

APN# : 1320-31-510-003

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Lynda McDowell

1700 Mackland Ave

Minden NV 89423

**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

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



Alicia Wilson

Escrow Assistant

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Lynda McDowell, of legal age, being first duly sworn, deposes and says:

1. Sherman W McKissock and Dorothy A McKissock, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sherman W McKissock and Dorothy A McKissock named as Trustee in the Declaration of Trust dated 2/1/1992 and executed by Sherman McKissock and Dorothy McKissock, husband and wife as joint tenants 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 1700 Mackland Ave Minden, NV 89423, which property is described in a Deed which was executed by Sherman McKissock and Dorothy McKissock, husband and wife as joint tenants as Grantor(s) on March 24, 2015 and recorded as Instrument No. 2015-859466, in Book , Page , 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 1 and that portion of Parcel A of STONEGATE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 2, 1987 in Book 787, Page 503, as Document No. 157644, described as follows:

Commencing at the Northeast corner of Lot 1, STONEGATE UNIT NO. 1, as recorded in Book 787 Page 503 (Document No. 157644), Douglas County Recorder's Office, Douglas County, Nevada, said point also being the true point of beginning; thence South 00°53'30" West, 13.00 feet; thence South 89°06'30" East, 9.00 feet; thence South 00°53'30" West, 47.00 feet; thence North 89°06'30" West, 40.00 feet; thence South 00°53'30" West, 10.00 feet; thence North 89°06'30" West, 20.00 feet; thence North 00°53'30" East, 30.00 feet; thence North 89°06'30" West, 10.00 feet; thence North 00°53'30" East, 40.00 feet, thence South 89°06'30" East, 61.00 feet to the true point of beginning.

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.

Dated 9/13/19 Lynda McDowell  
Lynda McDowell,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 9/13/19  
By Lynda McDowell.

Laeha P. Hill  
Notary Public



**EXHIBIT "A"**

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

**Lot 1 and that portion of Parcel A of STONEGATE UNIT NO. 1. filed in the office of the County Recorder of Douglas County, State of Nevada, on July 2, 1987 in Book 787, Page 503, as Document No. 157644, described as follows:**

**Commencing at the Northeast corner of Lot 1, STONEGATE UNIT NO. 1, as recorded in Book 787 Page 503 (Document No. 157644), Douglas County Recorder's Office, Douglas County, Nevada, said point also being the true point of beginning; thence South 00°53'30" West, 13.00 feet; thence South 89°06'30" East, 9.00 feet; thence South 00°53'30" West, 47.00 feet; thence North 89°06'30" West, 40.00 feet; thence South 00°53'30" West, 10.00 feet; thence North 89°06'30" West, 20.00 feet; thence North 00°53'30" East, 30.00 feet; thence North 89°06'30" West, 10.00 feet; thence North 00°53'30" East, 40.00 feet, thence South 89°06'30" East, 61.00 feet to the true point of beginning.**

**NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on March 31, 2015, as Document No. 2015-859466 of Official Records.**

**Assessor's Parcel Number(s):  
1320-31-510-003**

**STATE OF NEVADA**  
**CERTIFICATE OF VITAL RECORD**

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

CASE FILE NO. 3912038

**CERTIFICATE OF DEATH**

2016015665

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>Sherman William MCKISSOCK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 29, 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 other, give street or Dr. if Hosp. or Inst. indicate DOA or PE/mer. Rm. Inpatient (Specify) <b>Gardnerville Health &amp; Rehab Inpatient</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>94</b>	
9a. STATE OF BIRTH (if not USCA, name country) <b>Kentucky</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. SOCIAL SECURITY NUMBER <b>██████████-5522</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Banker Banking</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1700 Mackland Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Dorothy PECK</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Coy AGEE</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eleanor WILCOX</b>			
18a. INFORMANT-NAME (Type or Print) <b>Dorothy MCKISSOCK</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1700 Mackland Ave Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>848</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1814 N Curry Street Carson City NV 89703</b>	
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>GARRETT D SCHWARTZ M.D.</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>August 31, 2016</b>		21c. HOUR OF DEATH <b>00:45</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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Garrett D Schwartz M.D. 1520 Virginia Ranch Blvd Gardnerville, NV 89410</b>			
23b. LICENSE NUMBER <b>9086</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 31, 2016</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).) PART I (a) <b>Metastatic Prostate Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)			
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, HON. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rcv-20120523a



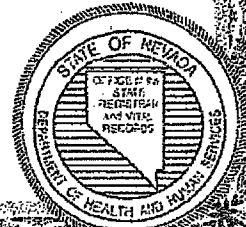
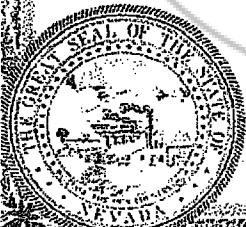
CERTIFIED COPY OF VITAL RECORDS

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: 9/2/2016

*Cody K. Hines*  
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

**STATE OF CALIFORNIA**  
**CERTIFICATE OF VITAL RECORDS**

**COUNTY OF SAN DIEGO**

**CERTIFICATE OF DEATH**

320193700825

1. NAME OF DECEASED - FIRST & LAST <b>DOROTHY</b>		2. MIDDLE <b>ALICE</b>		3. LAST NAME <b>MCKISSOCK</b>	
4. DATE OF BIRTH <b>12/10/1924</b>		5. AGE <b>94</b>	6. SEX <b>F</b>	7. RACE <b>WHITE</b>	
8. STATE OF BIRTH <b>CALIFORNIA</b>		9. SOCIAL SECURITY NUMBER <b>-1470</b>	10. EVER IN U.S. ARMED SERVICES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. MARITAL STATUS <b>WIDOWED</b>
12. DATE OF DEATH <b>05/12/2019</b>		13. PLACE OF DEATH <b>HEALTHCARE CENTER AT REMINGTON</b>		14. TIME OF DEATH <b>1800</b>	
15. OCCUPATION <b>HOMEMAKER</b>		16. TYPE OF HOME <b>OWN HOME</b>		17. YEARS IN OCCUPATION <b>84</b>	
18. RESIDENT ADDRESS <b>29887 CIRCLE R CREEK LANE</b>		19. CITY <b>ESCONDIDO</b>		20. COUNTY <b>SAN DIEGO</b>	
21. ZIP <b>92026</b>		22. YEARS IN COUNTY <b>2</b>		23. STATE OF BIRTH <b>CA</b>	
24. NAME OF SURVIVOR (FIRST & LAST) <b>LYNDA C. MCDOWELL, DPOAH</b>		25. ADDRESS OF SURVIVOR <b>1017 SILVERANCH DRIVE, GARDNERVILLE, NV 89460</b>			
26. NAME OF SURVIVOR (FIRST & LAST) <b>EARL</b>		27. MIDDLE <b>WALLACE</b>	28. LAST <b>PECK</b>	29. ADDRESS <b>UNKNOWN</b>	
30. NAME OF SURVIVOR (FIRST & LAST) <b>MARTHA</b>		31. MIDDLE <b>ALICE</b>	32. LAST <b>BUTLER</b>	33. ADDRESS <b>UNKNOWN</b>	
34. DATE OF BURIAL <b>05/22/2019</b>		35. PLACE OF FINAL DISPOSITION <b>HAPPY HOMESTEAD CEMETERY</b>		36. ADDRESS OF FINAL DISPOSITION <b>1261 JOHNSON BLVD, SOUTH LAKE TAHOE, CA 96150</b>	
37. TYPE OF BURIAL <b>CR/BU</b>		38. TYPE OF BURIAL <b>NOT EMBALMED</b>		39. LICENSE NUMBER <b>FD2322</b>	
40. NAME OF FUNERAL ESTABLISHMENT <b>TULIP CREMATION</b>		41. LICENSE NUMBER <b>WILMA J WOOTEN, MD MPH</b>		42. DATE OF DEATH <b>05/21/2019</b>	
43. PLACE OF DEATH <b>HEALTHCARE CENTER AT REMINGTON</b>		44. COUNTY <b>SAN DIEGO</b>		45. ADDRESS <b>16915 HIERBA DRIVE</b>	
46. CAUSE OF DEATH <b>END STAGE CEREBROVASCULAR DISEASE</b>		47. ICD-10 CODE <b>WKS</b>		48. ICD-9 CODE <b>430</b>	
49. CAUSE OF DEATH <b>HYPERTENSION</b>		50. ICD-10 CODE <b>I10</b>		51. ICD-9 CODE <b>430</b>	
52. CAUSE OF DEATH <b>CONGESTIVE HEART FAILURE</b>		53. ICD-10 CODE <b>I50.2</b>		54. ICD-9 CODE <b>428</b>	
55. CAUSE OF DEATH <b>NO</b>		56. ICD-10 CODE <b>R95</b>		57. ICD-9 CODE <b>800</b>	
58. SIGNATURE OF PHYSICIAN <b>TEJA SINGH JR M.D.</b>		59. LICENSE NUMBER <b>A89960</b>		60. DATE OF SIGNATURE <b>05/20/2019</b>	
61. DATE OF DEATH <b>05/02/2019</b>		62. DATE OF SIGNATURE <b>05/09/2019</b>		63. ADDRESS OF PHYSICIAN <b>2810 CAMINO DEL RIO S SUITE 102, SAN DIEGO, CA 92108</b>	
64. SIGNATURE OF REGISTRAR <b>WILMA J WOOTEN, M.D., M.P.H.</b>		65. LICENSE NUMBER <b>WILMA J WOOTEN, MD MPH</b>		66. DATE OF SIGNATURE <b>05/28/2019</b>	

County of San Diego - Health & Human Services Agency - 3851 Retenas Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

*Wilma J. Wooten, M.D.*

DATE ISSUED: 5/28/2019 WILMA J. WOOTEN, M.D., M.P.H.  
 REGISTRAR OF VITAL RECORDS  
 County of San Diego



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