WHEN RECORDED MAIL TO: Robert J. Corkill 519 Ensign Ave., NW Ocean Shores, WA 98569

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

**DOUGLAS COUNTY, NV** Rec:\$16.00

2016-884425 07/15/2016 02:15 PM

\$16.00 Pgs=3 TICOR TITLE - CARSON

KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01603013DKD

APN No.: 1420-08-411-009

## AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada

County of Douglas

Robert J. Corkill, being duly sworn, deposes and says:

1. Judy L. Corkill, the decedent mentioned in attached copy of Certificate of Death, is the same person as Judy L. Corkill named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated July 22, 2005, executed by Robert J. Corkill and Judy L. Corkill, husband and wife to Robert J. Corkill and Judy L. Corkill, Trustees of The Robert J. Corkill and Judy L. Corkill Revocable Living Trust, recorded on July 22, 2005 as instrument number 650227, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Robert J. Corkill, am named within the aforementioned trust as successor trustee;

3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;

That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: October 21, 2014

Robert J. Corkill, Sucessor Trustee

DA Washington

COUNTY OF Grays Harbor

ss:

This instrument was acknowledged before me on

Robert:

**NOTARY PUBLIC** 

Notary Public in and for the state of Washington Residing at Grays Harbor county My appointment expires July 1, 2017 Candis M Wright





## **DEPARTMENT OF HEALTH AND HUMAN SERVICES** DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

2. DATE OF DEATH (MODBLYTSIER)   SIL COUNTY OF DEATH	1a. DECEASED-NAME (FIRST	MIDDLE LAST SHEEK	<u> </u>			b parrospera		20080 STATE FILE	NUMBER	
De CITY, TOWN, OR LOCATION OF DEATH   St. HOSPITAL OR OTHER INSTITUTION Name (if not allow, give about a) St. Hosp. or mail indicate DOA/OPTEMER RM.  G. RACE (specify)    St. Hapanic Origin Specify   R. AGELtast binding   De UNDER 1 DAY   B. DATE OF BIRTH (MINDER Specify)   R. Hapanic Origin Specify   R. AGELtast binding   De UNDER 1 DAY   B. DATE OF BIRTH (MINDER SPECIFICATION   R. AGELtast binding   De UNDER 1 DAY   B. DATE OF BIRTH (MINDER SPECIFICATION   R. AGELtast binding   De UNDER 1 DAY   B. DATE OF BIRTH (MINDER SPECIFICATION   R. AGELTAST binding   Developed   Devel	· · ·		¥h william	CORKILI		27 10 10 10 10 10 10 10 10 10 10 10 10 10		ar) 3a C	TRACTOR TAXABLE	17.7
Carson City Carson Tahoe Regional Medical Center    Popular Common			PITAL OR OTHI			give street an 3e. If Hos	o, ZUUB o, or Inst. indic	ate DOA OP/	Carson	
S. RACE (Specify)  White  S. Haspanic Origin? Specify  White  S. Haspanic Origin? Specify  White  S. Haspanic Origin? Specify  S. MOS DAYS  S. DAYE OF BIRTH (MoCley)  July 05, 1946  9a. STATE OF BIRTH (If not USCA, one country)  Ohio  United States  16. LOCATION  In Married  Married  Robert J CORKILL  15b. COUNTY  15b. CITY, TOWN OF DURIng Most of July 80 or 10 or				AWA STA		lanation.	(Specify)	1		
9a. STATE OF BIRTH (IF NO USICA, ORLO ONE)  9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11 MARTINE, STATUS (Swedy) 2 BUNIVINO BPOUSES NAME Last case prior from marriage manner country)  10b	5. RACE (Specify)		6. Hispanic Ori	gin? Specify 7a	. AGE-Last birth	day 76. UNDER 1 YEA	R 7c. UNDER	1 DAY 8. D		(Mo/Day/
13. SOCIAL SECURITY NUMBER   14e. USUAL OCCUPATION (Give Kind of Work Done During Most of Modical   14b. KIND OF BUSINESS OR NOUSTRY   15c. COUNTY   15c.	the state of the s	Un Un	nited States	16	11 MARITAL ST	ATUS (Specify) 12. SI			t name prior to firs	
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15. MATHER/PARENT - NAME (First Middle Last Suffix)   17. MOTHER/PARENT - NAME (First Middle Last Suffix)   18. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   99.3 Desert Drive Carson City, Nevada 89705   99.3 Desert Drive Carson City, Nevada 89705   99.3 Desert Drive Carson City, Nevada 89706   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   99.3 Desert Drive Carson City, Nevada 89706   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   99.3 Desert Drive Carson City, Nevada 89706   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   99.3 Desert Drive Carson City, Nevada 89706   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet or R.F.D. No., City or Town, State, Zp)   196. MAILING ADDRESS (Sireet	Pril Display		15¢. C	WIN OF STATE	10000	ACT 100 100 100 100 100 100 100 100 100 10	4834		LIMITS	(Specify Yes
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19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  20b. FUNERAL DIRECTOR   20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703  TRADE CALL - NAME AND ADDRESS  21a. To the best of my knowledge, destrib occurred at the time, date and place and due 310 AATWER AUTHENTICATED  21b. DATE SIGNED (Mo/Day/Yr)  21c. HOUR OF DEATH 10.45  21d. NAME OF ATTENDING PHYSICIAN IF CITHER THAN CERTIFIER 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL. EXAMINER, OR CORONER) (Type or Print)  21d. NAME OF ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL. EXAMINER, OR CORONER) (Type or Print)  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL. EXAMINER, OR CORONER) (Type or Print)  21d. DATE RECEIVED BY REGISTRAR  24e. REGISTRAR (Signature)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c),  36 B. SIGNATURE AUTHENTICATED  46 DUE TO, OR AS A CONSEQUENCE OF  37 DUE TO, OR AS A CONSEQUENCE OF  38 DUE TO, OR AS A CONSEQUENCE OF  39 DUE TO, OR AS A CONSEQUENCE OF  30 DUE TO, OR AS A CONSEQUENCE OF  31 Interval between onset and of print of the Control of the Contro	Robert	J CORKILL			993 De			ada 89705	*** **********************************	
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23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  John Zipperer MD 1600 Medical Parkway Carson City, NV 89703  11421  24a. REGISTRAR (Signature)  CHRISTINA GRIFFITH  SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR  (MO/Day/Yr)  July 30, 2008  YES NO X  Interval between onset and of Medical Carcer  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 1.  26c. AUTOPSY (Specifi 27, WAS CASE REFERRED TO CORREST) (Specify 7 as or No)  No REPENDING INVEST. (Specify)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY COCURRED	21a, To the best of my kn	nowledge, death occurred				the basis of examination	and/or investiga	ation, in my opin	ion death occur	red
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STATE REGISTRAR





CERTIFIED COPY OF VITALIRECORD

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:

JUL 08 2016



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

Order No.: 01603013-DKD

## **EXHIBIT A**

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

Lot 19 in Block Q, as set forth on Final Map No. 1001-9 of SUNRIDGE HEIGHTS PHASES 6B, 7A & 8B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on January 30, 1996 in Book 196 at Page 5112 as Document No. 380052, and Certificate of Amendments recorded February 2, 1996 in Book 296 at Page 251 as Document No. 380351 and on August 14, 1996 in Book 896 at Page 2586 as Document No. 394288, Official Records.

