

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Nina M. McKenney  
c/o 1180 Wieling Way  
Petaluma, CA 94954

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1318-26-101-006**

File No.: 470412392 (cb)

**Affidavit - Death of Trustee**

State of California )  
)ss.  
County of Marin )

**Nina M. McKenney** ("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. **Arthur Carol McKenney, Jr.** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 16, 1997** at **Barnstable, Massachusetts** (city and state of death).
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **November 9, 1993** executed by **Arthur C. McKenney and Nina M. McKenney** as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **November 9, 1993** which was recorded as Instrument No. **322971** in Book **1193**, Page **3700**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 8/20/2022

DECLARANT:

Nina M. McKenney  
Nina M. McKenney

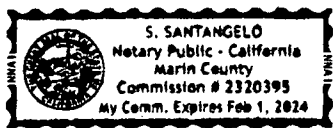
State of CA )  
 )ss  
County of Marin )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Marin and State CA, this 20th day of AUGUST, 20 22, by NINA M. MCKENNEY, 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.

Signature S. Santangelo  
My Commission Expires: 2/1/24

*This area for official notarial seal*



Notary Name: S. Santangelo Notary Phone: 415 298-1898  
Notary Registration Number: \_\_\_\_\_ County of Principal Place of Business Marin

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 MARIN

Subscribed and sworn to (or affirmed) before me on this 20th  
day of AUGUST, 2022, by WINA M. MCKENNEY

22  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature

S. Santangelo

**EXHIBIT "A"**

**Legal Description**

**AN UNDIVIDED ONE-THREE THOUSAND TWO HUNDRED AND THIRTEENTH (1/3213) INTEREST as tenant in common in the following described real property:**

**A portion of the North one-half (1/2) of the Northwest one-quarter (1/4) of Section 26, Township 13 North, Range 18 East, MDB&M, described as follows:**

**Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records, at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records, at page 591, Douglas County, Nevada, as Document No. 17578.**

**Except from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.**

**Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of the Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.**

**Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at Page 1688, Douglas County, Nevada as Document No. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the HIGH season within the "Owner's Use Year", as defined in the Declaration together with a nonexclusive right to use the common areas as defined in the Declaration.**

**Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.**

**Interval:**

INSTRUCTIONS ON REVERSE SIDE  
FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS



