

APN: 1418-27-810-046

DOUGLAS COUNTY, NV
Rec:\$40.00
Total:\$40.00
ALLING & JILLSON, LTD

2020-956747

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Pgs=4

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

Jamie L. Walker, Esq.
c/o ALLING & JILLSON, LTD.
Post Office Box 3390
Lake Tahoe, Nevada 89449-3390



KAREN ELLISON, RECORDER

Pursuant to *NRS* 440.380, I, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW Margaret M. Thompson, and being first duly sworn, deposes and says:

1. She is the sole serving Trustee of The Grant and Margaret Thompson Family Trust;
2. That she was a Co-Trustee with Grant L. Thompson;
3. That as Trustees, Grant L. Thompson and Margaret M. Thompson, acquired title to certain real property situate in the County of Douglas, State of Nevada, described as follows:

Being all of Lot 30 as shown on the map entitled Cave Rock Estates Unit No. 1, filed for record January 3, 1962 in the Office of the County Recorder, Douglas County, Nevada, as Document No. 19323.

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4. That Grant L. Thompson died in Douglas County, Nevada, on or about September 14, 2020. The State of Nevada issued a Death Certificate, No. 3202009001017, attached hereto as **Exhibit A** and incorporated herein by reference.

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5. Pursuant to the trust instrument which states, "Upon the death, resignation, inability or refusal of one Trustor to serve as Trustee, then the other Trustor shall serve as Trustee," now, therefore, be it known the undersigned is acting as sole Trustee of The Grant and Margaret Thompson Family Trust.

IN WITNESS WHEREOF, Grantor and Trustee has executed this document at Lake Tahoe, Nevada, on this 7th day of October 2020.

MARGARET M. THOMPSON
MARGARET M. THOMPSON, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on October 7, 2020, by Margaret M. Thompson.

WITNESS my hand and official seal.

JANICE EADY
NOTARY PUBLIC



COPY

EXHIBIT A
DEATH CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3202009001017

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		3 LAST (Family)	
GRANT		THOMPSON	
2 MIDDLE		4 DATE OF BIRTH mm/dd/yyyy	
LESLIE		08/21/1947	
5 AGE Yrs		6 SEX	
73		M	
9 BIRTH STATE-FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	
HI		-0213	
11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS/SHP* (in form of Decd)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13 EDUCATION - (Highest Level/Degree) (Use worksheet on back)		16 DECEDENT'S RACE - (Up to 3 races may be listed (use worksheet on back))	
BACHELOR <input type="checkbox"/> YES		CAUCASIAN	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
FISHERMAN		FISHERIES	
19 YEARS IN OCCUPATION		20 DECEDENT'S RESIDENCE (Street and number or location)	
30		1330 CAVE ROCK ROAD	
21 CITY		22 COUNTY/PROVINCE	
ZEPHYR COVE		DOUGLAS	
23 ZIP CODE		24 YEARS IN COUNTY	
89448		UNK	
25 STATE/FOREIGN COUNTRY		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
NV		1330 CAVE ROCK ROAD, ZEPHYR COVE, NV 89448	
28 NAME OF SURVIVING SPOUSE/SRDP*-FIRST		29 MIDDLE	
MARGARET		-	
30 LAST (BIRTH NAME)		31 NAME OF FATHER/PARENT-FIRST	
BAGGETT		LESLIE	
32 MIDDLE		33 LAST	
-		THOMPSON	
34 BIRTH STATE		35 NAME OF MOTHER/PARENT-FIRST	
CANADA		DORIS	
36 MIDDLE		37 LAST (BIRTH NAME)	
-		PETERSON	
38 BIRTH STATE		39 DISPOSITION DATE mm/dd/yyyy	
MN		09/29/2020	
40 PLACE OF FINAL DISPOSITION		41 TYPE OF DISPOSITION(S)	
RES MARGARET THOMPSON 1330 CAVE ROCK ROAD, ZEPHYR COVE, NV 89448		TR/CR	
42 SIGNATURE OF FMBALMER		43 LICENSE NUMBER	
NOT EMBALMED		-	
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	
EVERGREEN MEMORIAL		FD 1740	
46 SIGNATURE OF LOCAL REGISTRAR		47 DATE mm/dd/yyyy	
NANCY J WILLIAMS, MD, MPH		09/23/2020	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
HOSPITAL		<input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103 IF OTHER THAN HOSPITAL, SPECIFY ONE		<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
EL DORADO		2170 SOUTH AVENUE	
106 CITY		107 CAUSE OF DEATH	
SOUTH LAKE TAHOE		Enter the chain of events - (trauma, infection, or complications) that directly caused (led to) DO NOT enter terminal events, such as cardiac arrest, respiratory arrest, or vascular thrombosis without specifying the etiology. DO NOT ABBREVIATE.	
108 DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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		113. WAS OPERATION PERFORMED FOR ANY CONDITION (SEE ITEM 107 OR 112)? (If yes, list type of operation and date)	
		NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent's Attended Since Decedent's Last Seen Alive		116. LICENSE NUMBER 117 DATE mm/dd/yyyy	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. TYPE ATTENDING PHYSICIAN'S NAME (MAILING ADDRESS, ZIP CODE)	
MANNER OF DEATH <input checked="" 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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy 123. HOUR (24 hours)	
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	
RYAN CARPENTER		09/18/2020 RYAN CARPENTER, DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.# CENSUS TRACT	
A B C D E		*010001004665643*	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED

OCT 07 2020

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



000207280

Nancy Williams
 NANCY J WILLIAMS MD, MPH
 COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE