNESS my hand and official seal. This area for official notarial seal Signature\_ My Commission Expires:\_

Notary Phone:\_\_

County of Principal Place of Business\_\_\_\_

## **ACKNOWLEDGMENT**

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 County of Humbold+
On 19 May 2016 before me, Easton Connell, Notary Public
(insert name and title of the officer)
personally appeared Whenle Boroughs
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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.
EASTON CONNELL TO
WITNESS my hand and official seal.
Signature Earn (Seal)



## EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Douglas, State of Nevada and is described as follows:

LOTS D, E AND F OF SUBDIVISION NO. 1, CAVEROCK COVE, LTD. TRACT, ACCORDING TO THE OFFICIAL MAP THEREOF APPROVED BY THE BOARD OF COUNTY COMMISSIONERS OF DOUGLAS COUNTY, NEVADA, ON AUGUST 5, 1936, AND FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON THE 26 TH DAY OF SEPTEMBER, 1936.

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*		CERTIFICATI	ON OF VIT	AL RECO	RD A			*	3
DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH									
	VITAL STATISTICS CERTIFICATE OF DEATH 2008013141 STATE FILE NUMBER								
PERMANENT	1a. DECEASED-NAME (FIRST,MIDDLE Thomas MCLA			1	2. DATE OF DEATH (Mo/Day/Year)  April 27, 2008  Douglas				
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, gi								
DECEDENT	5. RACE White [6, Hispanic Origin? Specify   7a. AGE-Last   7b. UNDER 1 YEAR   7c. UNDER 1						INS A	ugust 25,	o/Day/Yr) 1959
IF DEATH OCCURRED IN INSTITUTION	9a. STATE OF BIRTH (If not U.S.A., name country) California	9b. CITIZEN OF WHAT COUNTRY United States		. MARRIED, NE' VORCED (Speci			2. SURVIVING aiden name)	SPOUSE (if w	ife, give
SEE HANDBOOK REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER 8665	14a. USUAL OCCUPATION (Give ) Working Life, Even If Retired)	Kind of Work Done D Self Employed	-	14b, KIND OF BU Real &	ISINESS OR INI Estate Invest		Ever in U Forces?	
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. CO Nevada		TOWN OR LOCATION	And the second second	TREET AND NUMB			15e. INSID LIMITS (Sp or No)	DE CITY pecify Yes Yes
PARENTS	16. FATHER - NAME (First Middle Las				NAME (First Middle		)BB		V.
	18a. INFORMANT- NAME (Type or Print Shirley McLaren N	) 18b, M	MAILING ADDRESS		D. No, City or Tow	n, State, Zip)			-
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL,		OR CREMATORY -	NAME	- \	19c. LOCATI	ON City or 1	own State	
羅	Cremation 20a. FUNERAL DIRECTOR - SIGNATUR		Walton's Sie b. FUNERAL IRECTOR LICENSE	20c. NAM	E AND ADDRESS O		rson City N		06
		UTHENTICATED	620			Ith Street Mir	•	•	
		, death occurred at the time, date an			basis of examination				occurred at
188= 1	YSI	21c. HOUR OF DEATH	Completed	E RON V	ALDESPINO SIGNED (Mo/Day/)	r i		RE AUTHE	NTICATED
	S S 21d NAME OF ATTENDING PH	SICIAN IF OTHER THAN CERTIFIE		New Y	August 26, 200	8	22e. PRONOUI	10:05	AT (Hour)
l鍵 l	의 (Type or Print) 23a. NAME AND ADDRESS OF CERTIF		79		April 27, 2008			10:05 SE NUMBER	
	Dep	outy Ron Valdespino P.O. CHRISTINA GRIFFITH	Box 218 Minde	n, NV 8942			H DUE TO CO		DISEASE
REGISTRAR CAUSE OF	/ / s	IGNATURE AUTHENTICATED ER ONLY ONE CAUSE PER LINE FO	(MO/D	Jepie	ember 03, 2008		YES	NO X	and death
DEATH	PART I (a) Cocaine Intoxi	cation		<u> </u>			- !		
CONDITIONS IF	(b) Cardiomegaly		\	_\_		<u>\/</u>	1	etween onse	
GAVE RISE TO IMMEDIATE CAUSE ->	(C)	c Cardiovascular Dise	ase				j	etween onse	
STATING THE UNDERLYING CAUSE LAST	OUE TO, OR AS A COR	NSEQUENCE OF:	-				i interval i	between anse	t and death
	PART II	•				26. At (Spec	JTOPSY ify Yes or No) Yes	27. WAS CAS TO CORONER or No)	R (Specify Yes
	28a, ACC., SUICIDE, HOM., UNDET. 28b, DA OR PENDING INVEST. (Specify) ACCIDENT	ATE OF INJURY (Mo/Day/Yr) 28c. April 27, 2008	HOUR OF INJURY		owinury occurrilly ingested to	ED	163	1	Yes
<b>蹇</b>	28e, INJURY AT WORK (Specify 28f, P	7%	reet, factory, office	28g. LOCATION 1270 Hidden	N STREET O	R R.F.D. No.	CITY OR TOV Zephy		STATE Nevada
545250			STATE REC	SISTRAR					
250									
						*			
								V/RS-	-Rev-2008T
AT. OF	235459	CERTIFIED CO	PY OF VITA	AL RECOP	aòs			The state of the s	annunnunnunnun
	This is a true and exac	t reproduction of the document off	icially registered an		_		Á		
	placed on file in the off	ice of the State Registrar and Vital		K	STATE RE	)hit	- Thuman	/ PEG	
		nies / 1 1/2008 engraved borde	· er displaying date, s	SI seal and signatu	I <b>GNATURE AUTI</b> ure of Registrar.	IENTICATED	a amana		
	PBNCO (Rav) 11/06	<del></del>	. <del></del>			n dialianna da . a	% 	MAIN OF HEALT	H AND HUME