

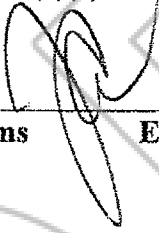
APN#: 1420-28-310-048

DOUGLAS COUNTY, NV **2018-909886**
Rec:\$35.00
\$35.00 Pgs=4 01/31/2018 01:09 PM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
Western Title Company

When Recorded Mail To:
Holly Kay McKenzie Richards
151 Oakfield Ave
Redwood City, CA
94061

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  _____
Traci Adams Escrow Officer

Affidavit Death of Trustee

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

AFFIDAVIT – DEATH OF TRUSTEE

Holly Kay McKenzie Richards, of legal age, being first duly sworn, deposes and says:

1. Stephen Alden McKenzie, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Stephen McKenzie named as Trustee in the Declaration of Trust dated April 24, 2009 and executed by Stephen A. McKenzie and Sharon L. McKenzie, husband and wife as joint tenants 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 2863 Hot Springs RdMinden, NV 89423, which property is described in a Deed which was executed by The Stephen and Sharon McKenzie Living Trust, UTD April 24, 2009, Stephen Alden McKenzie and Sharon Lee McKenzie, Trustees as Grantor(s) on April 24, 2009 and recorded as Instrument No. 0742410, in Book 0509, Page 0179, 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 63, Block D, as shown on the Final Map of #PD99-02-04 for SARATOGA SPRINGS ESTATES UNIT NO. 4, a Planned Unit Development, recorded in the office of the County Recorder of Douglas County, Nevada, on May 19, 2000, in Book 500, Page 4445, as Document No. 492337 and by Certificate of Amendment recorded November 30, 2000, in Book 1100, Page 6042, as Document No. 504169.

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 January 22, 2018

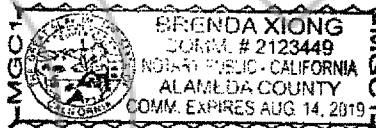
Holly Kay McKenzie Richards, Trustee
Holly Kay McKenzie Richards, Successor Trustee

STATE OF ^{california} ~~NEVADA~~)
COUNTY OF San Mateo)SS

This instrument was acknowledged before me on
January 22, 2018

By Holly Kay McKenzie Richards.

Brenda Xiong
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. 3972371

CERTIFICATE OF DEATH

2017015529
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) Stephen Aiden MCKENZIE		2. DATE OF DEATH (Mo/Day/Year) August 11, 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 or Inpatient(Specify) Carson Tahoe Regional Medical Center		3e. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 17, 1937	
9a. STATE OF BIRTH (If not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER -1978		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Nuclear Inspector		14b. KIND OF BUSINESS OR INDUSTRY Shipyard	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2863 Hot Springs Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul MCKENZIE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elsie NEELY		
18a. INFORMANT- NAME (Type or Print) Holly Kay MCKENZIE-RICHARDS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 151 Oakfield Ave Redwood City, California 94061			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILSON		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) NAEL ABOUL-HOSN DO			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) August 21, 2017		21c. HOUR OF DEATH 14:48		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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 or Print) Nael About-Hosn DO, 901 Medical Ctr. Dr Dayton, NV 89403			
23b. LICENSE NUMBER DO2193		24a. REGISTRAR (Signature) BLAISE SATARIANO			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 21, 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) Cardiogenic Shock				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Myocardial Infarction				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Severe Coronary Artery Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology				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. ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		28. HOUR OF INJURY	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. DESCRIBE HOW INJURY OCCURRED	
28d. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		29. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
29. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		30. STATE REGISTRAR			

000686673



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: **8/23/2017**

[Signature]
SIGNATURE AUTHENTICATED

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