# The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

000791

6343

REGISTERED NUMBER

STATE USE ONLY

|                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                        |  |                                                                                                             |  |                                                                                                                                                                                                   |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| DECEDENT - NAME FIRST<br><b>Arthur</b>                                                                                                                                                                                                                                                                                  |  | MIDDLE<br><b>Carol</b>                                                                                                                                                                                                                                                 |  | LAST<br><b>McKenney, Jr.</b>                                                                                |  | SEX<br><b>Male</b>                                                                                                                                                                                | DATE OF DEATH (Mo., Day, Yr.)<br><b>October 16, 1997</b> |
| PLACE OF DEATH (City/Town)<br><b>Barnstable</b>                                                                                                                                                                                                                                                                         |  | COUNTY OF DEATH<br><b>Barnstable</b>                                                                                                                                                                                                                                   |  | HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)<br><b>Cape Cod Hospital</b> |  |                                                                                                                                                                                                   |                                                          |
| PLACE OF DEATH (Check only one):<br>HOSPITAL:<br><input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER:<br><input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) |  | SOCIAL SECURITY NUMBER<br><b>██████████-8845</b>                                                                                                                                                                                                                       |  | IF US WAR VETERAN<br>SPECIFY WAR<br><b>WW II</b>                                                            |  |                                                                                                                                                                                                   |                                                          |
| WAS DECEDENT OF HISPANIC ORIGIN?<br>(If yes, Specify Puerto Rican, Dominican, Cuban, etc.)<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                       |  | RACE (e.g. White, Black, American Indian, etc.)<br>(Specify):<br><b>White</b>                                                                                                                                                                                          |  | DECEDENT'S EDUCATION (Highest Grade Completed)<br>Elem/Sec (0-12)   College (1-4, 5+)<br><b>2</b>           |  |                                                                                                                                                                                                   |                                                          |
| 8a. Specify:<br>AGE - Last Birthday (Yrs.)<br><b>69</b>                                                                                                                                                                                                                                                                 |  | 8b. Specify:<br>UNDER 1 YEAR<br>MOS   DAYS<br><b>100</b>                                                                                                                                                                                                               |  | UNDER 1 DAY<br>HOURS   MINS<br><b>January 8, 1928</b>                                                       |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>San Francisco, California</b>                                                                                                            |                                                          |
| 10a. MARRIED, NEVER MARRIED<br>WIDOWED OR DIVORCED<br><b>Married</b>                                                                                                                                                                                                                                                    |  | 13. LAST SPOUSE (If wife, give maiden name)<br><b>Nina Bogard</b>                                                                                                                                                                                                      |  | 14a. USUAL OCCUPATION<br>(Prior - If retired)<br><b>Supervisor</b>                                          |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Airlines</b>                                                                                                                                              |                                                          |
| 12. RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY<br><b>663 Ruby St., El Cajon, San Diego, California</b>                                                                                                                                                                                                     |  | 15a. FATHER - FULL NAME<br><b>Arthur C. McKenney, Sr.</b>                                                                                                                                                                                                              |  | 17. STATE OF BIRTH (If not in US, name country)<br><b>CA</b>                                                |  | 19. MOTHER - NAME (GIVEN) (MAIDEN)<br><b>Unknown</b>                                                                                                                                              |                                                          |
| 18. STATE OF BIRTH (If not in US, name country)<br><b>Unknown</b>                                                                                                                                                                                                                                                       |  | 19. STATE OF BIRTH (If not in US, name country)<br><b>Unknown</b>                                                                                                                                                                                                      |  | 20. INFORMANT'S NAME<br><b>Nina M. McKenney</b>                                                             |  | 21. MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE<br><b>663 Ruby St., El Cajon, California 92020</b>                                                                                    |                                                          |
| 22. RELATIONSHIP<br><b>Wife</b>                                                                                                                                                                                                                                                                                         |  | 23. METHOD OF DISPOSITION<br><input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION<br><input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE<br><input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC: |  | 24. FUNERAL SERVICE LICENSEE<br><b>Robert L. Studley</b>                                                    |  | 25. LICENSE #<br><b>5024</b>                                                                                                                                                                      |                                                          |
| 26a. PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)<br><b>Duxbury Crematory</b>                                                                                                                                                                                                                            |  | 26b. LOCATION (City/Town, State)<br><b>Duxbury, Massachusetts</b>                                                                                                                                                                                                      |  |                                                                                                             |  |                                                                                                                                                                                                   |                                                          |
| 27. DATE OF DISPOSITION (Mo., Day, Yr.)<br><b>October 20, 1997</b>                                                                                                                                                                                                                                                      |  | 28a/b. NAME AND ADDRESS OF FACILITY<br><b>Doane, Beal &amp; Ames, Inc. 160 West Main St., Hyannis, MA 02601</b>                                                                                                                                                        |  |                                                                                                             |  |                                                                                                                                                                                                   |                                                          |
