

Recording Requested by:

Johnson & Johnson, PC  
1160 N. Town Center Drive, Suite 140  
Las Vegas, Nevada 89144

**APN: 1318-10-417-031**

**CERTIFICATE OF INCUMBENCY AND CERTIFICATION OF TRUST**

*NRS 164.400*

**MELINDA ANNE MCCRORY**, (aka **MELINDA A. MCCRORY**, aka **MELINDA MCCRORY**) being duly sworn, deposes and says:

1. **DOROTHEA MARIE MCCRORY** (a.k.a. **DOROTHEA M. MCCRORY**) created a Revocable Living Trust on November 25, 2013, entitled the **D.M.M. REVOCABLE TRUST**.
2. **DOROTHEA MARIE MCCRORY** was named in said trust as the initial Trustee.
3. **DOROTHEA MARIE MCCRORY** died on March 25, 2021, and a copy of her death certificate is attached hereto.
4. Upon the death of the initial Trustee, **MELINDA ANNE MCCRORY** is named as the Successor Trustee.
5. The undersigned, **MELINDA ANNE MCCRORY** hereby accepts the trusteeship of the trust and agrees to be bound by all of the terms and conditions thereof.
6. The trust is irrevocable and may not be amended at any time.
7. The Federal Tax ID number of the trust is **86-6648006**.
8. The form in which title to assets of the trust should be taken is:  

**“D.M.M. REVOCABLE TRUST, dated November 25, 2013,  
MELINDA ANNE MCCRORY, Trustee”**
9. The Trust assets include real property described on Exhibit “A”, attached hereto.
10. The trust has not been revoked or amended so as to make any representations contained in this certification incorrect.

11. The signature shown below is that of the currently acting Trustee.
12. This certificate is made according to Section 164.400 of Nevada Revised Statutes.

Dated 6/24/2021

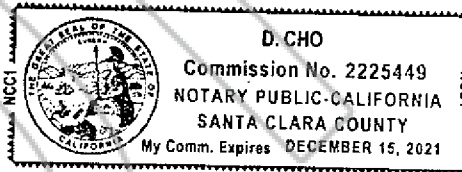
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

  
**MELINDA ANNE MCCRORY**

STATE OF California )  
COUNTY OF Santa Clara ) ss.

On 06-24-2021 personally appeared before me, D. Cho a Notary Public, **MELINDA ANNE MCCRORY**, personally known to me (or proved by satisfactory evidence) to be the person whose name is subscribed to the above instrument and who acknowledged that **MELINDA ANNE MCCRORY** executed the same.

  
NOTARY PUBLIC



Mail tax bill/notices to:

**MELINDA ANNE MCCRORY**  
1269 Poplar Avenue #401  
Sunnyvale, California 94086

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

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

**CERTIFICATE OF DEATH**

CASE FILE NO. 4204749

2021007715  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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) <b>Dorothea Marie MCCRORY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 25, 2021</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) <b>Nathan Adelson Hospice-Tenaya</b>		3e. If Hosp. or Inst. indicate OOA, OP/Emer. Rm. Inpatient(Specify) <b>Hospice Facility (HFS)</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>87</b>		7b. UNDER 1 YEAR MOS _____ DAYS _____		7c. UNDER 1 DAY HOURS _____ MINS _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 09, 1934</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to last marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████-2413</b>		14a. USUAL OCCUPATION (Give kind of Work Done During Most of) <b>DEALER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CASINO</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>10824 Windledge Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Henry Anthony MCCRORY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothea Marie O'NEILL</b>		
18a. INFORMANT- NAME (Type or Print) <b>John Hubert MCCRORY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>10845 Dryden Avenue Cupertino, California 95014</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>DAREN DREILING</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD913</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society</b> <b>8544 W. Lake Mead Boulevard Las Vegas NV 89128</b>	
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>BRIAN DEL ROSARIO APRN</b> 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) <b>March 27, 2021</b>		21c. HOUR OF DEATH <b>22:00</b>		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) <b>Brian Del Rosario APRN 3150 N Tenaya Las Vegas, NV 89128</b>				23b. LICENSE NUMBER <b>APRN822100</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 29, 2021</b>		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) <b>Multiple Myeloma</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) 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. <b>Acute Renal Failure</b>				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 TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

SIGNATURE AUTHENTICATED  
Registrar of Vital Statistics  
By: *Susan Zannis*  
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



**EXHIBIT "A"**

**Lot Three (3), in Block Three (3), as shown on the map of Zephyr Heights subdivision filed for record in office of the County Recorder of Douglas County, State of Nevada, on July 5, 1947, as Document No. 5160.**

**More commonly known as 633 Don Drive, Zephyr Cove, Nevada**

**(APN: 1318-10-417-031)**

