

16
Joseph Tilson
589 Tahoe Keys Blvd. Ste E-4
So Lake Tahoe, CA 96150

DOUGLAS COUNTY, NV 2016-881261
Rec:\$16.00
Total:\$16.00 05/25/2016 03:24 PM
JOSEPH W TILSON ESQ Pgs=3

Document Transfer Tax \$0
Assessor's Parcel No. 1420-08-412-001



WHEN RECORDED AND
MAIL TAX STATEMENTS TO:

KAREN ELLISON, RECORDER

Leanora Johnstone, Trustee
P.O. Box 9391
South Lake Tahoe, CA 96151

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

LEANORA JOHNSTONE, of legal age, being first duly sworn, deposes and says:

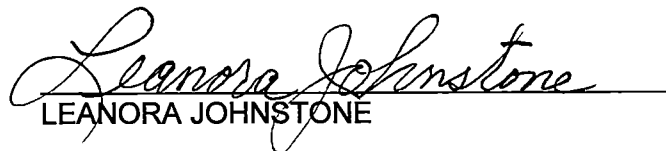
That ANDREW JAMES JOHNSTONE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated February 7, 2011, executed by ANDREW JOHNSTONE and LEANORA JOHNSTONE, husband and wife, as community property, to ANDREW JAMES JOHNSTONE and LEANORA JOHNSTONE, Trustees of the 2011 JOHNSTONE FAMILY TRUST dated February 7, 2011 wherein ANDREW JAMES JOHNSTONE was a trustee of the 2011 JOHNSTONE FAMILY TRUST dated February 7, 2011, as well as a beneficiary under said trust; it being further acknowledged that LEANORA JOHNSTONE is the successor trustee under said declaration of trust on the death of ANDREW JAMES JOHNSTONE.

The original Grant, Sale, Bargain Deed aforementioned is recorded as Document No.0781265 at Book 0411, Page 1370, on April 8, 2011, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 2, in Block O, as set forth on Final Map No. 1001-8 of Sunridge Heights, Phases 7B & 9, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 5, 1995, Book 995, Page 410, as Document No. 369825.

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.

Dated: 4-13-16


LEANORA JOHNSTONE

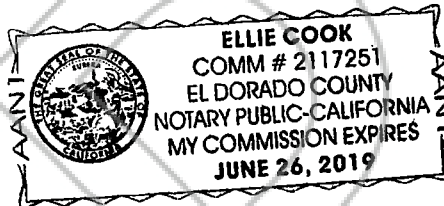
JURAT

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 EL DORADO

Subscribed and sworn to (or affirmed) before me on this 13 day of April 2016, by LEANORA JOHNSTONE, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Ellie Cook



AFFIDAVIT--DEATH OF TRUSTOR,
TRUSTEE AND BENEFICIARY
Assessor's Parcel No. 1420-08-412-001

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2012014694
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) Andrew James JOHNSTONE			2. DATE OF DEATH (Mo/Day/Year) September 10, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 85	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) February 24, 1927
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Leanora VENANZI
13. SOCIAL SECURITY NUMBER ██████████ 7411		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Salesman		14b. KIND OF BUSINESS OR INDUSTRY Trailer Sales		Ever in US Armed Forces? YES
15a. RESIDENCE - STATE California	15b. COUNTY El Dorado	15c. CITY, TOWN OR LOCATION South Lake Tahoe		15d. STREET AND NUMBER 2824 Blitzen Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Melrose JOHNSTONE				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Josephine NIMITZ		
18a. INFORMANT- NAME (Type or Print) Leanora JOHNSTONE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2824 Blitzen Rd. South Lake Tahoe, California 96150			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Happy Homestead Cemetery		19c. LOCATION City or Town State South Lake Tahoe California 96150		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620	20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706			
TRADE CALL - NAME AND ADDRESS McFarlane Mortuary 887 Emerald Bay Rd. South Lake Tahoe CA 96150						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KAMERON FERDOWSALI M.D. 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) September 17, 2012		21c. HOUR OF DEATH 19:00		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) KAMERON FERDOWSALI M.D. 1600 Medical Parkway Carson City, NV. 89703					23b. LICENSE NUMBER 12745	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 17, 2012		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) Cardiac Arrest						
(b) DUE TO, OR AS A CONSEQUENCE OF: Chronic Encephalography						Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF: Seizure Disorder						Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF: Aspiration Pneumonia						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) No	27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

3674025

453924

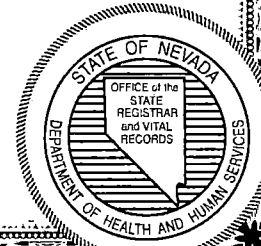
CERTIFIED COPY OF VITAL RECORDS

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: **09/24/2012**

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE