

APN# : 1220-08-812-013

DOUGLAS COUNTY, NV      **2019-932828**  
Rec:\$35.00  
\$35.00      Pgs=4      07/31/2019 12:16 PM  
ETRCO  
KAREN ELLISON, RECORDER

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Scott McCullough

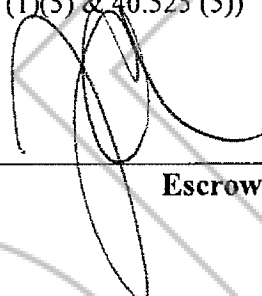
1511 Silverbirch

Minden, NV

89423

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

Joan F. McCullough, of legal age, being first duly sworn, deposes and says:

1. David G. McCullough, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David G. McCullough named as Trustee in the Declaration of Trust dated 5/6/1992 and executed by David G. McCullough and Joan F. McCullough 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 1102 Rocky Terrace Dr Gardnerville, NV 89460, which property is described in a Deed which was executed by Logistics Construction Mgmt., LLC a Nevada limited liability company as Grantor(s) on October 30, 2013 and recorded as Instrument No. 0832959, in Book 1013, Page 6323, 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 12, in Block A, as set forth on the Final Subdivision Map Planned Unit Development, PD 03-011, for ROCKY TERRACE, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 30, 2005, in Book 1105, Page 12654, Document No. 661875.

EXCEPTING THEREFROM those certain water rights as reserved in a Deed, recorded October 21, 2008, as Document No. 731678, Official Records.

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.

The 1992 McCullough Family Trust dated May 6, 1992  
as amended on December 7, 2002 and Second  
amendment dated March 6, 2009


Joan F. McCullough  
Joan F. McCullough, Successor Trustee

STATE OF NEVADA <sup>(7B)</sup> ~~CA~~ California } SS  
COUNTY OF Contra Costa

This instrument was acknowledged before me on  
7/26/19

By Joan F. McCullough.

[Signature]  
Notary Public

 JON BOBST  
COMM. #2225437  
Notary Public - California  
Contra Costa County  
My Comm. Expires Jan. 7, 2022

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

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

CASE FILE NO. 3933613

**CERTIFICATE OF DEATH**

2016024121  
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) <b>David G MCCULLOUGH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 30, 2016</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 address) <b>Brookdale</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emor. Rm. Inpatient(Specify) <b>Nursing Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 18, 1932</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>18</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Joan SINCLAIR</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-2123</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>School Administrator</b>		<b>Education</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1102 Rocky Terrace Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Gawn MCCULLOUGH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elizabeth</b>		
18a. INFORMANT - NAME (Type or Print) <b>Joan MCCULLOUGH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1102 Rocky Terrace Dr Gardnerville, Nevada 89460</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>MONICA GIESE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>860</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>	
20a. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS					
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 M.D.</b>			21a. 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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>January 11, 2017</b>		21c. HOUR OF DEATH <b>02:38</b>		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)
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>9114</b>
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 11, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 11, 2017</b>		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).)					Interval between onset and death:
PART I (a) <b>Alzheimers Dementia</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) 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 I.					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

000656715



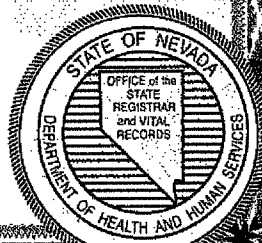
CERTIFIED COPY OF VITAL RECORDS

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: **1/13/2017**

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

*Verallynn A Boyack*  
SIGNATURE AUTHENTICATED



VR5-Rev-20120523a