

APN# : 1220-22-310-072

Recording Requested By:

Western Title Company

When Recorded Mail To:

Elizabeth McGeein

757 Lyell Way

Gardnerville, NV 89460

Mail Tax Statements to: (deeds only)

same as above

(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

Laeha Hill

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

Elizabeth McGeein, of legal age, being first duly sworn, deposes and says:

1. John J. McGeein, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John J. McGeein named as Trustee in the Declaration of Trust dated 10/24/2008 and executed by John J. McGeein and Elizabeth McGeein 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 651 Carmel Way Gardnerville, NV 89460, which property is described in a Deed which was executed by John J. McGeein and Elizabeth McGeein, husband and wife as Grantor(s) on October 24, 2008 and recorded as Instrument No. 2020-943430, 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 496, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, Page 676, as Document No. 72456, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

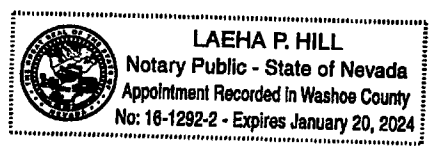
Dated 4/14/2020 Elizabeth McGeein
Elizabeth McGeein

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 4/14/2020
By Elizabeth McGeein.

Laeha P. Hill
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052014218129

CERTIFICATE OF DEATH

3201419048694

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (M, F, or O) JOHN		2. MIDDLE JOSEPH		3. LAST (Family) MCGEEN	
AKA: ALSO KNOWN AS - include all AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/07/1955		5. AGE Yrs. Mths. Ds. 58	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]-8134		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARRIAGE STATUS/PROP. (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 11/24/2014		8. HOUR (24 hour) 1050	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (Type, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SELF-EMPLOYED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION		16. YEARS IN OCCUPATION 23	
20. DECEDENT'S RESIDENCE (Street and number, or location) 424 N BELLFLOWER BLVD #111					
21. CITY LONG BEACH		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90814	
24. YEARS IN COUNTY 2		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ELIZABETH MCGEEN, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number city or town, state and zip) 424 N BELLFLOWER BLVD #111, LONG BEACH, CA 90814			
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST ELIZABETH		29. MIDDLE -		30. LAST (BIRTH NAME) QUESADA	
31. NAME OF FATHER/PARENT - FIRST JAMES		32. MIDDLE MORAN		33. LAST MCGEEN	
34. BIRTH STATE CANADA		35. NAME OF MOTHER/PARENT - FIRST DONALDA		36. MIDDLE NOREEN	
37. LAST (BIRTH NAME) MCDONALD		38. BIRTH STATE NEW YORK			
39. DISPOSITION DATE mm/dd/yyyy 12/02/2014		40. PLACE OF FINAL DISPOSITION RES: ELIZABETH MCGEEN 424 N BELLFLOWER BLVD #111, LONG BEACH, CA 90814			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT THE OMEGA SOCIETY		45. LICENSE NUMBER / 46. SIGNATURE OF LOCAL REGISTRAR FD1280 JEFFREY GUNZENHAUSER, M.D.		47. DATE mm/dd/yyyy 12/02/2014	
131. PLACE OF DEATH RONALD REAGAN UCLA MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Detached Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 757 WESTWOOD PLAZA		106. CITY LOS ANGELES	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE SEPTIC SHOCK PULMONARY HYPERTENSION SCLERODERMA		108. DEATH REPORTED TO CORONER (Check and Date) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ACUTE RENAL FAILURE, NON WORK RELATED IDIOPATHIC PULMONARY FIBROSIS, PNEUMONIA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT (Last Year) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 11/22/2014 Decedent Last Seen Alive: 11/24/2014		115. SIGNATURE AND TITLE OF PHYSICIAN IGOR BARJAKTAREVIC, M.D.		116. LICENSE NUMBER / 117. DATE mm/dd/yyyy A121904 / 11/24/2014	
118. TYPE ATTENDING PHYSICIAN'S TAXI, MAILING ADDRESS, ZIP CODE 757 WESTWOOD PLAZA, LOS ANGELES, CA 90095					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hour)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



DATE ISSUED
DEC - 5 2014
Director of Public Health and Registrar

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

