DOUGLAS COUNTY, NV Rec:\$17.00

Total:\$17.00

ALLING & JILLSON

2016-884013 07/08/2016 04:14 PM

Pas=4

APN:1420-28-511-018

## RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Ronald D. Alling, Esq. c/o ALLING & JILLSON, LTD. 276 Kingsbury Grade, Suite 2000 Post Office Box 3390 Lake Tahoe, Nevada 89449-3390



KAREN ELLISON, RECORDER

Pursuant to NRS 440.380(1)(a), the undersigned affirms that this document submitted for recording does contain personal information of deceased persons.

## NOTICE OF DEATH OF CO-TRUSTEES

COMES NOW JACQUELINE LEE McMILLEN, and being first duly sworn, deposes and says:

- Charles A. McMillen and Linda L. McMillen were the Co-Trustees The Charles & Linda McMillen Revocable Trust dated December 27, 1996, and Amended November 28, 2005.
- Charles A. McMillen died in Douglas County, Nevada, on or about January 6, 2015. The State of Nevada issued a Death Certificate, No. 2015000467, attached hereto as **Exhibit A** and incorporated herein by reference.
- 3. Linda L. McMillen died in Douglas County, Nevada, on or about July 26, 2015. The State of Nevada issued a Death Certificate, No. 2015012753, attached hereto as Exhibit B and incorporated herein by reference.
- Section 8.011 of The Charles & Linda McMillen Revocable Trust, which states, "If both Charles A. McMillen and Linda L. McMillen shall for any reason cease to act as Trustee, the following, in the order indicated, are nominated as successor sole Trustees: (a) Jacqueline Lee McMillen".
- 5. Jacqueline Lee McMillen is the sole serving Successor Trustee of The Charles A. McMillen and Linda L. McMillen Revocable Trust.
- Jacqueline Lee McMillen, as Successor Trustee, acquired title to 6. certain real property situated in the County of Douglas, State of Nevada, as follows:

LOT 26, IN BLOCK B, AS SET FORTH ON THE OFFICIAL MAP OF MISSION HOT SPRINGS UNIT NO. 2, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 14, 1988, IN BOOK 989, PAGE 1249, AS DOCUMENT NO. 186262, OFFICIAL RECORDS.

IN WITNESS WHEREOF, Successor Trustee JACQUELINE LEE McMILLEN executed this document at Los Angeles County, California, on this 15th day of June 2016.
JACQUELINE LEE MCMILLEN,
Successor Trustee
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 ) :ss.
COUNTY OF LOS ANGELES )
On Our 15 2016, before me, Since the personally appeared JACQUELINE LEE McMILLEN, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the
within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the
entity upon behalf of which the person 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.
WITNESS my hand and official seal.
Signature (Seal)



