

APN# 1320-29-116-007

DOUGLAS COUNTY, NV **2021-962454**  
Rec:\$40.00  
\$40.00 Pgs=5 **02/24/2021 10:53 AM**  
STEWART TITLE COMPANY  
KAREN ELLISON, RECORDER

**Recording Requested by:**

Name: Stewart Title Company

Address: 540 W. Plumb Lane Ste 100

City/State/Zip: Reno, NV 89509

**When Recorded Mail to:**

Name: Donna D. Lee

Address: 5510 W. Tanya Lane

City/State/Zip: Spokane, WA 99208

**Mail Tax Statement to:**

Name: Same as above

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

( for Recorder's use only )

AFFIDAVIT - DEATH OF TRUSTEE -  
SUCCESSION OF SUCCESSOR TRUSTEE

**( Title of Document )**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.  
(Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law; nrs 440.380 NRS 440.380  
(State specific law)

*Brandy Boater*  
Signature

*E. Schow*  
Title

Brandy Boater  
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

RECORDING REQUESTED BY:  
Stewart Title Company

WHEN RECORDED MAIL TO:

Donna D. Lee  
5510 W. Tanya Lane  
Spokane, WA 99208

ORDER NO. 1088319

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**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Montana }  
County of Lewis & Clark } ss.

Donna D. Lee, of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 12, 2014 executed by Kathie L. Davidson to Kathie L. Davidson, Trustee of the K. Linn D. Trust, recorded as Instrument No.0839417 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

Lot 218, of WINHAVEN, UNIT NO. 6, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 4, 1994, in Book 894, Page 692, as Document No. 343273.

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2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: 2-12, 2021

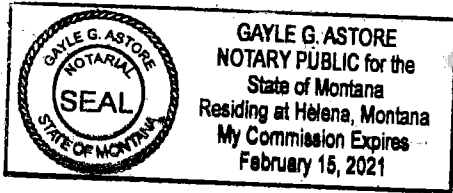
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*Donna K. Lee*  
By: Donna K. Lee, as Successor Trustee

State of Nevada Montana  
County of Douglas Lewis & Clark

Subscribed and sworn to (or affirmed) before me on this 12<sup>th</sup> day of Feb, 2021 by  
Donna K. Lee

Signature *Gayle G. Astore* (Seal)



*COPIES*

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4177481

**CERTIFICATE OF DEATH**

2020025052  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kathie Sue DAVIDSON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>November 05, 2020</b>		3a. COUNTY OF DEATH <b>Carson City</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>		4. SEX <b>Female</b>	
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>	
	7c. UNDER 1 DAY <b>HOURS MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 22, 1942</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>
DECEDENT	10. EDUCATION <b>15</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
	13. SOCIAL SECURITY NUMBER <b>██████████-3880</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Ski Shop</b>		15. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</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>1799 Bougainvillea Dr</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Grafton LINN</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy WOODBURY</b>			
PARENTS	18a. INFORMANT - NAME (Type or Print) <b>Donna LEE</b>			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>5510 W. Tanya Lane Spokane, Washington 99208</b>				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R BEAULAC</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b>			
	SIGNATURE AUTHENTICATED		5890 S Virginia St. Suite 4-E Reno NV 89502					
DISPOSITION	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>SIGNATURE AUTHENTICATED CRAIG RAU MD</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>November 13, 2020</b>		21c. HOUR OF DEATH <b>22:20</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		
TRADE CALL	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Rau MD 1600 Medical Parkway Carson City, NV 89703</b>						23b. LICENSE NUMBER <b>10991</b>	
	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 16, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
	PART I							
CAUSE OF DEATH	(a) <b>Cardiorespiratory Failure</b>						Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:							
	(b) <b>Gastrointestinal Hemorrhage</b>						Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) <b>Shock</b>						Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:							
	(d) <b>Unknown Etiology</b>						Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:							
REGISTRAR	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) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	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			



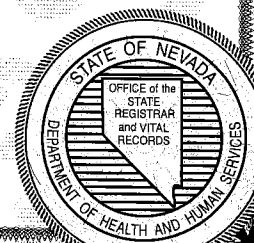
CERTIFIED COPY OF VITAL RECORDS

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: **DEC 30 2020**

*John Gray*  
STATE REGISTRAR  
Administrator

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

[kellison@co.douglas.nv.us](mailto:kellison@co.douglas.nv.us)

(775) 782-9027

## LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

  
Signature

2/21/2011  
Date

Brandy Boatman  
Printed Name

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

Main phone (775) 782-9025 - FAX (775) 783-6413