

APN# : 1220-16-810-069

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

Lacha Hill *P. Hill*

Lacha Hill

Escrow Assistant

Affidavit - Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

APN# : 1220-16-810-069

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:

Cherylee Hawks
1454 Muir Drive
Gardnerville, NV
89460

(space above for Recorder's use only)

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 1365 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 Grantor(s) on November 1, 1984 and recorded as Instrument No. 109856, in Book 1184, Page 814, 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:

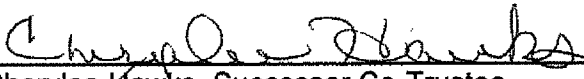
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 3 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 5-25-2017


Cherylee Hawks, Successor Co-Trustee

STATE OF NEVADA


}SS

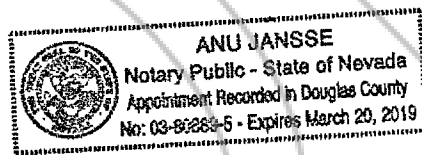
COUNTY OF Douglas

This instrument was acknowledged before me on

5-25-17

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

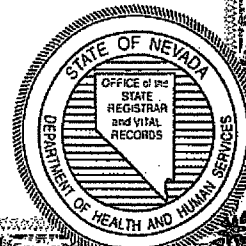
CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Malcolm Albert GRANT			DATE OF DEATH (Month, Day, Year) 2. July 11, 1995		STATE FILE NUMBER 3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 865 Rojo Way		If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3d. 7	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 75	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. May 8, 1920
STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 13	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Lorraine Pippenger	
SOCIAL SECURITY NUMBER 13. 5601	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner/Operator		KIND OF BUSINESS OR INDUSTRY 14b. Restaurant Industry		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. 865 Rojo Way	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Edmund Grant			MOTHER—MAIDEN NAME First Middle Last 17. Abigail Albert		
INFORMANT—NAME (Type or Print) 18a. Lorraine Grant		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 865 Rojo Way, Gardnerville, Nevada 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Eastside Memorial Park		LOCATION City or Town State 19c. Minden, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 94	NAME AND ADDRESS OF FACILITY 20c. 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.) 21b. 7-12-95 HOUR OF DEATH 21c. 1650 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. William D. O'Shaughnessy, M. D., 911 Mountain St., C. C., Nev.			LICENSE NUMBER 23b. 2838		
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 12, 1995	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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				Interval between onset and death years
	(b)				Interval between onset and death
	(c)				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.			AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE



STATE REGISTRAR
CERTIFIED COPY OF VITAL RECORDS

Cody L. Thurgood
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