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Natalia K. Vander Laan, Esq.

APN: 1420-35-410-030

Recording requested by: )  
William Isaacs )  
2631 Skyline Dr. )  
Minden, NV 89423 )

When recorded mail to: )  
William Isaacs )  
2631 Skyline Dr. )  
Minden, NV 89423 )

Mail tax statement to: )  
William Isaacs )  
2631 Skyline Dr. )  
Minden, NV 89423 )



SHAWNYNE GARREN, RECORDER

### AFFIDAVIT – DEATH OF CO-TRUSTEE

I, WILLIAM EVANS ISAACS, of legal age, being first duly sworn, declare under penalty of perjury that:

MARIANNE M. ISAACS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARIANNE MCMAHON ISAACS named as one of the parties (grantees) in that certain deed dated October 25, 2018, and executed by WILLIAM EVANS ISAACS and MARIANNE MCMAHON ISAACS, husband and wife, as community property with right of survivorship (grantors) to WILLIAM EVANS ISAACS and MARIANNE MCMAHON ISAACS, Trustees or their successors in trust, under the WILLIAM EVANS ISAACS AND MARIANNE MCMAHON ISAACS REVOCABLE LIVING TRUST, dated May 11, 2010, and any amendments thereto (grantees), recorded on December 10, 2018, as Document No. 2018-923393 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 54 in Block E as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I filed for record with the Douglas County Recorder on May 11, 2001 in Book 0501, of Official Records, Page 3298 as Document No. 514006.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

MARIANNE MCMAHON ISAACS, the deceased party, died on January 16, 2023, as shown in the attached certified copy of Certificate of Death.

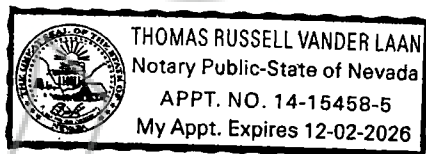
The Affiant is the Husband of the deceased party and now the sole surviving Trustee of WILLIAM EVANS ISAACS AND MARIANNE MCMAHON ISAACS REVOCABLE LIVING TRUST, dated May 11, 2010, and any amendments thereto, now holding title as WILLIAM EVANS ISAACS, Trustee, or his successors in Trust, under the WILLIAM EVANS ISAACS AND MARIANNE MCMAHON ISAACS REVOCABLE LIVING TRUST, dated May 11, 2010, and any amendments thereto.

Executed on this March 21, 2023, in Douglas County, State of Nevada.

William E. Isaacs  
 WILLIAM EVANS ISAACS

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this March 21, 2023, by WILLIAM EVANS ISAACS.



[Signature]  
 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4329460

**CERTIFICATE OF DEATH**

2023000991  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Marianne M ISAACS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 16, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>2631 Skyline Dr</b>		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4 SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>November 23, 1952</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</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>William E ISAACS</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>3415</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Office Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>County</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2631 Skyline Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Jim MCMAHON</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jean BARNETT</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>William E ISAACS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2631 Skyline Dr Minden, Nevada 89423</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Cremations</b> <b>1600 Buckeye Rd Minden NV 89423</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>B A BOTTENBERG DO</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 19, 2023</b>		21c. HOUR OF DEATH <b>21:15</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>DO674</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 20, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	PART I		(a) <b>Respiratory Failure</b>		Interval between onset and death	
	(b) <b>Polymyositis</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <b>Unknown Etiology</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(d)		DUE TO, OR AS A CONSEQUENCE OF:		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. <b>Hypertension, Hyponatremia</b>				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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

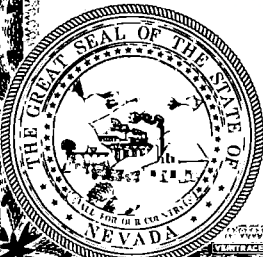


**CERTIFIED COPY OF VITAL RECORDS**

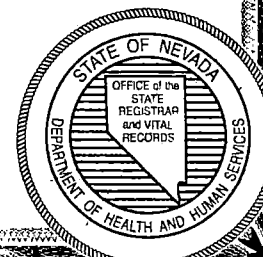
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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



STATE REGISTRAR



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**