

APN#: 1320-32-813-014

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Marjory Ann MacQuarrie

1530 Desert Gold Ct.

Gardnerville, NV

89410

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 _____

Anu Jansse

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

Marjory Ann MacQuarrie, of legal age, being first duly sworn, deposes and says:

1. Ronald James MacQuarrie, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ronald James MacQuarrie named as Trustee in the Declaration of Trust dated 9/8/2015 and executed by Ronald James MacQuarrie and Marjory Ann MacQuarrie 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 1457 Douglas Avenue B Gardnerville, NV 89410, which property is described in a Deed which was executed by Ronald J. MacQuarrie and Marjory A. MacQuarrie, husband and wife as Grantor(s) on September 8, 2015 and recorded as Instrument No. 2016-876197, 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 real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 4, in Block A of HAWKINS ADDITION TO THE TOWN OF GARDNERVILLE, according to the official map or plat thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 16, 1915.

EXCEPT THEREFROM that certain portion of said land thereof conveyed to DONALD R. KYLE et UX, recorded January 4, 1952 in Book A-1, Page 67 of Deeds, Douglas County, Nevada.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 July 2020

The Ronald and Marjory MacQuarrie Family Revocable
Living Trust dated September 8, 2015

Marjory Ann MacQuarrie
Marjory Ann MacQuarrie, Successor Trustee

STATE OF NEVADA

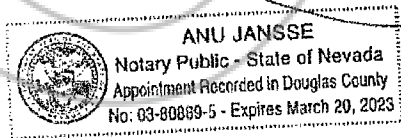
}SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on

6/9/2020
By Marjory Ann MacQuarrie.

Anu Jansse
Notary Public



**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4088380

CERTIFICATE OF DEATH

2019012562

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) Ronald James MACQUARRIE		2. DATE OF DEATH (Mo/Day/Year) June 18, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP, Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 15, 1939		9a. STATE OF BIRTH (If not US/CA, name/country) Massachusetts		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) Marjory MORTON	
13. SOCIAL SECURITY NUMBER 7704		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1530 Desert Gold Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gilbert MACQUARRIE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Laura NICKERSON		
18a. INFORMANT - NAME (Type or Print) Marjory MACQUARRIE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1530 Desert Gold Ct Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Fernley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		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) TIMOTHY J MUSICK 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 25, 2019		21c. HOUR OF DEATH 23:28		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Timothy J Musick MD 118 E Haskell St Winnemucca, NV 89445				23b. LICENSE NUMBER 16959	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 27, 2019		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) Cardiac Arrest		Interval between onset and death 1 Minute	
(b) Septic Shock		Interval between onset and death 8 Hrs		(c) Bacterial Pneumonia	
(c) Bacterial Pneumonia		Interval between onset and death 4 Days		(d) Pathogen Unknown	
(d) Pathogen Unknown		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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	



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: **7/3/2019**

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

Janey J. [Signature]
Interim Administrator
STATE REGISTRAR

