

RECORDING REQUESTED BY:

Shauna McCuaig, Trustee, McCuaig 1998 Trust
827 Windingpath Lane
Manchester, MO 63021

AND WHEN RECORDED MAIL TO:

Shauna McCuaig, Trustee, McCuaig 1998 Trust
827 Windingpath Lane
Manchester, MO 63021



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

A Portion of APN 41-290-13

STATE OF NEVADA, COUNTY OF DOUGLAS

Shauna McCuaig (also known as Shauna Craig), Successor Trustee, McCuaig 1998 Trust, of legal age says:

Joyce McCuaig is the decedent mentioned in the attached copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated November 17, 1998, executed by Joyce McCuaig as Grantor.

1. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on December 11, 1998, as No. 0456348, BK 1298PG2862, in Official Records of Douglas County, Nevada, describing the following real property:

PARCEL ONE: An undivided 1/51st interest in and to that certain condominium estate described as follows: (a) Condominium Unit No. 13, Building B, as set forth in the condominium map of Lot 33, Tahoe Village Unit No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records of Douglas County, State of Nevada, during ONE (1) "Use Period" within the SWING "Season" as defined in the Declaration of Time Share Covenants, Conditions, and Restrictions, originally recorded on April 5, 1983 as Document No. 789473, and as rerecorded May 24, 1983 as Document No. 80819 in the Official Records, Douglas County, State of Nevada, and the Declaration of Time Share Covenants, Conditions and Restrictions recorded on October 24, 1983 as Document No 89976 and as amended by the First Amendment to Declaration of Time Share Covenants, Conditions and Restrictions recorded on November 10, 1983 as Document No., 090832 in the Official Records of Douglas County, State of Nevada. (b) An undivided 1/11th interest in and to the common area designated, depicted, and described in the condominium map of Lot 33, Building B, Tahoe Village Uni No. 2, Third Amended Map, recorded February 26, 1981, as Document No. 53850, Official Records Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL TWO: A non-exclusive right to use the "Special Common Area" as defined, and for the purposes and on the terms and conditions set forth, in that certain Declaration of Annexation (Tahoe Summit Village) and Grant, Bargain and Sale Deed recorded May 27, 1987 in Book 587 at Page 2664 as Document No. 155368, Official Records of Douglas County, State of Nevada, during and for the "Use Period" set forth in subparagraph (a) above.

PARCEL THREE: A non-exclusive right to use the real property known as Common Area on the official map of Tahoe Village Unit No. 2, recorded March 29, 1974 as Document No 72495, Official Records of Douglas County, State of Nevada, as amended and modified, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973 as Document No. 63681, Official Records of Douglas County, State of Nevada, and as amended by

*instruments recorded with said County and Sate on September 28, 2973 as Document No. 69063 in Book 973, Page 812 and July 2, 1976 as Document No. 01472 in Book 776, Page 87 of Official Records during and for the "Use Period" set forth in subparagraph (a) above.

A copy of Joyce McCuaig's death certificate is attached.

- 2. Casey McCuaig was the original Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and was designated and empowered pursuant to the terms of said trust to serve as Trustee thereof. A copy of Casey McCuaig's death certificate is attached.
- 3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

10/6/2020
 Date _____ Shirafkan (M.C.)

 Shauna McCuaig, Trustee, McCuaig 1998 Trust

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and sworn to (or affirmed) before me on this
6 day of October, 2020 by
Shauna S McCuaig,
 proved to me on the basis of satisfactory evidence to
 be the person(s) who appeared before me.

Signature Shirafkan _____

(This area for notary stamp)

SEPIDEH SHIRAFKAN
 Notary Public, Notary Seal
 State of Missouri
 St. Louis County
 Commission # 19021940
 My Commission Expires 06-16-2023

