



KAREN ELLISON, RECORDER

APNs: 1418-22-501-009 AND 1418-22-501-010

**WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO**

PALMIERI, TYLER, WIENER,  
WILHELM & WALDRON LLP (CCB)  
1900 Main Street, Suite 700  
Irvine, CA 92614

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**AFFIDAVIT -- DEATH OF TRUSTEES**

Thane E. McCall, as Trustee of The McCall Family Trust established March 6, 1997, by GEORGE E. MCCALL and CAROLE J. MCCALL, as Trustors, of legal age, being first duly sworn, deposes and says: That GEORGE EDWIN MCCALL and CAROLE JEANNE MCCALL, the decedents mentioned in the attached certified copies of Certificate of Death, are the same persons as GEORGE E. MCCALL and CAROLE J. MCCALL, named as the parties in those certain Grant, Bargain and Sale Deeds dated November 16, 2004, executed by GEORGE E. MCCALL and CAROLE J. MCCALL, to GEORGE E. MCCALL and CAROLE J. MCCALL, Trustees of The McCall Family Trust dated March 6, 1997, recorded as Document Nos. 0629747, 0629748, 0629749, 0629750, 0629751 and 0629752 on November 18, 2004, of Official Records in the Office of the Douglas County Recorder, covering property situated in the City of Glenbrook, County of Douglas, State of Nevada, described as follows:

SEE ATTACHED LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"

The acting Co-Trustees of The McCall Family Trust are: THANE E. MCCALL, GREGORY G. MCCALL and SUSAN L. MCCALL

**R.P.T.T. Exemption No. 7**

March 13, 2018

THANE E. MCCALL, as Trustee of The McCall  
Family Trust established March 6, 1997

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

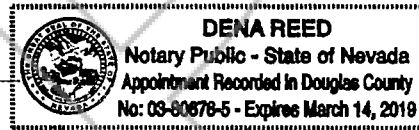
State of Nevada )  
County of Douglas )

On March 13, 2018, before me, Dena Reed, Notary Public, personally appeared THANE E. MCCALL, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

**I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.**

WITNESS my hand and official seal.

Signature Dena Reed



(Seal)

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4002932

**CERTIFICATE OF DEATH**

2018002743  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Carole Jeanne MCCALL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 06, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street an Inpatient(Specify) <b>Brookdale Gardnerville Assisted Living Facility</b>		4. SEX <b>Female</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>87</b>	
	7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 07, 1930</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>-8406</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1565 Virginia Ranch Road #303</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>George JOHNSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruth PETERSON</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Sue MCCALL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 1907 Zephyr Cove, Nevada 89448</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) <b>NITA SCHWARTZ MD</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>February 13, 2018</b>		21c. HOUR OF DEATH <b>01:15</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To Be Completed by CORONER'S OFFICE 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)	
CAUSE OF DEATH	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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 13, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
	24d. REGISTRAR (Signature) <b>MELISSA KNIGHT</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 13, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I <b>(a) Cerebral Atherosclerosis</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	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 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>						
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:

