

APN# 1418-15-201-006

**Recording Requested by/Mail to:**

Name: Robert M. Lee Trust

Address: 970 Icehouse Avenue

City/State/Zip: Sparks NV 89431

**Mail Tax Statements to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**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 LLC

AND WHEN RECORDED MAIL TO:

Anne Brockinton Lee Successor Trustee of the Robert M. Lee Trust, dated October 26, 1990 as amended  
970 Icehouse Avenue  
Sparks, NV 89431

A.P.N.: 1418-15-201-006  
Order No.: ZC3314-JL  
Escrow No.: ZC3314-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF NEVADA  
COUNTY OF DOUGLAS

Anne Brockinton Lee, of legal age, being first duly sworn, deposes and says:

That **Robert Morton Lee** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Robert M. Lee**, trustee of the **Robert M. Lee Trust dated October 26, 1990**, named as one of the parties in that certain **Quitclaim Deed dated 11/11/05**, executed by **Determined Productions Inc, a California Corporation**, to **Robert M. Lee Trustee of the Robert M. Lee dated October 26, 1990**, recorded as Instrument No. **2005-0660743**, on **11/11/05**, of Official Records of **Douglas County, Nevada** covering the following described real property situated in the County of **Douglas, State of Nevada**:

**See attached legal description**

A section of the trust provides that if either **Robert M. Lee** or **Anne Brockinton Lee** 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, **Anne Brockinton Lee** is the sole Trustee of the above-named Trust.

Dated: February 23, 2022

*Anne Brockinton Lee, Successor Trustee*  
Anne Brockinton Lee, Successor Trustee

STATE OF NEVADA  
COUNTY OF Douglas

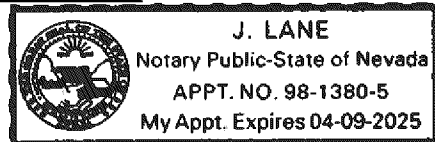
} ss:

This instrument was acknowledged before me on 3-2-2022

By Anne Brockinton Lee

*J. Lane*  
Notary Public

(seal)



## 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:

Adjusted Parcel 1:

All that portion of Parcels 1 & 2 per that Parcel Map filed for record on June 7, 1979, as Document Number 33205, together with all that portion of the North ½ of Section 15, Township 14 North, Range 18 East, M.D.M. lying Westerly of said Parcels 1 & 2 to the Low-Water Line of Lake Tahoe, elevation 6223.00 feet, Lake Tahoe Datum, more particularly described as follows:

Beginning at the Northwest corner of the land herein described, said Point being on said approximate Low-Water Line of Lake Tahoe;

Thence South 88°50'23" East 989.8 feet more or less;

Thence South 11°34'58" West 297.00 feet;

Thence WEST 110.32 feet;

Thence South 45°11'54" West 219.55 feet;

Thence South 85°10'04" West 72.36 feet;

Thence South 76°47'36" West 131.76 feet;

Thence South 82°44'47" West 51.83 feet;

Thence North 67°28'08" West 50.95 feet;

Thence South 83°27'26" West 95.26 feet;

Thence South 76°36'51" West 110.7 feet more or less to said approximate Low-Water Line;

Thence along said approximate Low-Water Line the following sixteen (16) courses:

North 13°35'30" West 31.89 feet;

North 16°03'42" West 50.35 feet;

North 23°26'00" West 61.05 feet;

North 77°07'13" West 37.86 feet;

South 87°23'17" West 23.98 feet;

North 33°27'09" West 30.78 feet;

North 16°59'51" East 26.26 feet;

North 24°38'41" East 30.22 feet;

North 25°58'37" West 40.36 feet;

North 21°06'47" West 53.60 feet;

North 13°57'13" East 32.98 feet;

North 52°29'50" West 26.66 feet;

North 25°42'00" West 40.17 feet;

North 09°29'01" West 44.58 feet;

North 07°56'31" East 42.82 feet;

North 11°30'16" East 48.27 feet to the Point of Beginning.

The Basis of Bearing for this description is identical to the above referenced Parcel Map, being the bearing North 89°15'30" West along the Southern Boundary of Uppaway.

PURSUANT TO NRS SECTION 111.312, THE ABOVE LEGAL DESCRIPTION IS THE SAME PROPERTY CONVEYED IN DEED RECORDED January 20, 2016 AS INSTRUMENT NO. 2016-875568.

APN: 1418-15-201-006

**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

CASE FILE NO. 3876114

2016001436

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): <b>Robert Morton LEE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 28, 2016</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name; if not either, give street and Inpatient (Specify) <b>Life Care Center of Reno Nursing Home</b>		4. SEX <b>Male</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>88</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-8904</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Founder</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Leather And Luggage Goods</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>8555 Dieringer Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Anne BROCKINTON</b>	
16. PARENT - NAME (First Middle Last Suffix) <b>William Frank LEVINE</b>			17. PARENT - NAME (First Middle Last Suffix) <b>Sally WEISSINGER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Anne Brockinton LEE</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>8555 Dieringer Drive Reno, Nevada 89511</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funeral Home, Reno 875 West Second St Reno NV 89503</b>	
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>GRANT P ANDERSON M.D.</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 31, 2016</b>		21c. HOUR OF DEATH <b>20:35</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)					
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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>Grant P Anderson M.D. 330 E Liberty St Reno, NV 89501</b>				23b. LICENSE NUMBER <b>3156</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 01, 2016</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				Interval between onset and death	
(a) <b>Respiratory Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Parkinsons Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF</b>					
(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 I				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., UNDELT. 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	

STATE REGISTRAR

VRS-Rev-2012-023a

**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.

**SIGNATURE AUTHENTICATED**

2/3/2016

DEPUTY REGISTRAR

DATE ISSUED:  
REV 10/15

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

