

APN# : 1220-15-410-100

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 091069-ARJ

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 not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature _____

Lacha P. Hill *[Signature]*

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#: 1220-15-410-100
Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Cherylee Hawks

(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 839 Lyell Way 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 as Grantor(s) on November 1, 1984 and recorded as Instrument No. 109857, in Book 1184, Page 815, 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:

See attached Exhibit A

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 9-1-2017

Cherylee Hawks
Cherylee Hawks, Trustee

STATE OF NEVADA

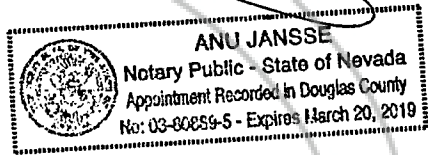
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COUNTY OF Douglas

This instrument was acknowledged before me on

9/1/17
By Cherylee Hawks.

Anu Jansse
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 CERTIFICATE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		Malcolm Albert GRANT		2 July 11, 1995		95 006840	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		If Hosp. or Inst. Indicate DGA, OPI Emer. Rm. Inpatient (Specify)		COUNTY OF DEATH	
3b. Gardnerville		3c. 865 Rojo Way		3e. 7		3d. Douglas	
RADE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8.		7a. 75		8. May 8, 1920	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify Highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 13		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name) (Specify Yes or No)	
13. -5601		14a. Owner/Operator		14b. Restaurant Industry		12. Lorraine Pippenger	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 865 Rojo Way	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. Yes		16. Edmund Grant		17. Abigail Albert			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Lorraine Grant		18b. 865 Rojo Way, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Eastside Memorial Park		19c. Minden, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 94		20c. 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)		21a. DATE SIGNED (Mo., Day, Yr.)		21b. HOUR OF DEATH		21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21. <i>[Signature]</i>		21a. 7-12-95		21b. 1650		21c. William D. O'Shaughnessy, M.D.	
22a. ON		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)		22d. AT	
22a. ON		22b. ON		22c. ON		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. William D. O'Shaughnessy, M. D., 911 Mountain St., C. C., Nev.		23b. 2838					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. July 12, 1995		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)		Interval between onset and death			
25. (a) Cancer of prostate and bladder		DUE TO, OR AS A CONSEQUENCE OF:		years			
25. (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
25. (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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. Yes					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED.	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a.		29b.		29c.		29d.	

000672521

STATE REGISTRAR

No. 78021



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: MAY 09 2017

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

[Signature]
STATE REGISTRAR



EXHIBIT "A"

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

**Lot 2 in Block L, 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,
in Map Book 1, Page 055, File No. 35914.**

**Assessor's Parcel Number(s):
1220-15-410-100**