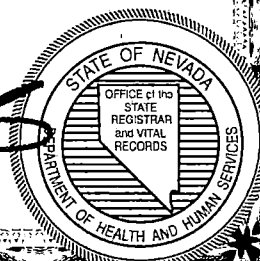
**FEB 20 2018**

STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3990901

**CERTIFICATE OF DEATH**

2017022768  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>George Edwin MCCALL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 30, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient(Specify) <b>Brookdale Senior Living Assisted Living Facility</b>		4 SEX <b>Male</b>	
	5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>87</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) <b>December 12, 1929</b>	
DECEDENT	9a STATE OF BIRTH (If not US/CA, name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSES NAME (Last name prior to first marriage) <b>Carole JOHNSON</b>			
	13 SOCIAL SECURITY NUMBER <b>3952</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY <b>Sales</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
	15d. STREET AND NUMBER <b>1565 Virginia Ranch Road #313</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Esse Sanford MCCALL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaret L PIERCE</b>		
PARENTS	18a. INFORMANT - NAME (Type or Print) <b>Carole MCCALL</b>		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>1565 Virginia Ranch Road Unit 313 Gardnerville, Nevada 89410</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
DISPOSITION	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) <b>CARL HEARD MD</b> SIGNATURE AUTHENTICATED					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) <b>December 03, 2017</b>		21c. HOUR OF DEATH <b>09:41</b>		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
REGISTRAR	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Carl Heard MD 5250 Neil Rd Washoe, NV 89502</b>				23b. LICENSE NUMBER <b>7674</b>	
	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 07, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
	PART I				Interval between onset and death	
	(a) <b>Cardiomyopathy</b>				Years	
	(b) <b>End Stage Renal Disease</b>				Interval between onset and death	
(c) <b>Polycystic Kidney Disease</b>				Years		
(d) <b>Inherited Condition</b>				Interval between onset and death		
(e) <b>Life Long</b>				Years		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>						
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



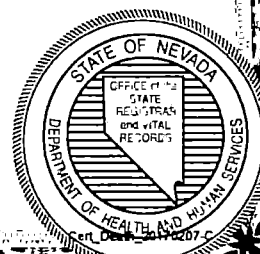
CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: 12/7/2017

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*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

## EXHIBIT "A"

### LEGAL DESCRIPTION

#### LEGAL DESCRIPTIONS:

##### PARCEL 1A:

COMMENCING AT THE MEANDER CORNER ON THE EAST SHORE OF LAKE TAHOE BETWEEN SECTIONS 15 AND 22, TOWNSHIP 14 NORTH, RANGE 18 EAST, M.D.B.&M.; THENCE ALONG THE MEANDER LINE THE FOLLOWING COURSES AND DISTANCES:

SOUTH 0°06'50" WEST A DISTANCE OF 258.08 FEET; THENCE SOUTH 17°04' WEST A DISTANCE OF 490.09 FEET, TO A 1 INCH IRON PIPE WITH A CAP STAMPED 314; THENCE SOUTH 49°53' WEST A DISTANCE OF 90.70 FEET TO THE TRUE POINT OF BEGINNING, BEING MONUMENTED WITH A NUMBER 5 REBAR CAPPED BY PLS-7880; THENCE NORTH 64°13'04" WEST (RECORDED NORTH 64°04' WEST), A DISTANCE OF 74.83 FEET TO A POINT ON THE LOW WATER LINE OF SAID LAKE TAHOE; THENCE ALONG SAID LINE THE TWO FOLLOWING COURSES AND DISTANCES: SOUTH 38°41'21" WEST (RECORDED SOUTH 38°57'40" WEST), A DISTANCE OF 37.51 FEET (RECORDED 37.50 FEET) AND SOUTH 47°47'28" WEST (RECORDED SOUTH 47°43' WEST), A DISTANCE OF 40.39 FEET; THENCE SOUTH 61°50'27" EAST, A DISTANCE OF 82.72' FEET TO A POINT ON THE LAKE TAHOE MEANDER LINE, MONUMENTED WITH A NUMBER 5 REBAR CAPPED BY PLS-7880; THENCE CONTINUING SOUTH 61°50'27" EAST A DISTANCE OF 192.49' FEET, TO A NUMBER 5 REBAR CAPPED BY PLS 7880, ALSO BEING A POINT ON THE WESTERLY HIGHWAY 50 R.O.W.; THENCE NORTH 57°33'18" EAST (RECORDED NORTH 58°29'00" EAST) ALONG THE WESTERLY LINE OF THE HIGHWAY 50 R.O.W., A DISTANCE OF 99.82' FEET TO A POINT, MONUMENTED WITH A COTTON NAIL CAPPED BY PLS 7880; THENCE NORTH 64°13'04" WEST (RECORDED NORTH 64°04'00" WEST) A DISTANCE OF 210.49' FEET (RECORDED 207.38' FEET), TO THE TRUE POINT OF BEGINNING.

