

WHEN RECORDED MAIL TO:
" The Macaulay Family Revocable Trust
of March 29, 1994", Donald A. Macaulay,
Surviving Trustee
1994 S. 2200 E.
New Harmony, UT 84757

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. 01803810RLT

APN No.: 1220-16-114-004

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

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

Donald A. Macaulay, being duly sworn, deposes and says:

1. Agnes V. Macaulay, the decedent mentioned in attached copy of Certificate of Death, is the same person as Agnes V. Macaulay named as one of the trustee(s) in that certain Individual Grant Deed dated 8-3-94, executed by William B. Brandenburg II to The Macaulay Family Revocable Trust of March 29, 1994, Donald A. Macaulay and Agnes V. Macaulay, recorded on 8-10-94 as instrument number 343759, 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, Donald A. Macaulay, 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: August 22, 2018

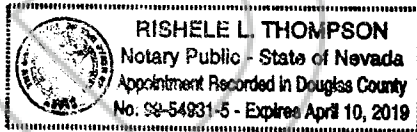
Donald A. McAulay
Donald A. McAulay

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 8/22/18
by Donald A. McAulay

RTH
NOTARY PUBLIC



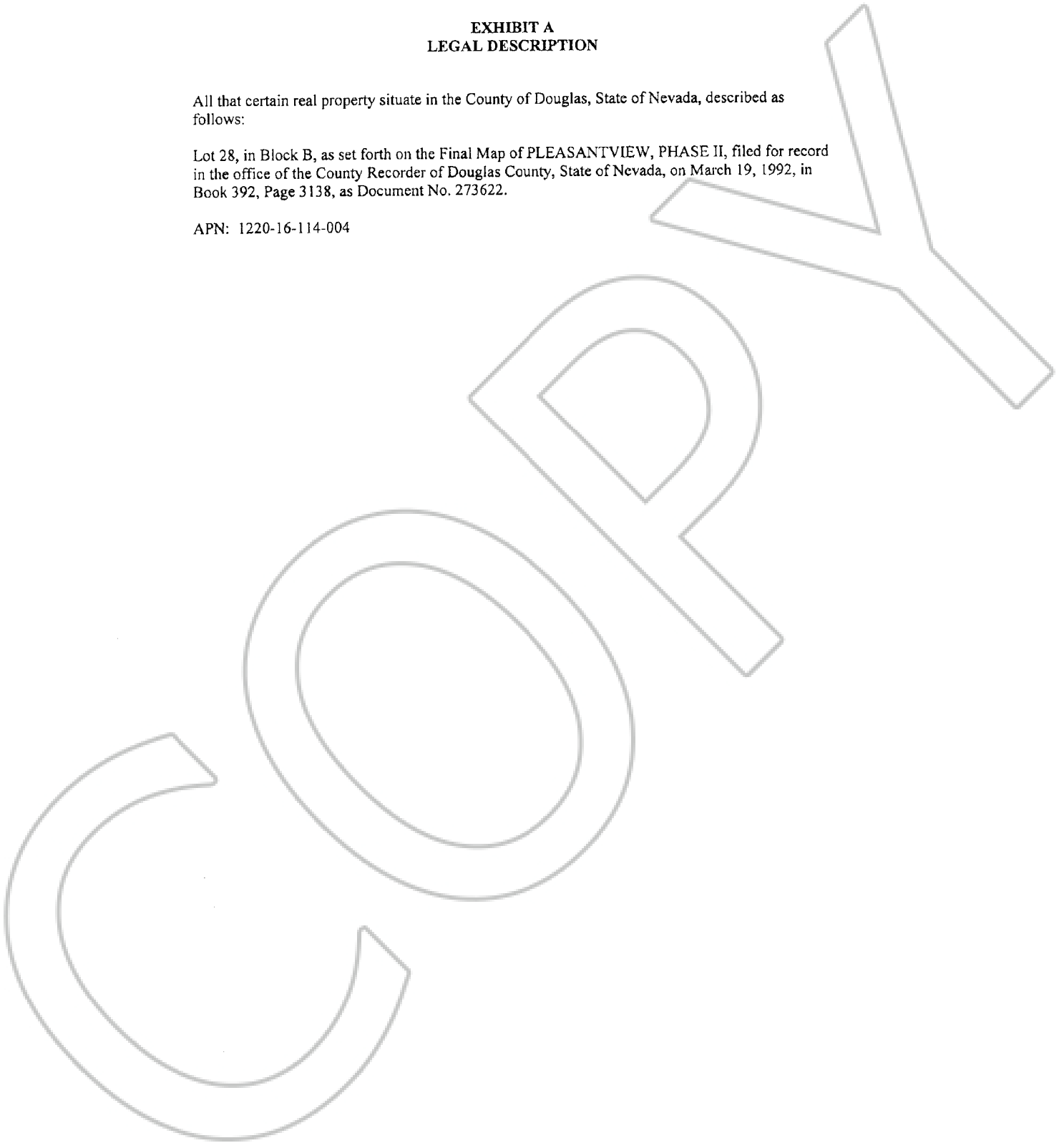
Escrow No. 1803810-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 28, in Block B, as set forth on the Final Map of PLEASANTVIEW, PHASE II, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 19, 1992, in Book 392, Page 3138, as Document No. 273622.

APN: 1220-16-114-004



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2010011673
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) Agnes Violet MACAULAY		2. DATE OF DEATH (Mo/Day/Year) August 03, 2010		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 and number) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		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) November 14, 1929		9a. STATE OF BIRTH (if not U.S.A., name country) North Dakota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Donald MACAULAY	
13. SOCIAL SECURITY NUMBER 5246		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Food Service		14b. KIND OF BUSINESS OR INDUSTRY School	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 976 Pleasant View Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Ferdinand LEHR	
17. MOTHER - NAME (First Middle Last Suffix) Pauline OSTER		18a. INFORMANT- NAME (Type or Print) Donald MACAULAY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 976 Pleasant View Court Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE ALFREDO AGUIRRE MD		21b. DATE SIGNED (Mo/Day/Yr) August 05, 2010		21c. HOUR OF DEATH 20:14	
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 or Print) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) JENELLE ENGLISH	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 06, 2010		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))	
25. IMMEDIATE CAUSE (a) Acute Respiratory Failure		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
(b) Pneumonia		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(c) Pulmonary Fibrosis		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(d) 		Interval between onset and death		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	

STATE REGISTRAR

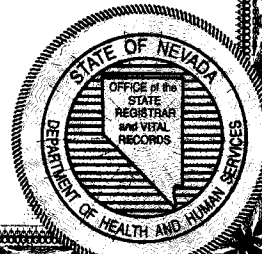
CERTIFIED COPY OF VITAL RECORDS

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: **08/27/2010**

Rnd Whet
SIGNATURE AUTHENTICATED

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



Order No.: 01803810-RLT

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