

APN 1418-03-802-003

WHEN RECORDED RETURN TO:

Tamara Reid, Esq.
Aguirre Riley, P.C.
427 West Plumb Lane
Reno, NV 89509

MAIL TAX STATEMENTS TO:

Meridee A. Moore, Trustee
3580 Jackson Street
San Francisco, California 94118

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person or persons as required by law: NRS 40.525

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

MERIDEE A. MOORE, of legal age, being first duly sworn, deposes and says:

1. KEVIN NEIL KING, the Decedent referenced in the certified Certificate of Death attached hereto, died on September 19, 2021, and was, until his death, and is the same person as KEVIN N. KING, in that certain MEMORANDUM OF TRUST AGREEMENT AND GRANT DEED, dated March 20, 2006, executed by MERIDEE A. MOORE, recorded as Document Number 0672154 on April 5, 2006, Official Records of Douglas County, Nevada, covering the real property located at 147 Pray Meadow Road, City of Glenbrook, County of Douglas, State of Nevada, described as follows:

PARCEL A:

A portion of the Southeast 1/4 of Section 3, Township 14 North, Range 18 East, M.D.B. & M., more particularly described as follows:

Begin at an iron pin set in concrete, at the Southeasterly corner of the Matthews property, whence the meander corner of Lake Tahoe between Sections 3 and 10, Township 14 North, Range 18 East, M.D.B. & M., bears South 69° 43' West, 1206.1 feet; thence North 14° 40' West, 286.54 feet along the Easterly side line of said Matthews property to an iron pipe set in concrete at the Northeasterly corner of said Matthews property; thence South 88° 32' East, 200 feet to an iron pipe set in concrete; thence South 16° 04' East, 256 feet to an iron pipe set in concrete; thence South 82° 30' West, 200 feet to the place of beginning.

PARCEL B:

An easement for beach and recreational purposes described as follows:

All that certain real property situate in the State of Nevada, County of Douglas, being a portion of the Northeast ¼ of Section 10, Township 14 North, Range 18 East, M.D.B. & M., and being more particularly described as follows:

Beginning at the most Northerly corner of "Lot G", a Recreational Common Area of Glenbrook Subdivision Unit 3, as shown and so designated on the official plat thereof, recorded in the Official Records of Douglas County, June 13, 1980, Document No. 45299; thence from said POINT OF BEGINNING along the East line of said Lot G South 16° 11' 12" East, 277.14 feet; thence South 33° 05' 34" East 49.99 feet; thence leaving said East line South 56° 48' 00" West, 119.73 feet more or less to a point on the Water line of Lake Tahoe; thence along said water line more or less, North 25° 15' 51" West, 318.05 feet more or less to the intersection of said water line and the North line of said Lot G; thence along said North line 56° 48' 00" East, 157.00 feet to the POINT OF BEGINNING.

Legal description obtained from MEMORANDUM OF TRUST AGREEMENT AND GRANT DEED, Book 0406, Page 1767, Document No. 0672154, recorded April 5, 2006, in the Official Records of Douglas County, Nevada.

2. That upon the death of KEVIN N. KING, MERIDEE A. MOORE became the sole Trustee under THE KEVIN N. KING AND MERIDEE A. MOORE FAMILY TRUST, dated December 1, 2005.

Dated this 5th day of December, 2023.

THE KEVIN N. KING AND MERIDEE A. MOORE FAMILY TRUST

By:


MERIDEE A. MOORE, Trustee

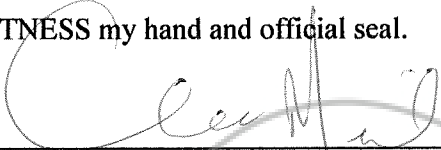
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

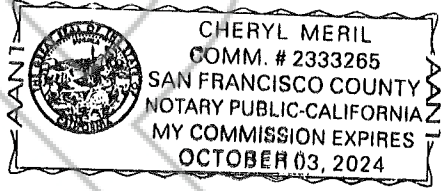
STATE OF California)
) ss.
COUNTY OF San Francisco)

On December 5, 2023, before me, Cheryl Meril, a Notary Public, personally appeared MERIDEE A. MOORE, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052021233105

CERTIFICATE OF DEATH

3202138004919

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 3/06)</small>				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
KEVIN		NEIL		KING			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
		03/14/1957		64		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDP (a) Time of Death	
CO		[REDACTED]-3462		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree <small>(See worksheet on back)</small>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <small>(If yes, see worksheet on back)</small>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
MASTER'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE		09/19/2021	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION		8. HOUR (24 Hours)	
ART COLLECTOR		ART COLLECTING		30		1115	
20. DECEDENT'S RESIDENCE (Street and number, or location)							
3580 JACKSON STREET							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTRY	
SAN FRANCISCO		SAN FRANCISCO		94118		64	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP					
CA		MERIDEE ANNE MOORE, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)							
3580 JACKSON STREET, SAN FRANCISCO, CA 94118							
28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
MERIDEE		ANNE		MOORE			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
NEIL		CALDWELL		KING		CO	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
GRETCHEN		MARY		GOIT		MN	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
09/23/2021		RESIDENCE OF MERIDEE ANNE MOORE 3580 JACKSON STREET, SAN FRANCISCO, CA 94118					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
CREMATE/RESIDENCE		NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
DUGGAN'S FUNERAL SERVICE-DUGGAN		FD44		SUSAN PHILIP, MD MPH		09/22/2021	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
RESIDENCE WITH HOSPICE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)				106. CITY	
SAN FRANCISCO		3580 JACKSON STREET				SAN FRANCISCO	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				Time Interval Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A) GLIOBLASTOMA MULTIFORME OF PARIETAL LOBE						YEARS	
(B)						109. BIOPSY PERFORMED?	
(C)						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)						110. AUTOPSY PERFORMED?	
Sequitely, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?							
<input type="checkbox"/> YES <input type="checkbox"/> NO							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							
RIGHT SIDE WEAKNESS, EXPRESSIVE APHASIA, HEADACHES							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)							
CRANIOTOMY WITH RESECTION 12/19/2021							
113A. IF FEMALE, PREGNANT IN LAST YEAR?							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		MARIANNE LOUISE KRAMER, MD		G69554	
09/02/2021		09/19/2021		20321 HARRINGTON DR, SONOMA, CA 95476		09/21/2021	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
		MARIANNE LOUISE KRAMER, MD					
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER							
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
		TOMÁS ARAGÓN, MD, MPH COUNTY HEALTH OFFICER					
STATE REGISTRAR		A		B		C	
		D		E		FAX AUTH.#	
						CENSUS TRACT	

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED

SEP 28 2021

SUSAN PHILIP, MD, MPH
ACTING HEALTH OFFICER

Tomás Aragón
TOMÁS ARAGÓN, MD, MPH
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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