### VICES DEPAR

DEPARTMENT OF HEALTH AND HUI	• : • • : :		
VITAL STATISTICS		A-: !!	
CERTIFICATE OF DEATH	÷.	[	

			HIFICATE	JF DEATE			STATE FILE NU		1
_	SED-NAME (FIRST, MIDDL	· **				OF DEATH (Mo/Day		OUNTY OF DEATH	•:
Cipalics		MC EATH 3c.:HOSPITAL OR OTI	MILLEN		ː Ja	inuary 06, 201	5	Douglas	-
3D. CITT, 1	5 11 1 1 5 5 5 6 C	". I." 'A . '. ".	2963 San Migu			se.ir Hosp. or inst, i Inpatient(Specify)	1	\	
5. RACE V	Minden White		2903 Sail Migu Origin? Specify		thday 75 LINDE	D + VEAD TO LINE	Home	ATE OF BIRTH (Mo	Male
Specify)	ville	No - Non-H	lispanic	(Years)	MOS MOS	DAYS HOURS	MINS	June 13, 19	
9a. STATE	OF BIRTH (If not U.S.A., Ohio	9b. CITIZEN OF WHAT COU		ION 11. MARRIE	D NEVER MAR (Specify) Marri	RIED, WIDOWED,	12. SURVIVIN	G SPOUSE (Maider	name)
13. SOCIAL	SECURITY NUMBER	United States 14a. USUAL OCCUPATION	(Give Kind of Work			ND OF BUSINESS	OR INDUSTRY	Ever in US	HARRIS
	1091		Manufacturin			Irriga		Forces?	No
15a. RESID	ENCE - STATE 15b. Co	OUNTY 15c.	CITY, TOWN OR LO	OCATION :	15d. STREET A	ND NUMBER	-	15e, INSIDE LIMITS (Spe	CITY cify Yes
***********	Nevada	Douglas	Minder		2963 San M			or No)	No
16. FATHE	R/PARENT - NAME (First N			17. MOTH	ER/PARENT - N	IAME (First Middl			<b>*</b>
18a INFOR	MANT- NAME (Type or Prin	Elmer MCMILLEN	18b. MAILING ADD	DESS (Street	OF DED No. C	ESTINET MIC ity or Town, State, 2	CFEETERS		- 3-
	Linda L MCM		TOD, INAILING ADL			Court Minden, I		3	
19a. BURIA	L, CREMATION, REMOVAL	, OTHER (Specify) 19b. CEM	ETERY OR CREMA	TORY - NAME		19c. L	OCATION CIT		-
_	Cremation			Meadows Cre	ematory		Sparks I	Nevada 89431	
20a. FUNE		RE (Or Person Acting as Such	) 20b. FUNERAL		NAME AND AD	DORESS OF FACIL			* :
	JOHN LAW	NENCE AUTHENTICATED	304	No.		Autumn Fund 575 N Lompa Ln			1 1
TRADE CA	LL - NAME AND ADDRESS				<del>~</del>	O/O IN COMPA CI	Carson City	144 03701	
≥ ₹ 21a.	To the best of my knowledg	e, death оссилеd at the time, с	late and place and d		n the basis of exa	mination and/or inve	stigation, in my opi	nion death occurred	÷ :
Ysic P	e cause(s) stated.(Signature	& Title) SIGNATURE GLENN GENTNER	AUTHENTICATI M.D.	of Fig.	ime, date and pla	ce and due to the cau	use(s) stated (Sig	nature & Title)	
L C O	DATE SIGNED (Mo/Day/Yr	21c. HOUR OF D	EATH	E % 22b.	DATE SIGNED	(Mo/Day/Yr)	22c. HOU	R OF DEATH	-:
	and the second s	IYSICIAN IF OTHER THAN C	6:30	IOS	PRONOLINCE	DEAD (Mo/Day/Yr	22e PROI	NOUNCED DEAD A	r (Hour)
PB (Ty	pe or Print)			_e ö:		N	, , ,	:	, (1,00.)
23a. NAME	AND ADDRESS OF CERTI	FIER (PHYSICIAN, ATTENDIN	IG PHYSICIAN, MEI	DICAL EXAMINER	, OR CORONE	R) (Type or Print):	23b. L	CENSE NUMBER	
24a REGIS	TIMOTNY G STRAR (Signature)	Slenn Gentner M.D. 12		St Carson Ci			DEATH DUE TO	7494 COMMUNICABLE	DISEASE
		RHONDA PEN		(Mo/Day/Yr)	January 15	2.54	YES T	NO X	DISEASE
25. IMMED		TER ONLY ONE CAUSE PER		ND (c).) .:	candary 10	12010		erval between onset	and death
PARTI	. <sub>(a)</sub> Prostate Can					974 mg	3 8		
	DUE TO, OR AS A CO	ONSEQUENCE OF:		iw / i	441 7		Inte	rval between onset	and death
( J	(b)		······································	/:/					<u>:</u>
<b>\text{\chi}</b>	DUE TO, OR AS A CO	ONSEQUENCE OF:		/ /		F	Inte	rval between onset a	and death
	DUE TO, OR AS A CO	DNSEQUENCE OF	71 111		-,		1	erval between onset	
/	/d)	SHOLWOLHOL OF.					inte	ava: Delween onset (	and destu
PART IL C	THER SIGNIFICANT COND	NTIONS-Conditions contributin	g to death but not re-	sulting in the unde	riving cause give	en in Part 1	26 AUTODSV	Specif 27, WAS CASE	<u>;                                    </u>
"	-				., ., ., ., ., ., ., ., ., ., ., ., ., .		Yes or No)	REFERRED TO (Specify Yes or	CORONER No)
28a. ACC., S	UICIDE, HOM., UNDET. 28b. ( 3 INVEST. (Specify)	DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJU	JRY 28d, DESC	RIBE HOW INJUR	Y OCCURRED	1 IN	<u> </u>	Yes_
OK PENDING	, INVEST. (Specify)	医圆锥形 医垂	9999	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	, .				
	Y AT WORK (Specify 28f.	PLACE OF INJURY- At home.	farm, street, factory,	office 28g. LOC	ATION S	TREET OR R.F.D.	No. CITY OF	RTOWN	STATE
Yes or:No)	. :	ling, etc. (Specify)	ind in the second of the secon						7:
70.									

