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APN: 1320-33-714-009



KAREN ELLISON, RECORDER

When Recorded, Please Return To:
 Heritage Law Group, P.C.
 1625 Highway 88, Suite 304
 Minden, Nevada 89423

Mail Future Tax Statements To:
 Susan McLaughlin & Eric Wilson
 1503 Sanchez Road
 Gardnerville, Nevada 89410

AFFIDAVIT – DEATH OF TRUSTEE

The attached document does contain the social security number of a person as required by
 NRS 440.380.

SUSAN McLAUGHLIN ("Declarant") being of legal age, and being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada that:

1. DOROTHY MAE WILSON ("Decedent") is the same person referenced in the attached certified copy of the Certificate of Death who died on April 27, 2017.
2. Decedent is the same person named as a trustee the DOROTHY MAE WILSON REVOCABLE TRUST dated February 14, 2012, executed by DOROTHY MAE WILSON as Grantor ("Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain and Sale Deed, which was recorded on March 6, 2012 as Document No. 798405 in Douglas County, Nevada, as legally described as follows:

Lot 9, in Block A, as shown on the Final Subdivision Map No. 1006-6 of CHICHESTER ESTATES PHASE 6, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 16, 2000, in Book 200, Page 2552. as Document No. 486411

4. Declarant and ERIC WILSON are the successor co-Trustees of the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked. SUSAN McLAUGHLIN and ERIC WILSON have consented to act as successor co-trustees under the Trust.

Date: June 6, 2017

Susan McLaughlin

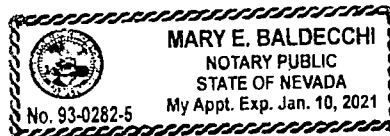
 SUSAN McLAUGHLIN, co-Trustee

State of Nevada)
) ss.
 County of Douglas)

Signed and sworn to (or affirmed) before me on June 6, 2017, by SUSAN McLAUGHLIN, as co-Trustee.

Mary E. Baldecchi

 Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3953418

CERTIFICATE OF DEATH

2017008207
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) Dorothy Mae WILSON		2. DATE OF DEATH (Mo/Day/Year) April 27, 2017		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 Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify		7a. AGE-Last birthday (Years) 86	
		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 6328		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary		14b. KIND OF BUSINESS OR INDUSTRY Various	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1493 Buckingham Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
18. FATHER/PARENT - NAME (First Middle Last Suffix) Marshall Homer COX			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Emily Elizabeth CULP		
18a. INFORMANT - NAME (Type or Print) Susan MC LAUGHLIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1503 Sanchez Road Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Waiton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 884		20c. NAME AND ADDRESS OF FACILITY Waitons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) JOSE AGUIRE MD 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) May 03, 2017		21c. HOUR OF DEATH 03:50		22b. DATE SIGNED (Mo/Day/Yr)	
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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 03, 2017		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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
(b) Severe Dysphagia				Interval between onset and death	
(c) Pathologic Hip Fracture				Interval between onset and death	
(d) Stage 5 Breast Cancer With Metastasis To Bilateral Lungs				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. Malnutrition: Anemia: Hypertension: Etiology Unknown				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

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: **5/4/2017**

Cody D. Pinsky
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE