

APN# : 1220-24-601-001

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Ronald H. Doty

1144 Drake Way

Carson City, NV

89701

**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

*Michelle Simpson*  
\_\_\_\_\_  
Michelle Simpson Escrow Assistant

**Affidavit - Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



**The Revocable Living Trust of Ronald H. Doty and Linda L. Doty**

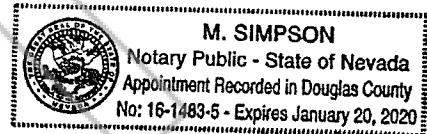
Ronald H. Doty  
Ronald H. Doty, Surviving Trustee

STATE OF Nevada,  
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 17 day  
of June, 2016, by Ronald H. Doty, Surviving Trustee personally  
known to me or proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

(seal)

Signature M. Simpson  
Notary public



CERTIFICATE OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052016054689

CERTIFICATE OF DEATH

3201633003302

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) LINDA		2. MIDDLE LEE	
3. LAST (Family) DOTY		AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)	
4. DATE OF BIRTH mm/dd/ccyy 07/26/1943		5. AGE Yrs. 72	
6. SEX F		IF UNDER ONE YEAR Months Days	
IF UNDER 24 HOURS Hours Minutes		7. DATE OF DEATH mm/dd/ccyy 03/13/2016	
8. BIRTH STATE/FOREIGN COUNTRY WA		9. SOCIAL SECURITY NUMBER 3118	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
13. EDUCATION — Highest Level/Degree (Use worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) WHITE		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED HOMEMAKER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 52	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1302 SORREL DR.			
21. CITY HEMET		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92545		24. YEARS IN COUNTY 45	
25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP RONALD DOTY, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 1881 SORREL LANE, GARDNERVILLE, NV 89410	
28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST RONALD		29. MIDDLE HAROLD	
30. LAST (BIRTH NAME) DOTY		31. NAME OF FATHER/PARENT—FIRST FRANK	
32. MIDDLE UNKNOWN		33. LAST HERR	
34. BIRTH STATE WA		35. NAME OF MOTHER/PARENT—FIRST DOROTHY	
36. MIDDLE -		37. LAST (BIRTH NAME) MCMILLAN	
38. BIRTH STATE WA		39. DISPOSITION DATE mm/dd/ccyy 03/18/2016	
40. PLACE OF FINAL DISPOSITION RES RONALD DOTY 1881 SORREL LANE, GARDNERVILLE, NV 89410		41. TYPE OF DISPOSITION(S) CR/TR/RES	
42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT SAN JACINTO VALLEY MORTUARY		45. LICENSE NUMBER FD1765	
46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		47. DATE mm/dd/ccyy 03/17/2016	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Occident's Home <input type="checkbox"/> Other		104. COUNTY RIVERSIDE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1302 SORREL DR.		106. CITY HEMET	
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. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CARDIORESPIRATORY ARREST (B) CLINICAL SYSTEMIC DECOMPENSATION (C) METASTATIC BREAST CANCER (D) UNDERLYING CAUSE (disease or injury that initiates the events resulting in death) LAST		Time Interval Between Onset and Death (A) HOUR (B) DAYS (C) YEARS (D) 2016-03140	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
114. I 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/ccyy 01/18/2016		115. SIGNATURE AND TITLE OF CERTIFIER SANYASI R GANTA M.D.	
Decedent Last Seen Alive (B) mm/dd/ccyy 03/12/2016		116. LICENSE NUMBER A70985	
117. DATE mm/dd/ccyy 03/16/2016		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SANYASI R GANTA M.D. 890 W. STETSON AVENUE, SUITE A, HEMET, CA 92543	
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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/ccyy	
123. HOUR (24 Hours)		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/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. FAX AUTH.#	
STATE REGISTRAR		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE



001403824

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Public Health.

DATE ISSUED **Mar 29, 2016**

DATE ISSUED

*Cameron Kaiser*

DR. CAMERON KAISER, MD  
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CARIVERSO1

**EXHIBIT "A"**

**All that certain real property situate in the County of Douglas, State of Nevada, described as follows:**

**That portion of the South 1/2 of the North 1/2 of Section 24, Township 12 North, Range 20 East, M.D.B. &M., more particularly described as follows;**

**Parcel B-2, of Parcel Map No. 2, for KEITH G. SWEARINGEN AND JOAN M. SWEARINGEN, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 15, 1994, in Book 394, Page 2649, as Document No. 332306.**

**Assessor's Parcel Number(s):  
1220-24-601-001**