CONTAINING 0.494 ACRES MORE OR LESS

##### PARCEL 2A

COMMENCING AT THE MEANDER CORNER ON THE EAST SHORE OF LAKE TAHOE BETWEEN SECTIONS 15 AND 22, TOWNSHIP 14 NORTH, RANGE 18 EAST, M.D.B.&M.; THENCE ALONG THE MEANDER LINE THE FOLLOWING COURSES AND DISTANCES:

SOUTH 0°06'50" WEST A DISTANCE OF 258.08 FEET; THENCE SOUTH 17°04' WEST A DISTANCE OF 490.09 FEET, TO A 1 INCH IRON PIPE WITH A CAP STAMPED 314; THENCE SOUTH 49°53' WEST A DISTANCE OF 174.92' FEET TO THE TRUE POINT OF BEGINNING, BEING MONUMENTED WITH A NUMBER 5 REBAR, CAPPED BY PLS 7880; THENCE NORTH 61°50'27' WEST A DISTANCE 62.72' FEET TO A POINT ON THE LOW WATER LINE OF LAKE TAHOE; THENCE SOUTH 47°47'28" WEST (RECORDED SOUTH 47°43'00" WEST), A DISTANCE OF 73.30' FEET; THENCE SOUTH 59°28'59" EAST (RECORDED SOUTH 59°20'30" EAST), A DISTANCE OF 7.00' TO A POINT BEING THE NORTHWESTERLY CORNER OF LOT 3, OF THE CEDARBROOK SUBDIVISION, PER DOUGLAS COUNTY, DOCUMENT FILE NO.26483; THENCE SOUTH 49°32'00" WEST (RECORDED SOUTH 41°22' WEST), FOR A DISTANCE OF 5.40' FEET (RECORDED 5.09 FEET) TO A POINT; THENCE SOUTH 59°35'35" EAST (RECORDED SOUTH 59°20'30" EAST) A DISTANCE OF 52.00 FEET, TO A POINT ON THE MEANDER LINE, MONUMENTED WITH A NUMBER FIVE REBAR CAPPED BY PLS 7880; THENCE CONTINUING SOUTH 59°35'35" EAST (RECORDED SOUTH 59°20'30" EAST) A DISTANCE OF 238.55 FEET (RECORDED 234.97 FEET) TO A POINT ON THE WESTERLY HIGHWAY RIGHT OF WAY LINE OF NEVADA STATE HIGHWAY US 50, BEING MONUMENTED WITH A 5/8 INCH PIN WITH A 2INCH CAP; THENCE ALONG A NON-TANGENT CURVE TO THE RIGHT, HAVING A RADIUS OF 575, A CENTRAL ANGLE OF 0°28'59" (RECORDED 0°31'53"), FOR AN ARC LENGTH OF 4.85 FEET (RECORDED 5.33 FEET), ALONG SAID WESTERLY RIGHT OF WAY LINE TO THE NORTHEAST CORNER OF SAID LOT 3, BEING MONUMENTED WITH A 1INCH IRON PIPE WITH A CAP MARKED 314, WHERE THE CHORD OF SAID CURVE BEARS NORTH 50°38'54" EAST A DISTANCE OF 4.85' FEET; CONTINUING ON SAID CURVE TO THE RIGHT THE LONG CHORD OF WHICH BEARS NORTH 54°21'36" EAST (RECORDED NORTH 54°01'10" EAST) A DISTANCE OF 56.31 FEET (RECORDED 55.98 FEET), HAVING A RADIUS OF 573.77 FEET THROUGH A CENTRAL ANGLE OF 5°37'32" (RECORDED 5°35'32"), FOR AN ARC DISTANCE OF 56.33 FEET,(RECORDED 56.00' FEET) , TO A 4X4 HWY ROW POST; THENCE NORTH 30°53'08" WEST (RECORDED NORTH 33°11' WEST), A DISTANCE OF 50.12 FEET (RECORDED 48.89 FEET), TO A 4X4 POST; THENCE NORTH 57°33'18" EAST (RECORDED NORTH 58°29" EAST) A DISTANCE OF 5.61' FEET TO A POINT MARKED BY PLS 7880; THENCE NORTH 61°50'27' WEST FOR A DISTANCE OF 192.49 FEET, TO THE TRUE POINT OF BEGINNING.

CONTRAINING 0.535 ACRES MORE OR LESS.

*METES AND BOUNDS DESCRIPTION FROM  
DEED # 629747*