

WHEN RECORDED MAIL TO:
Deborah Kay Scott, Trustee of O'
Connor Living Trust, dated February 16,
2010
27520 Oakflat Drive
Tehachapi, Ca 93561

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01704507RLT

APN No.: 1320-29-111-055

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Deborah Kay Scott, being duly sworn, deposes and says:

1. Nancy Scott O'Connor, the decedent mentioned in attached copy of Certificate of Death, is the same person as Nancy L. Scott O'Connor named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated 3-1-10, executed by Nancy L. Scott O'Connor to Nancy L. Scott O'Connor, Trustee, or her successors in trust, under the O'Connor Living Trust dated February 16, 2010, and any amendments thereto, recorded on 3-29-10 as instrument number 761099, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Deborah Kay Scott, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

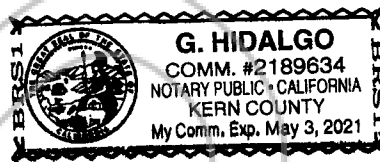
Dated: October 17, 2017

Deborah Kay Scott
Deborah Kay Scott

STATE OF ~~NEVADA~~ *California* }
COUNTY OF ~~DOUGLAS~~ *Kern* } SS:

This instrument was acknowledged before me on 10-19-2017
by Deborah Kay Scott

G. Hidalgo
NOTARY PUBLIC



Order No.: 01704507-RLT

EXHIBIT A

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

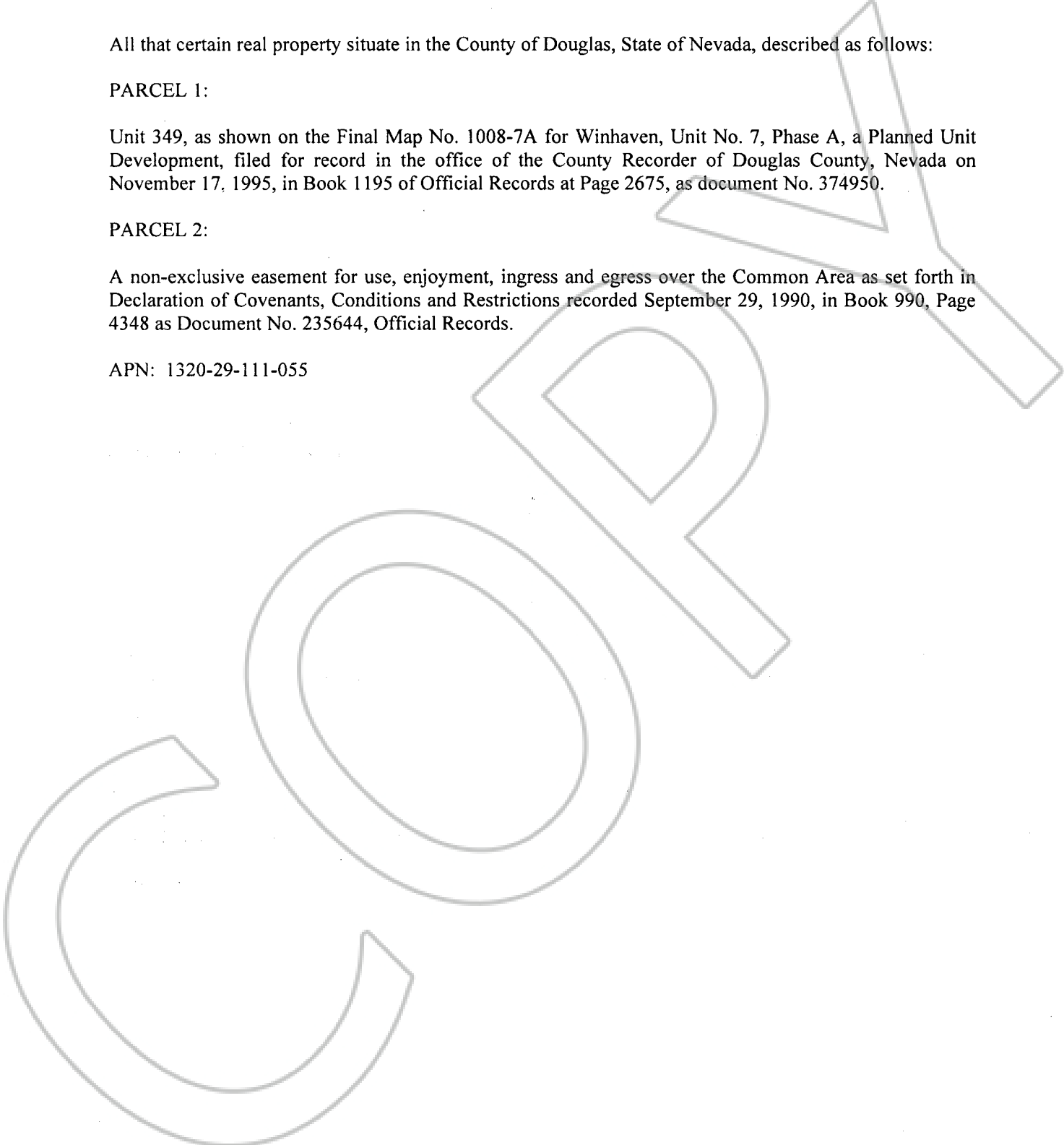
PARCEL 1:

Unit 349, as shown on the Final Map No. 1008-7A for Winhaven, Unit No. 7, Phase A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, Nevada on November 17, 1995, in Book 1195 of Official Records at Page 2675, as document No. 374950.

PARCEL 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the Common Area as set forth in Declaration of Covenants, Conditions and Restrictions recorded September 29, 1990, in Book 990, Page 4348 as Document No. 235644, Official Records.

APN: 1320-29-111-055



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 3948393

2017005783

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) Nancy Scott O'CONNOR		2. DATE OF DEATH (Mo/Day/Year) March 26, 2017		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. / Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) October 13, 1931		9a. STATE OF BIRTH (If not US/CA, name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 6585		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Clerk		14b. KIND OF BUSINESS OR INDUSTRY Hallmark Cards	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1156 White Oak Loop		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT -NAME (First Middle Last Suffix) Lindsey WHITT	
17. MOTHER/PARENT -NAME (First Middle Last Suffix) Edna HIPSKIND		18a. INFORMANT-NAME (Type or Print) Deborah SCOTT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 27520 Oakflat Dr Tehachapi, California 93561	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DUSTIN OLSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 779		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 4600 Kietzke Lane, Ste. G-173 Reno NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SEAN T LINSTEDT MD		21b. DATE SIGNED (Mo/Day/Yr) March 29, 2017		21c. HOUR OF DEATH 16:43	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		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 of Print) Sean T Linstedt MD, 1155 Mill St Reno, NV 89502		23b. LICENSE NUMBER 15720		24a. REGISTRAR (Signature) CARMEN M MENDOZA	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 29, 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 (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Septic Shock DUE TO, OR AS A CONSEQUENCE OF: (c) Small Bowel Infarction DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology	
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

000257573

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.

3/31/2017

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:

REV 10/15

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



HOLD UP TO LIGHT TO VIEW WATERMARK

HOLD UP TO LIGHT TO VIEW WATERMARK