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

3052018036429

CERTIFICATE OF DEATH

3201801001232

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOYCE		2. MIDDLE MAE		3. LAST (Family) MC CUAIG	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/27/1929		5. AGE Yrs. 88 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 74 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 6702		6. SEX F	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 02/14/2018	
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOME MAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 60	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2979 BENJAMIN GREEN					
21. CITY FREMONT		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94538	
24. YEARS IN COUNTY 75		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP CASEY MCCUAIG, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 183 IMPERIO AVENUE, FREMONT, CA 94539		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		28. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST EDWARD		32. MIDDLE -		33. LAST DE FRENCH	
34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT - FIRST ELIZABETH		36. MIDDLE -	
37. LAST (BIRTH NAME) REYNOLDS		38. BIRTH STATE UNKNOWN			
39. DISPOSITION DATE mm/dd/yyyy 02/20/2018		40. PLACE OF FINAL DISPOSITION CHAPEL OF THE CHIMES HAYWARD 32992 MISSION BLVD., HAYWARD, CA 94544			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1834		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 02/20/2018					
101. PLACE OF DEATH BELOVED HOME RETREAT		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Hospice Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Hospice Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 41223 CHILTERN DR.		106. CITY FREMONT	
107. CAUSE OF DEATH Enter the chain of events -- disease, injury, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ALZHEIMER'S DISEASE, DEMENTIA Sequentially, list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C) (D)		108. DEATH REPORTED TO CORONER? Time Span of Between 0-1 year and 1-2 years <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		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 HYPERTENSION, CEREBROVASCULAR ACCIDENT, ATRIAL FIBRILLATION, HYPOTHYROID, PARKINSON'S DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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 _____ Decedent Last Seen Alive _____ (A) mm/dd/yyyy 02/09/2018 (B) mm/dd/yyyy 02/13/2018		115. SIGNATURE AND TITLE OF CERTIFIER HTAY WIN M.D.		116. LICENSE NUMBER A88638	
		117. DATE mm/dd/yyyy 02/16/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HTAY WIN M.D. 3458 MOWRY AVE, FREMONT, CA 94538	
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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
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	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

DATE ISSUED

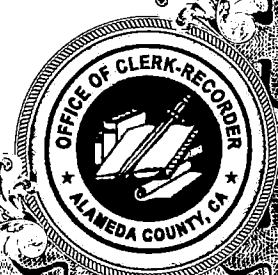
NOV 05 2020

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.



000170112

Melissa Wilk
Melissa Wilk
COUNTY CLERK-RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

3052020090979

CERTIFICATE OF DEATH

3202001003317

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CASEY		2. MIDDLE JAY		3. LAST (Family) MCCUAIG	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 07/09/1964		5. AGE Yrs. 55	
		IF UNDER ONE YEAR Months 0 Days 0		IF UNDER 24 HOURS Hours 0 Minutes 0	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 04/27/2020		8. HOUR (24 Hours) 0349	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 4458		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FIREFIGHTER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. YEARS IN OCCUPATION 31	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FIRE DEPARTMENT					
20. DECEDENT'S RESIDENCE (Street and number, or location) 183 IMPERIO AVENUE					
21. CITY FREMONT		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94539	
24. YEARS IN COUNTY 55		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ROSANA MCCUAIG, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 183 IMPERIO AVENUE, FREMONT, CA 94539		
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST ROSANA		29. MIDDLE -		30. LAST (BIRTH NAME) SOUTULLO	
31. NAME OF FATHER/PARENT - FIRST DONALD		32. MIDDLE JOHN		33. LAST MCCUAIG	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST JOYCE		36. MIDDLE MAE	
37. LAST (BIRTH NAME) DE FRENCH		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 04/29/2020		40. PLACE OF FINAL DISPOSITION CHAPEL OF THE CHIMES MEMORIAL PARK 32992 MISSION BOULEVARD, HAYWARD, CA 94544			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MISSION FUNERAL HOME		45. LICENSE NUMBER FD1710		46. SIGNATURE OF LOCAL REGISTRAR ERICA PAN, MD	
47. DATE mm/dd/yyyy 04/28/2020					
101. PLACE OF DEATH WASHINGTON HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nurs-Q <input type="checkbox"/> Home-TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2000 MOWRY AVENUE		106. CITY FREMONT	
107. CAUSE OF DEATH MULTIORGAN FAILURE		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without showing the etiology. DO NOT ABBREVIATE.			
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MULTIORGAN FAILURE		109. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(B) ACUTE BLOOD LOSS ANEMIA		111. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(C) COAGULOPATHY					
(D) ALCOHOLIC CIRRHOSIS					
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ABDOMINAL WALL HEMATOMA					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) EMBOLECTOMY OF BLEEDING BLOOD VESSELS 04/07/2020				115. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> JAK <input type="checkbox"/>	
116. 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 <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		117. SIGNATURE AND TITLE OF CERTIFIER CANDY FUNG MEI WONG M.D.		118. LICENSE NUMBER A109984	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CANDY FUNG MEI WONG M.D. 2000 MOWRY AVE CRITICAL CARE MEDICINE, FREMONT, CA 94538		119. DATE mm/dd/yyyy 04/26/2020			
120. 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		121. INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		122. INJURY DATE mm/dd/yyyy	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		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			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

DATE ISSUED **MAY 07 2020**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder



Melissa Wilk
Melissa Wilk
COUNTY CLERK-RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE