

APN: 1319-10-101-004

**Recording Requested By
And When Recorded Mail To:**

Charles S. Zumpft, Esq.
Minden Lawyers, LLC
P.O. Box 2860
Minden, NV 89423

Mail Tax Statements to:

Steve W. McCoy
P.O. Box 530
Genoa, NV 89411



00136065202109685510030035

KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE

Steven Wayne McCoy, of legal age, being first duly sworn, deposes and says:

1. Dawn E. McCoy, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dawn E. McCoy named as Co-Trustee of the S.W. MCCOY AND D.E. MCCOY TRUST dated April 9, 2019.

2. At the time of the decedent's death, decedent was the record owner, as Co-Trustee, of certain real property which property is described in a Grant, Bargain and Sale Deed which was executed by Dawn Ellen McCoy on April 9, 2019 and recorded as Doc # 2019-927719, on April 10, 2019, of the Official Records of Douglas County, State of Nevada.

3. The legal description of said property is specifically described as follows:

Being a portion of the North ½ of the Northwest ¼ of Section 10, Township 13 North, Range 19 East, M.D.B. & M., further described as follows:

Parcel 2 as set forth on Parcel Map for Evelyn Bossange, filed for record in the office of the County Recorder of Douglas County, State of Nevada on September 9, 1980, in Book 980, Page 664, as Document No. 48328.

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Pursuant to NRS §111.312, this legal description was previously recorded on April 10, 2019 in the Official Records of Douglas Count as Document No. 2019-927719.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

DATED this 24 day of May 2021.

By:

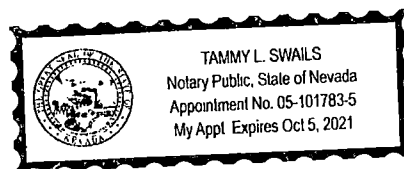
S. McCoy
Steven Wayne McCoy

State of Nevada
County of Douglas

Subscribed and sworn to before me on this 24th day of May 2021, by Steven Wayne McCoy, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Signature Tammy L. Swails (Notary Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052021058399

CERTIFICATE OF DEATH

3202133004016

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 9/05)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT- FIRST, (Given) DAWN		2 MIDDLE ELLEN		3 LAST (Family) MCCOY		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4 DATE OF BIRTH mm/dd/yyyy 02/09/1961		5 AGE Yrs 60	6 SEX F
	9 BIRTH STATE/FOREIGN COUNTRY CA	10 SOCIAL SECURITY NUMBER ██████-2928	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		7 DATE OF DEATH mm/dd/yyyy 02/22/2021	8 HOUR (24 Hours) 0317
	13 EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR	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 CHIEF FINANCIAL OFFICER			18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSULTING		19 YEARS IN OCCUPATION 12		
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number, or location) 2389 JACKS VALLEY RD						
	21 CITY GENOA		22 COUNTY/PROVINCE DOUGLAS		23 ZIP CODE 89411	24 YEARS IN COUNTY 12	25 STATE/FOREIGN COUNTRY NV
INFORMANT	26 INFORMANT'S NAME, RELATIONSHIP STEVEN W. MCCOY, HUSBAND			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 530, GENOA, NV 89411			
	28 NAME OF SURVIVING SPOUSE/SRDP*-FIRST STEVEN		29 MIDDLE W.	30 LAST (BIRTH NAME) MCCOY			
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT-FIRST WALTER		32 MIDDLE N.	33 LAST MOLINE		34 BIRTH STATE CA	
	35 NAME OF MOTHER/PARENT-FIRST MARY		36 MIDDLE T.	37 LAST (BIRTH NAME) SOMMAYILLA		38 BIRTH STATE WV	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39 DISPOSITION DATE mm/dd/yyyy 03/05/2021		40 PLACE OF FINAL DISPOSITION RESIDENCE OF STEVEN W. MCCOY 2389 JACKS VALLEY RD, GENOA, NV-89411				
	41 TYPE OF DISPOSITION(S) CR/TR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER		
44 NAME OF FUNERAL ESTABLISHMENT LUYBEN DILDAY MORTUARY		45 LICENSE NUMBER FD1171	46 SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		47 DATE mm/dd/yyyy 02/26/2021		
PLACE OF DEATH	101 PLACE OF DEATH RESIDENCE					102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104 COUNTY RIVERSIDE		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6 CREEKSIDE DR			106 CITY RANCHO MIRAGE	
CAUSE OF DEATH	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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) RESPIRATORY FAILURE					Time Interval Between Onset and Death (AT) MINS - 2021-03744	
	108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input 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 NONE					113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO	
PHYSICIAN'S CERTIFICATION	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: 06/26/2020 02/11/2021		115 SIGNATURE AND TITLE OF CERTIFIER VARUN GUPTA M.D.		116 LICENSE NUMBER A66812	117 DATE mm/dd/yyyy 02/26/2021	
	(A) mm/dd/yyyy (B) mm/dd/yyyy		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE VARUN GUPTA M.D., 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270				
CORONER'S USE ONLY	119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	121 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 INJURY DATE mm/dd/yyyy	
	122 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					122 HOUR (24 Hours)	
	123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)						
124 LOCATION OF INJURY (Street and number, or location, and city, and zip)							
125 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	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Mar 12, 2021**

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

