

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



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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:

1. 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.

2. 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.

4. 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.

6. Jacqueline Lee McMillen, as Successor Trustee, acquired title to certain real property situated in the County of Douglas, State of Nevada, as follows:



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015000467

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Charles Allen MCMILLEN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>January 06, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>			
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify)) <b>2963 San Miguel Court Home</b>		4. SEX <b>Male</b>			
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>72</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 13, 1942</b>						
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., <b>Ohio</b> )		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
	12. SURVIVING SPOUSE (Maiden name) <b>Linda L HARRIS</b>								
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 1091</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Manufacturing Engineer</b> )		14b. KIND OF BUSINESS OR INDUSTRY <b>Irrigation</b>		Ever in US Armed Forces? <b>No</b>		
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>2963 San Miguel Court</b>		
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Elmer MCMILLEN</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Esther MCFEETERS</b>						
	18a. INFORMANT- NAME (Type or Print) <b>Linda L MCMILLEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2963 San Miguel Court Minden, Nevada 89423</b>						
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>				
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>				
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>TIMOTHY GLENN GENTNER M.D.</b> 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) <b>January 12, 2015</b>		21c. HOUR OF DEATH <b>16:30</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
REGISTRAR	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): <b>Timothy Glenn Gentner M.D., 1200 N Mountain St Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>7494</b>				
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 15, 2015</b>		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).)								
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) <b>Prostate Cancer</b>				Interval between onset and death				
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death				
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF:				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) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY <b>9999</b>		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

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.

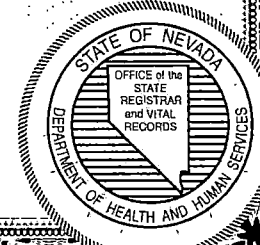
DATE ISSUED:

**AUG 11 2015**

**Exhibit A**

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

VRS-Rev-20120523a



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015012753

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) <b>Linda Lee MCMILLEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 26, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and inpatient)(Specify) <b>2963 San Miguel Court Home</b>		4. SEX <b>Female</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>72</b>	
9a. STATE OF BIRTH (if not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (Maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 26, 1942</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-5394</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY <b>Public Fire Safety</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2963 San Miguel Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Flavel Bernard HARRIS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy Marie HADSELL</b>		
18a. INFORMANT - NAME (Type or Print) <b>Jacqueline Lee MCMILLEN</b>			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) <b>24003 Arroyo Park Drive #74 Valata, California 91355</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>NITA SCHWARTZ M.D.</b>			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) <b>July 28, 2015</b>		21c. HOUR OF DEATH <b>10:08</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>9114</b>					
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 28, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Lymphoma, Metastatic</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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

3844422

591115

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:

8/11/2015

Exhibit B

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

STATE REGISTRAR  
*Rod White*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

