

APN: 1320-30-113-006
WHEN RECORDED RETURN TO:
DAWN ELLERBROCK, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



KAREN ELLISON, RECORDER

AFFIANT'S MAILING ADDRESS:
DEBORAH CAULEY, Trustee
412 Cool Valley Road
Paso Robles, CA 93446

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE

DEBORAH CAULEY, whose mailing address is 412 Cool Valley Road, Paso Robles, California 93446, being first duly sworn, deposes and says:

1. That ANTHONY C. VAUGHN, also known as ANTHONY CHARLES VAUGHN, died on May 30, 2016, and a Certificate of Death of ANTHONY C. VAUGHN is attached hereto and incorporated herein by this reference.
2. That ANTHONY C. VAUGHN was the Grantor and original Trustee of THE ANTHONY C. VAUGHN 2008 TRUST, created on September 19, 2008, and as amended by First Amendment on August 7, 2012.
3. That pursuant to that certain Grant, Bargain and Sale Deed recorded with the Douglas County Recorder on August 9, 2012, at Document No. 0807278, THE ANTHONY C. VAUGHN 2008 TRUST is the owner of all that certain parcel of real property located in the

County of Douglas, State of Nevada, Assessor's Parcel Number being 1320-30-113-006, and more particularly described as follows:

Unit 6, as set forth on Map of Westwood Park Unit 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352 and by Certificate of Amendment Recorded May 5, 1988, in Book 588, Page 536, as Document No. 177431, of Official Records of Douglas County, Nevada.

Together with an undivided 1/25th interest in and to the common area lying within the interior lines as set forth on map of Westwood Park Unit 2, filed for Record in the Office of the County Recorder of Douglas County, State of Nevada on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352 and as shown on Record of Survey Recorded April 11, 2000 in Book 0400, at Page 1729, as Document No. 489711.

4. That due to the passing of ANTHONY C. VAUGHN, DEBORAH CAULEY is the currently acting sole Trustee of THE ANTHONY C. VAUGHN 2008 TRUST.

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

Further Affiant sayeth naught.

DATED 6/24/2016

Deborah Cauley
DEBORAH CAULEY, Trustee

STATE OF NEVADA)

: ss.

CARSON CITY)

On JUNE 24, 2016, personally appeared before me, a notary public, DEBORAH CAULEY, 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.

Christine Harper
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3897049

CERTIFICATE OF DEATH

2016009935
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) Anthony Charles VAUGHN		2. DATE OF DEATH (Mo/Day/Year) May 30, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no.) Gardnerville Health and Rehab		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Nursing Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Donna DWIGHT		8. DATE OF BIRTH (Mo/Day/Yr) October 18, 1938	
13. SOCIAL SECURITY NUMBER ██████████2193		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) California Highway Patrol		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1771 Shamrock Cir		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Olaf VAUGHN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rena Mary LOCATELLI		
18a. INFORMANT - NAME (Type or Print) Debbie CAULEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 412 Cool Valley Rd, Paso Robles, California 93446			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) JOSE AGUIRRE M.D.			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) June 03, 2016		21c. HOUR OF DEATH 14:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) VERALYNN A BOYACK			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2016		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					
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute On Chronic Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology				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

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

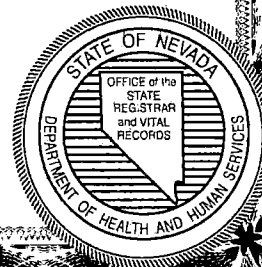
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

6/9/2016

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

Cody D. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE