

APN 1318-03-211-016

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

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Lake Tahoe, Nevada 89449-3390



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KAREN ELLISON, RECORDER

Pursuant to NRS 440.380, I, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

NOTICE OF DEATH OF TRUSTEE

COMES NOW Christopher Noble Taylor, and being first duly sworn, deposes and says:

1. He is the sole serving Trustee of The Barbara Ann Revocable Trust;
2. That he was a Co-Trustee with Barbara Ann Taylor;
3. That as Trustees, Barbara Ann Taylor and Christopher Noble Taylor acquired title to certain real property as follows:

See Exhibit "A" attached hereto and incorporated herein by reference.

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4. That Barbara Ann Taylor died in Douglas County, Nevada, on or about May 20, 2018. The State of Nevada issued a Death Certificate, No. 2018010322, attached hereto as Exhibit "B" and incorporated herein by reference.
5. Pursuant to the trust instrument which states, "In the event of the death of Barbara, or if for any reason whatsoever she ceases to serve as Trustee hereunder, Christopher Noble Taylor shall serve as sole Trustee," now, therefore, be it known the undersigned is acting as sole Trustee of The Barbara Ann Taylor Revocable Trust.

IN WITNESS WHEREOF, Grantor and Trustee have executed this document

EXHIBIT "A"

PARCEL NO. 1:

LOT 117, OF SKYLAND SUBDIVISION NO. 2, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 22, 1959, AS DOCUMENT NO. 14668.

PARCEL NO. 2:

TOGETHER WITH THE RIGHT OF ACCESS OVER LOTS 32 AND 33; AS SHOWN ON THE FILED MAP REFERRED TO HEREIN AS RESERVED IN THE DEED FROM STOCKTON GARDEN HOMES INC., A CALIFORNIA CORPORATION TO SKYLAND WATER CO., A NEVADA CORPORATION, RECORDED FEBRUARY 5, 1960 IN BOOK 1, PAGE 268, AS DOCUMENT NO. 15573, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

Subject to

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 4021404

CERTIFICATE OF DEATH

2018010322
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) Barbara Ann TAYLOR		2. DATE OF DEATH (Mo/Day/Year) May 20, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) 1040 Myron Dr		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Idaho		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 ██████████ 1429		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Domestic Engineer		14b. KIND OF BUSINESS OR INDUSTRY Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 1040 Myron Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jewell Willoughby TAYLOR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian Cecilia BUSSARD		
18a. INFORMANT-NAME (Type or Print) Christopher TAYLOR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1040 Myron Dr Zephyr Cove, Nevada 89448			
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) TAMAR R BEAULAC		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
21. 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) STEVEN L BROOKS MD			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) May 29, 2018		21c. HOUR OF DEATH 18:16		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Steven L Brooks MD PO Box 5637 Stateline NV 89449				23b. LICENSE NUMBER 5124	
24a. REGISTRAR (Signature) MELISSA KNIGHT		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 30, 2018		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).) Metastatic Colon Cancer		Interval between onset and death 2 Weeks		Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

000722987



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: **JUN 08 2018**

Julie Katchear
STATE REGISTRAR

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