590509

# 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.

AUG 11 2015

Exhibit A

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







## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

						STA	TE FILE NUMBER	,
् । 	a. DECEASED-NAME (FIRST	MIDDLE,LAST,SUFFIX)			2. DATI	OF DEATH (Mo/Day/Yes	() 3a COUNTY OF DE	ATH
	inda Lee		MCMILLEN			July 26, 2015		
3	b. CITY, TOWN, OR LOCATIO	ON OF DEATH 3c. HOSPI				an 3e.lf Hosp, or Inst, indica Inpatient(Specify):	te DOA,OP/Emer. Rm.	4. SEX
	Minden		_:-	n Miguel Court		F	ome	Female
	RACE White Specify)		5. Hispanic Origin? Spec No - Non-Hispanic	ify 7a_AGE- (Years)			MINS 8. DATE OF BIRTH August 26	
3	a. STATE OF BIRTH (If not U. Californi		WHAT COUNTRY 10.1 d States		ARRIED, NEVER M RCED (Specify) W		2. SURVIVING SPOUSE (Ma	iden name)
:	3. SOCIAL SECURITY NUMB -5394	ER 14a. USUAL OC		of Work Done Durin cutive Secretar	The state of the s	KIND OF BUSINESS OR Public Fire S	afety Forces	·
	5a. RESIDENCE - STATE  Nevada	15b. COUNTY  Douglas	H ( ) H ( ) H ( ) H ( )	N OR LOCATION Minden	d 4.16 - 656 - 6	AND NUMBER Miguel Court	15e, IN LIMITS or No)	SIDE CITY (Specify Yes No
	6. FATHER/PARENT - NAME		x)	S 17,	MOTHER/PARENT	- NAME (First Middle L Dorothy Marie		\
	8a, INFORMANT-NAME (Typ		18b. MAIL	ING ADDRESS	(Street or R.F.D. Mo.	City or Town, State, Zip)		
	9a. BURIAL, CREMATION, RI	EMOVAL, OTHER (Specify	) 19b. CEMETERY OR	CREMATORY - NA		19c. LOCA		ate 31
20	08. FUNERAL DIRECTOR - S JOHN	IGNATURE (Or Person Ac	ting as Such) 206. F	76		ADDRESS OF FACILITY Autumn Funera	s & Cremations	
	SIGNA RADE CALL - NAME AND AD	TURE AUTHENTICAT	ED	3047	V SZ	1975 N Lompa Ln C	arson City NV 89701	
•		nowledge, death occurred	at the time, date and nis	ce and due	22a On the basis of	examination and/or investiga	tion, in my opinion death occur	red
	to the cause(s) stated (S	Signature & Title) S NITA SCHWART	IGNATURE AUTHER Z M.D.	MICATED	at the time, date and	place and due to the cause(s	) stated (Signature & Title)	· · · · · · · · · · · · · · · · · · ·
	21b. DATE SIGNED (M July 28, 2015		HOUR OF DEATH 10:08	Compl	22b. DATE SIGNI		22c. HOUR OF DEATH	1 :
_	으뜸 (Type or Print)	DING PHYSICIAN IF OTH				CED DEAD (Mo/Day/Yr)	226. PRONOUNCED DEA	D AT (Hour)
		F CERTIFIER (PHYSICIAN Nita Schwartz M.D.		on St. Carson	City, NV 89703		23b. LICENSE NUMBI	
	24a. RÉGISTRAR (Signature)		N A BOYACK STHENTICATED	24b. DA (Mo/Day	TE RECEIVED BY R  (Yr)  July 28		ATH DUE TO COMMUNICA YES NO	_
	25. IMMEDIATE CAUSE PART I (a) Lympho	(ENTER ONLY ONE O	CAUSE PER LINE FOR	(a), (b), AND (c).)			interval between or	set and death
	19/	AS A CONSEQUENCE O	From				Interval between or	nset and death
i	DUE TO, OR	AS A CONSEQUENCE O	rive 1000 For 1000	74 /			Interval between or	set and death
	(c) DUE TO, OR	AS A CONSEQUENCE O	F:	/_	<del>// =1 =1</del>		Interval between or	set and death
	(d)	IT CONDITIONS Condition	n noglijbudina ta dagati	ud pot specifie 4	no underhilas varia	given in Dark 4	AUTODOV (0	495
ľ		부터 성( 함)			ne unuenying cause		AUTOPSY (Specif 27, WAS C REFERRE (Specify Y	D TO CORONER es or No) Yes
	28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST, (Specify)	, 28b. DATE OF INJURY (M	o/Day/Yr) 28c: HO	UR OF INJURY 28	M. DESCRIBE HOW IN.	URY OCCURRED		
	28e. INJURY AT WORK (Spec Yes or No)	ify: 28f. PLACE OF INJUR building, etc. (Specify)		t, factory, office 2	8g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE
L				STATE REGI	STRAR			, ;,

CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED:



8/11/2015 Exhibit B SIGNATURE AUTI
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.