

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



00135098202109676530040040

KAREN ELLISON, RECORDER

APN: 1420-18-510-011

**After Recording, Return and
Mail Tax Statements to:**

Kathy McClintock
2662 Blossom View Lane
Carson City, Nevada 89701

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

KATHY McCLINTOCK, CHRISTOPHER BUCHANAN and DONALD BUCHANAN, all of legal age, being first duly sworn, depose and say:

1. By instrument dated August 20, 1996, KATHERINE BUCHANAN executed the KATHERINE BUCHANAN FAMILY TRUST DATED AUGUST 20, 1996.
2. Said Trust appointed them to serve as Co-Successor Trustees upon the death or incapacity of KATHERINE BUCHANAN.
3. KATHERINE BUCHANAN deceased on April 21, 2021, at Carson City, Nevada a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said KATHERINE LOUISE BUCHANAN.
4. Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Successor Trustees.
5. The following described real property is part of the Trust estate: See Exhibit "B" attached and is commonly known as 961 Ranchview Circle, Carson City, Nevada 89705.
6. We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Co-Successor Trustees with respect to the Trust's interest in the described property.
7. No other person has a right to the interest of the Trust in the described property.
8. The described property shall be transferred to us as Co-Successor Trustees.

-LOOSE JURAT CERTIFICATE ATTACHED-

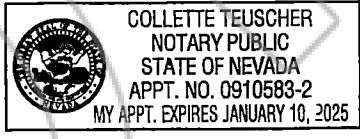
Executed this May 17, 2021, at Carson City, Nevada.

Kathy McClintock
KATHY McCLINTOCK, Co-Successor Trustee
Christopher Buchanan
CHRISTOPHER BUCHANAN, Co-Successor Trustee
Donald Buchanan
DONALD BUCHANAN, Co-Successor Trustee

State of Nevada)
CARSON CITY)

Subscribed and Sworn to before me on May 17, 2021, by KATHY McCLINTOCK, CHRISTOPHER BUCHANAN and DONALD BUCHANAN Co-Successor Trustees.

