

APN# 1420-33-810-046 & 1420-33-810-045

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: SEAN PATRICK MCCRAY

Address: 3656 Larkspur Lane

City/State/Zip: Cameron Park CA 95682

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

EMILY TOBIAS

Printed Name

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

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Sean Patrick McCray, Successor
Trustee

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-33-810-046 ⁴
1420-33-810-045

File No.: 143-2640615 (et)

Affidavit - Death of Trustee

State of Nevada)
County of Carson City)ss.
)

Sean Patrick McCray ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Patricia McCray** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 26, 2014** at **Carson City, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 1, 2017** executed by **Kenneth M. McCray and Patricia McCray** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quit Claim Deed** dated **March 9, 2011** which was recorded as Instrument No. **0780065** in Book **n/a**, Page **n/a**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 4-21-22

DECLARANT:

Sean Patrick McCray
Sean Patrick McCray, Successor Trustee

State of NV)
)ss
County of DOUGLAS)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County _____ and State _____, this _____ day of _____, 20____ by _____, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature _____

My Commission Expires: _____

Notary Name: _____ Notary Phone: _____
Notary Registration Number: _____ County of Principal Place of Business _____

** See attached
CA Jurat*

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.

State of California

County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 21st day of April, 2022, by
Date Month Year

(1) Sean Patrick McCray

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Handwritten Signature]
Signature of Notary Public



Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee

Document Date: _____ Number of Pages: 3

Signer(s) Other Than Named Above: _____

EXHIBIT 'A'

**LOTS 28 AND 29, AS SHOWN ON THE OFFICIAL MAP OF IDLE ACRES SUBDIVISION,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON
APRIL 5, 1960, IN BOOK 01, PAGE 65, AS FILE NO. 15812.**

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014021149
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) Patricia Frances MCCRAY		2. DATE OF DEATH (Mo/Day/Year) December 26, 2014		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient (Specify)) Evergreen at CC Health and Rehab Ctr Nursing Home		4. SEX Female	
5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16+	
13. SOCIAL SECURITY NUMBER ██████████-8060		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1361 Judy Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) William HOWES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen HASSLER		
18a. INFORMANT- NAME (Type or Print) Kenneth MCCRAY			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1361 Judy Street Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N.Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRE MD		21b. DATE SIGNED (Mo/Day/Yr) December 30, 2014		21c. HOUR OF DEATH 03:17	
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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2014		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) Brain Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) 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 I. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HGM., 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

3808375

558578

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.

DATE ISSUED:

1/2/2015

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



STATE REGISTRAR
Rod White
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a