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KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:
ALLING & JILLSON, LTD.

AND WHEN RECORDED MAIL TO:
ALLING & JILLSON, LTD.
Post Office Box 3390
Lake Tahoe NV 89449-3390

AFFIDAVIT OF DEATH OF TRUSTEE

WHENDE BOROUGHS, being first duly sworn, deposes and says:

1. Thomas McLaren ("Decedent") is the person referenced in the certified copy of the Certificate of Death, attached hereto as Exhibit "A" who died on April 27, 2008 at Zephyr Cove, Nevada;
2. Decedent is the same person named as the Trustee of The Tryus R. Cobb Trust fbo Thomas McLaren, dated May 1, 1998 (the "Trust").
3. Decedent as Trustee is the same person who was named as the Grantee in that certain Corporation Grant, Bargain, Sale Deed dated May 28, 2002 which was recorded as Document No. 0543996 in Book 0602, Page 1787, of Official Records of Douglas County Nevada on June 7, 2002, legally described as follows:

See Exhibit "B" attached hereto and made a part hereof.

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California Jurat with Affiant Statement

**See Attached Document*

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

County of Humboldt

Subscribed and sworn to (or affirmed) before

me on this 29 day of September, 2016,
Date Month Year

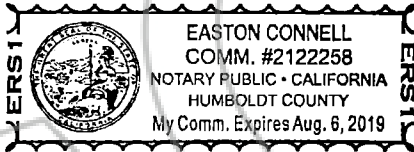
by (1) Whende Boroughs
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me(.) (✓)

(and

(2) _____
Name of Signer

~~proved to me on the basis of satisfactory evidence to be the person who appeared before me.)~~



Place Notary Seal Above

Signature Eam [Signature]
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit of Death of Trustee

Document Date: 29 September 2016 Number of Pages: 2

Signer(s) Other Than Named Above: —

ORIGINAL EMBOSSED

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008013141
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) Thomas MCLAREN		2. DATE OF DEATH (Mo/Day/Year) April 27, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1270 Hidden Woods Drive		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 48	
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) August 25, 1959	
13. SOCIAL SECURITY NUMBER 8665		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Real Estate Investments	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 1270 Hidden Woods Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Thomas Dick MCLAREN			17. MOTHER - NAME (First Middle Last Suffix) Beverly COBB		
18a. INFORMANT- NAME (Type or Print) Shirley McLaren NICHOLAS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1020 Union St # 29 San Francisco, California 94133			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423	
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)		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) RON VALDESPINO SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) August 26, 2008	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 10:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 27, 2008	
22e. PRONOUNCED DEAD AT (Hour) 10:05		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Ron Valdespino P.O. Box 218 Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 03, 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) Cocaine Intoxication Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Cardiomegaly Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Arteriosclerotic Cardiovascular Disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
PART II					
26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) April 27, 2008		28c. HOUR OF INJURY 1005	
28d. DESCRIBE HOW INJURY OCCURRED Accidentally ingested too much					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1270 Hidden Woods Drive Zephyr Cove Nevada	

STATE REGISTRAR

545250

235460 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:

09/11/2008

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

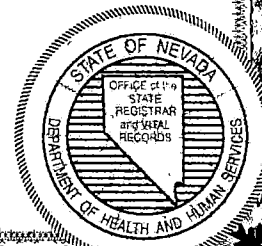


Exhibit "A"

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-2008T

EXHIBIT "B"
LEGAL DESCRIPTION

PARCEL 1:

All that portion of adjusted Parcel "A" as shown on that certain Record of Survey, filed for record on November 9, 1990, Document No. 238513, more particularly described as follows:

Beginning at the Southwest corner of said adjusted Parcel "A";
thence North 51° 02' 32" West 166.00 feet;
thence North 44° 54' 36" East 218.83 feet;
thence South 89° 39' 15" East 19.01 feet;
thence South 51° 00' 21" East 120.67 feet;
thence South 28° 06' 26" East 206.96 feet;
thence South 89° 49' 00" West 235.71 feet to the Point of Beginning.

Reference is made to Record of Survey for Thorobred Photo Service, Inc., recorded April 30, 1996, in Book 496, at Page 6070, as Document No. 386664.

APN 1220-04-602-001

"IN COMPLIANCE WITH NEVADA REVISED STATUE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED AUGUST 1, 1995, BOOK 895, PAGE 80, AS FILE NO. 367325, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

PARCEL 2:

All that portion of adjusted Parcels "A" and "B" as shown on that certain Record of Survey, filed for record on November 9, 1990, Document No. 238513, more particularly described as follows:

Beginning at the Southeast corner of said adjusted Parcel "B";
thence South 89° 49' 00" West 206.18 feet;
thence North 28° 06' 26" West 206.96 feet;
thence North 51° 00' 21" East 120.67 feet;
thence South 89° 39' 15" East 25.23 feet;
thence North 60° 20' 45" East 196.00 feet;
thence South 29° 39' 15" East 408.10 feet to the Point of Beginning.

Reference is made to the Record of Survey for Thorobred Photo Service, Inc., recorded April 30, 1996, in Book 496, at Page 6070, as Document No. 386664.

APN 1220-04-602-02

“IN COMPLIANCE WITH NEVADA REVISED STATUE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED NOVEMBER 2, 1990, BOOK 1190, PAGE 240, AS FILE NO. 238027, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.”

COPY