Collette Teuscher
NOTARY PUBLIC

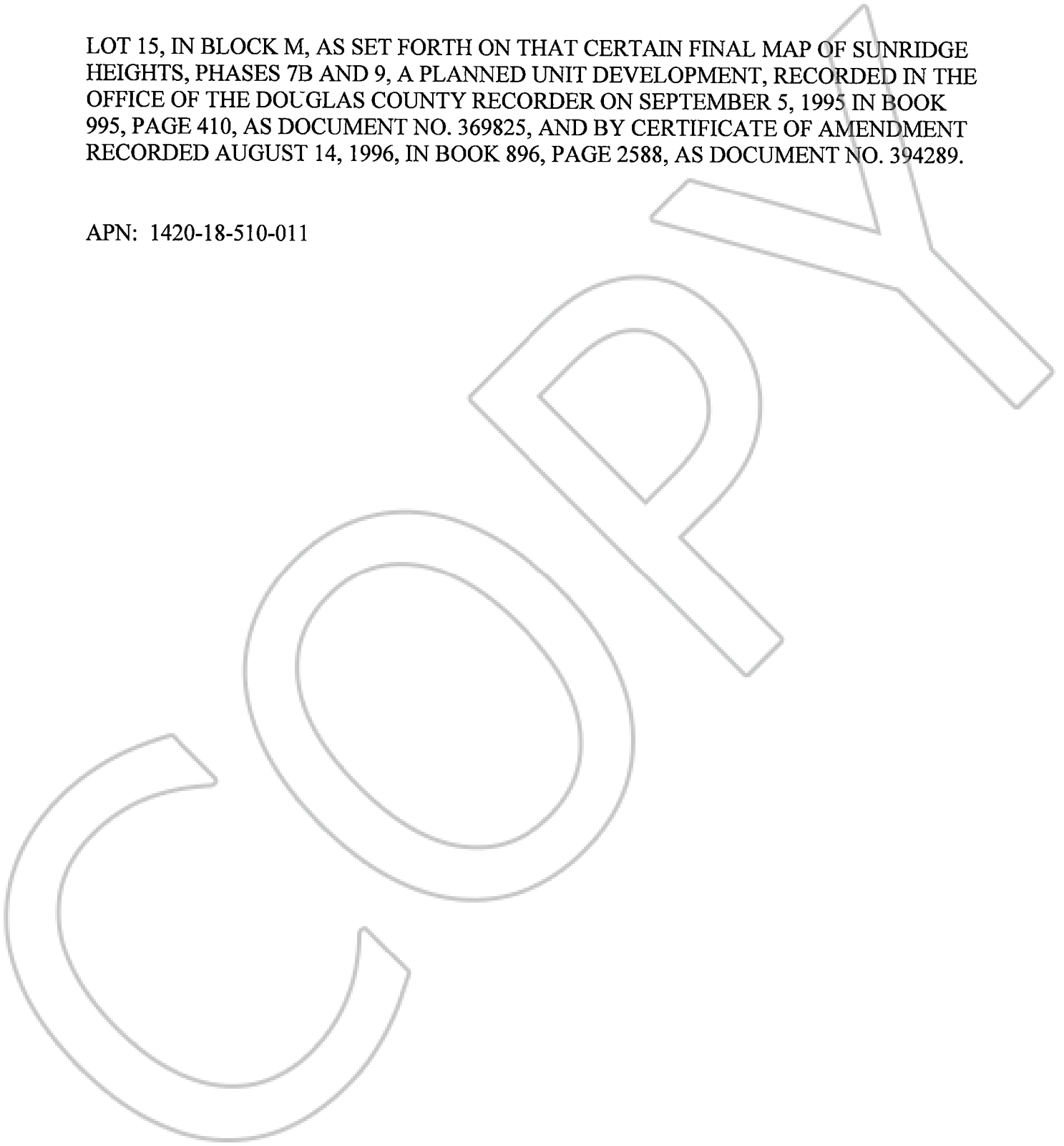


THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH
OF TRUSTEE
DATED May 17, 2021

EXHIBIT B

LOT 15, IN BLOCK M, AS SET FORTH ON THAT CERTAIN FINAL MAP OF SUNRIDGE HEIGHTS, PHASES 7B AND 9, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON SEPTEMBER 5, 1995 IN BOOK 995, PAGE 410, AS DOCUMENT NO. 369825, AND BY CERTIFICATE OF AMENDMENT RECORDED AUGUST 14, 1996, IN BOOK 896, PAGE 2588, AS DOCUMENT NO. 394289.

APN: 1420-18-510-011



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4209150

CERTIFICATE OF DEATH

2021009843
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) Katherine Louise BUCHANAN		2. DATE OF DEATH (Mo/Day/Year) April 21, 2021		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 98	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████-5309		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Indian Hills	
15d. STREET AND NUMBER 961 Ranchview Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No		8. DATE OF BIRTH (Mo/Day/Yr) June 20, 1922	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John MCGOWAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth WILSON		
18a. INFORMANT- NAME (Type or Print) Kathy MCCLINTOCK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2662 Blossom View Lane Carson City, Nevada 89701			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR -SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) MIGUEL A VILLAGRA-DIAZ MD SIGNATURE AUTHENTICATED			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) April 22, 2021		21c. HOUR OF DEATH 02:17		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Miguel A Villagra-Diaz MD 235 W 6th St Reno, NV 89503				23b. LICENSE NUMBER 18117	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 22, 2021		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) Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Kidney Injury Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute Tubular Necrosis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Metastatic Lung Cancer Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Failure To Thrive				25. AUTOPSY (Specify Yes or No) No	
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: **4/23/2021**

Wesley T Storey

STATE REGISTRAR

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

