

Document Transfer Tax \$ -0-
Assessor's Parcel No.: 1420-07-113-032



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Linda McCormick, Trustee
4867 Monte Mar Drive
El Dorado Hills, CA 95762

MAIL TAX STATEMENTS TO:
Same as Above

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

LINDA L. McCORMICK, of legal age, being first duly sworn, deposes and says:

That WILLIAM VINCENT McCORMICK, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated October 27, 2004, executed by DIANE B. MCIVER, AN UNMARRIED WOMAN to WILLIAM V. McCORMICK AND LINDA L. McCORMICK, TRUSTEES OF THE MCCORMICK FAMILY TRUST DATED SEPTEMBER 15, 1999, as well as the beneficiary under said trust; it being further acknowledged that LINDA L. McCORMICK, is the successor trustee under said declaration of trust on the death of WILLIAM V. McCORMICK.

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No. 0627998 on October 28, 2004, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 7, in Block G, as shown on the Final Map of Valley Vista Estates 1, Phase 1B filed for record in the office of the Douglas County Recorder on June 2, 1995 in Book 695, Page 389 as Document No. 363386, Official Records.

Dated: January 11, 2021

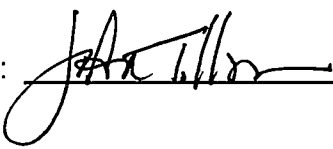
LINDA L. McCORMICK

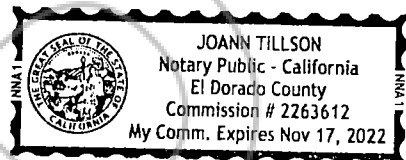
JURAT

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.

STATE OF CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 11th day
of January 2011, by LINDA L. McCORMICK, proved to me on the basis of
satisfactory evidence to be the person who appeared before me.

Signature: 



AFFIDAVIT --DEATH OF SETTLOR,
TRUSTEE AND BENEFICIARY
APN: 1420-07-113-032

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052009194175

CERTIFICATE OF DEATH

3200934009215

STATE FILE NUMBER 3052009194175		LOCAL REGISTRATION NUMBER 3200934009215	
1 NAME OF DECEDENT — FIRST (Given) WILLIAM		2 MIDDLE VINCENT	
3 LAST (Family) MCCORMICK JR.		4 DATE OF BIRTH mm/dd/yyyy 09/20/1926	
5 AGE Yrs 83		6 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY PA		10 SOCIAL SECURITY NUMBER 2806	
11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS (at Time of Death) MARRIED	
13 EDUCATION — Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15 WAS DECEDENT HISPANIC/LATINO/ASIAN/PANISH? (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) WHITE		17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED LOAN OFFICER	
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HOMES AND LAND SALES		19 YEARS IN OCCUPATION 22	
20 DECEDENT'S RESIDENCE (Street and number or location) 4867 MONTE MAR DRIVE			
21 CITY EL DORADO HILLS		22 COUNTY/PROVINCE EL DORADO	
23 ZIP CODE 95762		24 YEARS IN COUNTY 18	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP LINDA MCCORMICK, WIFE	
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 4867 MONTE MAR DR., EL DORADO HILLS, CA 95762		28 NAME OF SURVIVING SPOUSE — FIRST LINDA	
29 MIDDLE LOU		30 LAST (Maiden Name) MATTER	
31 NAME OF FATHER — FIRST WILLIAM		32 MIDDLE VINCENT	
33 LAST MCCORMICK		34 BIRTH STATE IRELAND	
35 NAME OF MOTHER — FIRST KATHLEEN		36 MIDDLE BRIDGET	
37 LAST (Maiden) MOONEN		38 BIRTH STATE IRELAND	
39 DISPOSITION DATE mm/dd/yyyy 12/02/2009		40 PLACE OF FINAL DISPOSITION RES LINDA MCCORMICK WIFE 4867 MONTE MAR DR., EL DORADO HILLS, CA 95762	
41 TYPE OF DISPOSITION(S) CR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED	
43 LICENSE NUMBER -		44 NAME OF FUNERAL ESTABLISHMENT MILLER FUNERAL HOME	
45 LICENSE NUMBER FD467		46 SIGNATURE OF LOCAL REGISTRAR GLENNAH I TROCHET, MD	
47 DATE mm/dd/yyyy 12/02/2009		101 PLACE OF DEATH MERCY FOLSOM HOSPITAL	
102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY SACRAMENTO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1650 CREEKSIDE DR.,	
106 CITY FOLSOM		107 CAUSE OF DEATH 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/fanilation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) POST OBSTRUCTIVE PNEUMONIA (B) DEHYDRATION (C) ACUTE RENAL FAILURE (D) LUNG CANCER STAGE FOUR	
108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input 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 NO			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NONE			
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 mm/dd/yyyy 11/29/2009		115 SIGNATURE AND TITLE OF CERTIFIER THOMAS MARX DO M.D.	
116 LICENSE NUMBER A78702		117 DATE mm/dd/yyyy 12/02/2009	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE THOMAS MARX DO M.D. 1650 CREEKSIDE DRIVE, FOLSOM, CA 95630		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		129	
STATE REGISTRAR		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

} SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

December 8, 2009

DATE ISSUED:



* 001103351 *

Glennah I Trochet M.D.
LOCAL REGISTRAR

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

PHNCO (Rev) 08/09

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

