

APN# : 1220-16-810-070

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Cherylee Hawks
1454 Muir Drive
Gardnerville, NV
89460

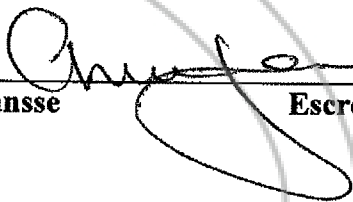
Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Anu Jansse



Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

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AFFIDAVIT – DEATH OF TRUSTEE

Cherylee Hawks, of legal age, being first duly sworn, deposes and says:

1. Malcolm A. Grant, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Malcolm A. Grant named as Trustee in the Declaration of Trust dated 10/11/1984 and executed by Malcolm A. Grant and Lorraine J. Grant as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1367 Langley Drive Gardnerville, NV 89460, which property is described in a Deed which was executed by Malcolm A. Grant and Lorraine J. Grant, husband and wife as joint tenants with right of survivorship as Grantor(s) on November 1, 1984 and recorded as Instrument No. 109859, in Book 1184, Page 817, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:


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

Lot 4 in Block G, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, Document No. 35914.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 5-8-2017


Cherylee Hawks, Trustee

STATE OF NEVADA } SS

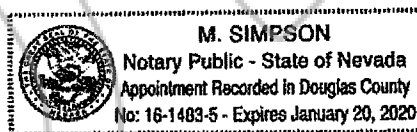
COUNTY OF Douglas

This instrument was acknowledged before me on

MAY 8, 2017

By Cherylee Hawks


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

95 006840

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

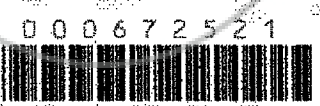
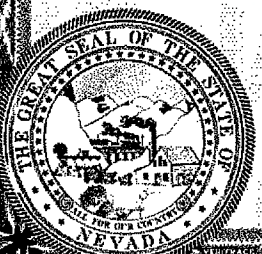
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

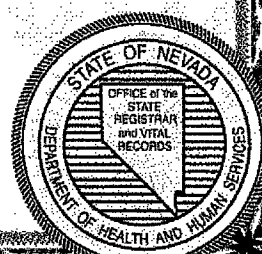
CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Malcolm Albert GRANT			2. DATE OF DEATH (Month, Day, Year) July 11, 1995		3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 865 Rojo Way		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 7	4. SEX Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 75	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.) May 8, 1920		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lorraine Pippenger	
13. SOCIAL SECURITY NUMBER ██████████-5601		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/Operator		14b. KIND OF BUSINESS OR INDUSTRY Restaurant Industry	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 865 Rojo Way
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			16. FATHER—NAME First Middle Last Edmund Grant		
17. MOTHER—MAIDEN NAME First Middle Last Abigail Albert			18a. INFORMANT—NAME (Type or Print) Lorraine Grant		
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 865 Rojo Way, Gardnerville, Nevada 89410			19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		
19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden, Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 94		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 02 1281 N. Roop St., Carson City, Nevada 89706	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>William O'Shaughnessy MD</i> DATE SIGNED (Mo., Day, Yr.) 7-12-95 HOUR OF DEATH 1650 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William D. O'Shaughnessy, M. D., 911 Mountain St., C. C., Nev.			22. 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) and manner stated. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____ HOUR OF DEATH _____ PRONOUNCED DEAD (Mo., Day, Yr.) _____ PRONOUNCED DEAD (Hour) _____ 22d. ON _____ 22e. AT _____		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.) William D. O'Shaughnessy, M. D., 911 Mountain St., C. C., Nev.			23b. LICENSE NUMBER 2838		
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 12, 1995		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) Cancer of prostate and bladder DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death years	
PART I (b) 99.1 DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART I (c) _____ 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 I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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
CERTIFIED COPY OF VITAL RECORDS

[Signature]
STATE REGISTRAR



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: **MAY 09 2017**

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

No. 78021