

APN# 1418-15-601-003

**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  
970 Icehouse Avenue  
Sparks NV 89431

A.P.N.: 1418-15-601-003  
Order No.: ZC3313-JL  
Escrow No.: ZC3313-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 as amended, named as one of the parties in that certain Grant, Bargain and Sale Deed dated 11/10/05, executed by Determined Productions Inc., a California Corporation, to Robert M. Lee, Trustee of the Robert M. Lee Trust dated October 26, 1990, recorded as Instrument No. 2005-0660742, on 11/15/2005, 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

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:

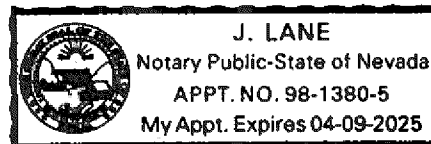
This instrument was acknowledged before me on 3-2-2022

by Anne Brockinton Lee,

*Anne*

(seal)

Notary Public



## 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 2:

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 Southeast corner of said Parcel 2;

Thence West 1238.35 feet;

Thence North 35°54'29" West 48.03 feet;

Thence North 89°59'41" West 103.7 feet more or less to said approximate Low-Water line;

Thence along said approximate Low-Water line North 13°35'30" West 119.76 feet

Thence leaving said approximate Low-Water Line North 76°36'51" East 110.7 feet more or less;

Thence North 83°27'26" East 95.26 feet;

Thence South 67°28'08" East 50.95 feet;

Thence North 82°44'47" East 51.83 feet;

Thence North 76°47'36" East 131.76 feet;

Thence North 85°10'04" East 72.36 feet;

Thence North 45°11'54" East 219.55 feet;

Thence East 110.32 feet;

Thence North 11°34'58" East 297.00 feet;

Thence South 88°50'23" East 21.00 feet;

Thence North 11°06'00" East 451.91 feet;

Thence South 89°15'30" East 373.17 feet;

Thence South 02°32'00" East 659.10 feet;

Thence South 03°53'16" East 201.73 feet;

Thence along a non-tangent curve to the left with a radius of 1490.00 feet, a central angle of 09°23'10" and an arc length of 244.09 feet, the chord of said curve bears South 11°13'32" East 243.82 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: 1418-15-601-003

# 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	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 or Inpatient)(Specify) <b>Life Care Center of Reno Nursing Home</b>		3e If Hosp or Inst. indicate DOA,OP/emer Rm. <b>Male</b>	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>88</b>	
	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 02, 1927</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Anne BROCKINTON</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>8904</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
DISPOSITION	15d. STREET AND NUMBER <b>8555 Dieringer Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</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>	
TRADE CALL	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>	
CERTIFIER	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>		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>January 31, 2016</b>		21c. HOUR OF DEATH <b>20:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>	
CAUSE OF DEATH	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			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Respiratory Failure</b>		Interval between onset and death			
	(b) <b>Parkinsons Disease</b>		Interval between onset and death			
	(c) <b>DUE TO, OR AS A CONSEQUENCE OF</b>		Interval between onset and death			
	(d) <b>DUE TO, OR AS A CONSEQUENCE OF</b>		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		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						

STATE REGISTRAR

VRS-Rev-20120523a

### 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

