

APN: 1220-01-002-012

When Recorded, Please Return To:
Heritage Law Group, P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Susan McIntosh
1955 Stephen Court
Gardnerville, NV 89410

AFFIDAVIT – DEATH OF TRUSTEE

The attached document does contain the social security number of a person as required by NRS 440.380.

SUSAN KAY McINTOSH (“Declarant”) being of legal age, and being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada that:

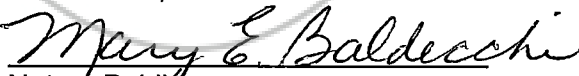
1. LARRY LAVERN McINTOSH (“Decedent”) is the same person as Larry L. McIntosh who died on June 7, 2018, as referenced in the certified copy of the Certificate of Death which is attached hereto as **Exhibit A** and incorporated herein by this reference.
2. Decedent is the same person named as a trustee in that certain McIntosh Family Trust Agreement dated April 17, 2014, executed by LARRY LAVERN McINTOSH and SUSAN KAY McINTOSH, as Trustors of the McINTOSH FAMILY TRUST (“Trust”).
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain and Sale Deed, which was recorded on April 17, 2014, as Document No. 0841100 in Douglas County, Nevada, as legally described as follows:
See Exhibit B attached hereto and incorporated herein by this reference.
4. Declarant is the sole surviving trustee under the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked. Declarant has consented to act as Sole Trustee under the Trust.

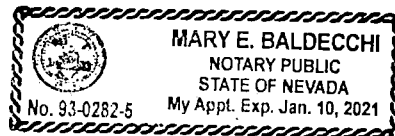
Date: February 26, 2019


SUSAN KAY McINTOSH, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on February 26, 2019, by SUSAN KAY McINTOSH, as Trustee.


Notary Public



**EXHIBIT A
CERTIFICATE OF DEATH**

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4023518

CERTIFICATE OF DEATH

2018011091
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) Larry L MCINTOSH		2. DATE OF DEATH (Mo/Day/Year) June 07, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) 1955 Stephen Ct Home		4. SEX Male	
5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
9a. STATE OF BIRTH (if not US/CA, name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan SUNDSTEN		8. DATE OF BIRTH (Mo/Day/Yr) May 07, 1944	
13. SOCIAL SECURITY NUMBER ██████████-6072		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Geologist		14b. KIND OF BUSINESS OR INDUSTRY Exploration	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1955 Stephen Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
18. FATHER/PARENT - NAME (First Middle Last Suffix) Earl MCINTOSH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith GOSSETT		
18a. INFORMANT- NAME (Type or Print) Susan MCINTOSH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1955 Stephen Ct Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery		19c. LOCATION City or Town State Genoa Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD881		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) ANDREIA R POP 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) June 08, 2018		21c. HOUR OF DEATH 02:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Andreia R Pop MD 748 S Meadows Pkwy Reno, NV 89521			
23b. LICENSE NUMBER 12093		24a. REGISTRAR (Signature) BLAISE SATARIANO			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 11, 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).)					
PART I					
(a) Unspecified Malignant Neoplasm Of The Lung Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interstitial Pulmonary Disease, Unspecified Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute And Chronic Respiratory Failure With Hypoxia Interval between onset and death					
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.				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



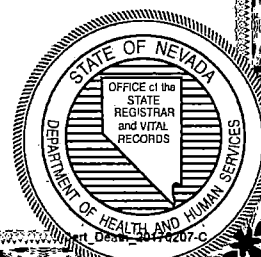
CERTIFIED COPY OF VITAL RECORDS

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: 6/20/2018

Julie Katchear
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**EXHIBIT B
LEGAL DESCRIPTION**

A PORTION OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 1,
TOWNSHIP 12 NORTH, RANCH [sic] 20 EAST, M.D.B. & M., AND BEING MORE
PARTICULARILY [sic] DESCRIBED AS FOLLOWS:

PARCEL 1-C AS SHOWN ON THE PARCEL MAP, NO. 2 OF JULIAN SMITH, FILED IN
THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON
APRIL 16, 1984, IN BOOK 484 OF OFFICIAL RECORDS AT PAGE 1177, AS DOCUMENT
NO. 99552.

Per NRS 111.312, this legal description was previously recorded in Grant, Bargain and Sale
Deed on April 17, 2014, as Document No. 0841100.