| 29. PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.                                                             |  |                                                                                                                                                                                                                                                                        |  |                                                                                                             |  |                                                                                                                                                                                                   | Approximate Interval Between Onset and Death             |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Myocardial Infarction</b>                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                        |  |                                                                                                             |  |                                                                                                                                                                                                   | <b>Hours</b>                                             |
| Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. <b>Diabetes Mellitus</b>                                                                                                                                     |  |                                                                                                                                                                                                                                                                        |  |                                                                                                             |  |                                                                                                                                                                                                   | <b>Years</b>                                             |
| PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                        |  |                                                                                                             |  |                                                                                                                                                                                                   |                                                          |
| 30. WAS CASE REFERRED TO M.E.?<br>(Yes or No)<br><b>Yes</b>                                                                                                                                                                                                                                                             |  | 34. MANNER OF DEATH<br><input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE<br><input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION             |  | 35a. DATE OF INJURY (Mo., Day, Yr.)                                                                         |  | 31. WAS AUTOPSY PERFORMED?<br>(Yes or No)<br><b>No</b>                                                                                                                                            |                                                          |
| 33. DESCRIBE HOW INJURY OCCURRED                                                                                                                                                                                                                                                                                        |  | 35b. PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify:                                                                                                                                                                                     |  | 35c. LOCATION (No. & St., City/Town, State)                                                                 |  | 32. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br>(Yes or No)                                                                                                         |                                                          |
| 35d.                                                                                                                                                                                                                                                                                                                    |  | 35e.                                                                                                                                                                                                                                                                   |  | 35f.                                                                                                        |  | 35c. INJURY AT WORK<br>(Yes or No)<br><b>M</b>                                                                                                                                                    |                                                          |
| 36a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated<br>(Signature and Title)<br><b>Craig S Connell</b>                                                                                                                                                         |  | 36b. DATE SIGNED (Mo., Day, Yr.)<br><b>October 16, 1997</b>                                                                                                                                                                                                            |  | 36c. HOUR OF DEATH<br><b>9:08 AM</b>                                                                        |  | 37a. 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<br>(Signature and Title)<br><b>Craig S Connell</b> |                                                          |
| 36d. NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER                                                                                                                                                                                                                                                                       |  | 37b. DATE SIGNED (Mo., Day, Yr.)                                                                                                                                                                                                                                       |  | 37c. HOUR OF DEATH                                                                                          |  | 37d. PRONOUNCED DEAD (Mo., Day, Yr.)                                                                                                                                                              |                                                          |
| 36d.                                                                                                                                                                                                                                                                                                                    |  | 37b.                                                                                                                                                                                                                                                                   |  | 37c.                                                                                                        |  | 37d.                                                                                                                                                                                              |                                                          |
| 38. NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)<br><b>Craig S Connell Cape Cod Hospital Hyannis, MA</b>                                                                                                                                                                                |  | 39. LICENSE NO. OF CERTIFIER<br><b>150390</b>                                                                                                                                                                                                                          |  | 40a. WAS THERE AN R.N. PRONOUNCEMENT?<br>Yes or No<br><b>No</b>                                             |  | 40b. IF YES, DATE PRONOUNCED                                                                                                                                                                      |                                                          |
| 40c. IF YES, TIME PRONOUNCED<br><b>M</b>                                                                                                                                                                                                                                                                                |  | 40d. NAME OF PRONOUNCING REGISTERED NURSE                                                                                                                                                                                                                              |  | 41. DATE BURIAL PERMIT ISSUED:<br><b>October 17, 1997</b>                                                   |  | 42. RECEIVED IN THE CITY/TOWN OF:<br><b>BARNSTABLE</b>                                                                                                                                            |                                                          |
| 41. SIGNATURE - BD. OF HEALTH<br><b>Robert L. Studley, Agent</b>                                                                                                                                                                                                                                                        |  | 42. CLERK'S SIGNATURE<br><b>Valda L. Dechenrieder</b>                                                                                                                                                                                                                  |  | 43. DATE OF RECORD<br><b>Oct 20, 1997</b>                                                                   |  |                                                                                                                                                                                                   |                                                          |

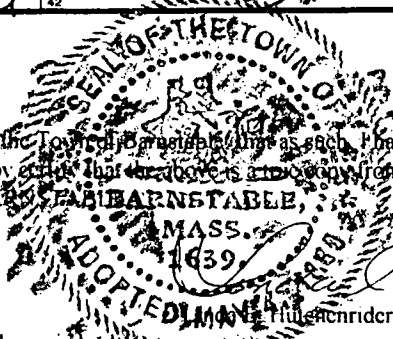
DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

INK ONLY



I, the undersigned, hereby certify that I am the Town Clerk of the Town of Barnstable, Massachusetts, and I have custody of the records of births, marriages and deaths, required by law to be kept in my office; and I do hereby certify that the above is a true and correct copy from said records.  
WITNESS: My hand and the SEAL OF THE TOWN OF BARNSTABLE, MASS.  
A TRUE COPY ATTEST: at Barnstable, Massachusetts

(If this attestation is not in red, this document has been illegally copied - do not accept)