

APN# 1319-30-543-001

Recording Requested by/Mail to:

Name: Dee Ann Andershock

Address: 914 Elizabeth Lane

City/State/Zip: Silver Lake WI 53170

Mail Tax Statements to:

Name: Nataniel Gross

Address: PO Box 3023

City/State/Zip: Stateline NV89449

Affidavit Death of Trustee

Title of Document (required)

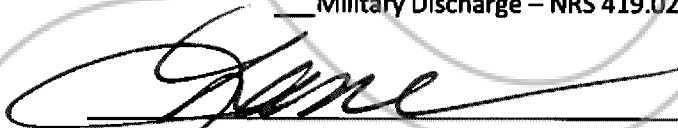
------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

J Lane

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY:
Signature Title Company

AND WHEN RECORDED MAIL TO:

Dee Ann Andershock, Trustee
914 Elizabeth Lane
Silver Lake WI 53170

A.P.N.: 1319-30-543-001
Order No.: ZC3209-JL
Escrow No.: ZC3209-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

Dee Ann Andershock, of legal age, being first duly sworn, deposes and says:

That Gary K. MacDonald the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gary K. MacDonald, trustee of the Gary K. MacDonald Revocable Trust, named as one of the parties in that certain Grant Bargain Sale Deed dated February 4, 2003, executed by Gary K. MacDonald a single man, to Gary K. MacDonald Trustee of the Gary K. MacDonald Revocable Trust, recorded as Instrument No. 2003-0566914 Book 0203, Page 04406, on February 12, 2003, of Official Records of Douglas County, California covering the following described real property situated in the County of Douglas, State of California:

See Attached Exhibit "A"

A section of the trust provides that if either Gary K. MacDonald or Dee Ann Andershock is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, Dee Ann Andershock is the sole Trustee of the above named Trust.

Dated: September 24, 2021

Dee Ann Andershock
Dee Ann Andershock, Successor Trustee

Wisconsin
STATE OF NEVADA
COUNTY OF DOUGLAS

) ss:

Kenosha

This instrument was acknowledged before me on Saturday, Sept 25, 2021

Dee Ann Andershock

by ~~Ashley Denise Neubauer~~

Ashley Denise Neubauer
Notary Public (seal)

ASHLEY DENISE NEUBAUER
NOTARY PUBLIC
STATE OF WISCONSIN

exp. 02/01/2024

LEGAL DESCRIPTION

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

Unit 1, as set forth on the map Condominium Map of Lot 1, Tahoe Village Unit 3, filed for record February 6, 1981, in Book 281, Page 785, as Document No. 53365, Official Records of Douglas County, State of Nevada.

Together with an 1/8th interest in and to those portions designated as Common Area as set forth on the map Condominium Map of Lot 1, Tahoe Village Unit 3, filed for record February 6, 1981, in Book 281, Page 785 as Document No. 53365, Official Records of Douglas County, State of Nevada.

APN: 1319-30-543-001

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021030844

DATE ISSUED: FEBRUARY 18, 2021

DECEDENT INFORMATION

DATE FILED: FEBRUARY 17, 2021

NAME: GARY K MACDONALD

DATE OF DEATH: FEBRUARY 9, 2021

SEX: MALE

AGE: 084 YEARS

DATE OF BIRTH: DECEMBER 11, 1936

SSN: ***-**-3472

BIRTHPLACE: ORION TOWNSHIP, ILLINOIS, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: GULF COAST MEDICAL CENTER

LOCATION OF DEATH: FORT MYERS, LEE COUNTY, 33912

RESIDENCE: 416 SOUTH COGSWELL DRIVE LOT 15, SILVER LAKE, WISCONSIN 53170, UNITED STATES

COUNTY: KENOSHA

OCCUPATION, INDUSTRY: TEACHER, HIGH SCHOOL

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: OWEN KEITH MACDONALD

MOTHER'S/PARENT'S NAME: BERTHA MILDRED NORTHRUP

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: DEEANN M ANDERSHOCK

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 914 ELIZABETH LAKE, SILVER LAKE, WISCONSIN 53170, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: IRA M. BLASBERG, F028135

FUNERAL FACILITY: BALDWIN BROTHERS - COLONIAL BLVD F195594

1605 COLONIAL BLVD, FORT MYERS, FLORIDA 33907

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BALDWIN BROTHERS CREMATORY
FORT MYERS, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1604

DATE CERTIFIED: FEBRUARY 15, 2021

CERTIFIER'S NAME: RAFAEL PAULA

CERTIFIER'S LICENSE NUMBER: ME106805

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2022399959

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

