

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

DOUGLAS COUNTY, NV
Rec:\$16.00
\$16.00 Pgs=3
TICOR TITLE - CARSON
KAREN ELLISON, RECORDER

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

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).

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;
4. 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, Successor Trustee

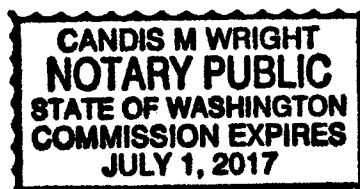
STATE OF ~~NEVADA~~ ^{emw} Washington }
COUNTY OF ~~Grays Harbor~~ } ss:

This instrument was acknowledged before me on July 8, 2016
by Robert J. Corkill



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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 556093

CERTIFICATE OF DEATH

2008011435
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) Judy Lee CORKILL		2. DATE OF DEATH (Mo/Day/Year) July 25, 2008		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 62		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 05, 1946		9a. STATE OF BIRTH (If not US/CA, name country) Ohio		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) Robert J CORKILL	
13. SOCIAL SECURITY NUMBER ██████████-8419		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Allergy Specialist		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 993 Desert Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert E MENDENHALL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marjorie J PENFIELD		
18a. INFORMANT - NAME (Type or Print) Robert J CORKILL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 993 Desert Drive Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE NUMBER 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN ZIPPERER MD					
21b. DATE SIGNED (Mo/Day/Yr) July 29, 2008		21c. HOUR OF DEATH 10:45		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) John Zipperer MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11421	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 30, 2008		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) Metastatic Pancreatic Cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
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.					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. INJURY AT WORK (Specify Yes or No)			
28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No.		28d. CITY OR TOWN STATE	

STATE REGISTRAR



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.

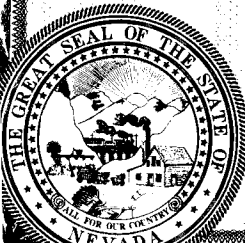
DATE ISSUED:

JUL 08 2016

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

Christina Griffith
STATE REGISTRAR

VR8-Rev-20120523a



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.

APN: 1420-08-411-009

