DOUGLAS COUNTY, NV

2024-100*5344*

Rec:\$40.00 Total:\$40.00

03/07/2024 09:30 AM

JOSEPH W TILLSON, ESQ

Pgs=4

Document Transfer Tax \$

Assessor's Parcel No.: 1420-08-412-001

WHEN RECORDED MAIL TO:

Scott Johnstone 1918 Tedsen Lane Gardnerville NV 89410 MAIL TAX STATEMENTS TO: Same as Above

The grantor declares:

Documentary transfer tax is \$ -0-

[x] computed on full value of property conveyed.

SHAWNYNE GARREN, RECORDER

AFFIDAVIT -- DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

MICHAEL JOHNSTONE, of legal age, being first duly sworn, deposes and says:

- 1. LEANORA JOHNSTONE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated February 7, 2011, executed by ANDREW JOHNSTONE and LEANORA JOHNSTONE, husband and wife, as community property to ANDREW JOHNSTONE and LEANORA JOHNSTONE, Trustees of the 2011 JOHNSTONE FAMILY TRUST dated February 7, 2011. That deed was recorded on April 8, 2011 as Document No. 0781265 at Book 0411, Page 1370 in the Official Records of Douglas County, State of Nevada.
- 2. LEANORA JOHNSTONE acquired title as sole trustee as a result of the death of ANDREW JOHNSTONE under that certain AFFIDAVIT-DEATH OF SETTLOR. TRUSTEE AND BENEFICIARY executed by LEANORA JOHNSTONE on April 13, 2016. That affidavit was recorded on May 25, 2016 as Document No. 2016-881261 in the Official Records of Douglas County, State of Nevada.
- 3. I succeeded LEANORA JOHNSTONE as Trustee of the 2011 JOHNSTONE FAMILY TRUST dated February 7, 2011 as the result of the death of LEANORA JOHNSTONE on March 12, 2023.
- 4. This affidavit affects the title to that real property situated in the County of Douglas, State of Nevada, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Dated: -

Page 1 of 3

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))		7 /
Subscribed and sworn to (or affirmed	d) before me on this _	7 day of FEGR	uny zuz4
, by MICHAEL A. JOHNSTONE, pro		The state of the s	76.
person who appeared before me.			

MICHAEL TILLSON
Comm. #2365016
Notary Public California El Dorado County
Comm. Expires Jul 10, 2025

AFFIDAVIT --DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

APN: 1420-08-412-001

Commonly known as 999 Hillside Drive

EXHIBIT "A"

The following described real property in the County of Douglas, State of Nevada:

Lot 2, in Block O, as set forth on Final Map No. 1001-8 of Sunridge Heights, Phases 7B & 9, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 5, 1995, Book 995, Page 410, as Document No. 369825.

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

APN: 1420-08-412-001

Commonly known as 999 Hillside Drive



CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

		CERTIFICATE OF DEATH STATE FILE NUMBER USE BLACK PAX DNLY / RO ERAURES, HATERDUTS OR ALTERATIONS			
	STATE FILE NUMBER 1 NAME OF DECEDENT- FIRST (Given)				
ĕ	LEANORA	3. LAST (Family) JOHNSTONE			
ONAL DATA	AKA, ALSO KNOWN AS - Include Itulij AKA (FIRST, MIDOLE, LAST)	05/09/1926 96 Moni	DEER ONE YEAR IF UNDER 24 HOURS 6. SEX THE Days Hours Minutes F		
rs PERS	9. BIRTH STATE/FOREIGN COUNTRY KS 10. SOCIAL SECURITY 10. SOCIAL S	☐ YES X NO ☐ UNK WIDOWED 0:	3/12/2023 1225		
DECEDENT'S PERSONAL	13. EDUCATION - Hyperia Law/Degree 14/15, WAS DECEDENT HISPANCO (does workshed of Data) YES YES 17. USUAL OCCUPATION - Type of work for most of sie DO NOT USE	ATINO(A)/SPANISH? & yes, see worksheet on back 16. DECEDENT'S RACE - Up to 3 races may b WHITE	The state of the s		
	HOMEMAKER	18. KIND OF BUSINESS OF INDUSTRY (e.g., grocary store, road construction, OWN HOME	employment agency, etc.) 19 YEARS IN OCCUPATION 50		
USUAL, RESIDENCE	20. DECEDENT'S RESIDENCE (Street and rumber, or location) 2824 BLITZEN ROAD				
	SOUTH LAKE TAHOE EL	INTY/PROVINCE 23 ZIP CODE 24, YEARS IN COUNTY DORADO 96150 30	25. STATE/FOREIGN COUNTRY CA		
INFOR-					
SPOUSE/SRDP AND ARENT INFORMATION	28 NAME OF SURVIVING SPOUSE/SRIDP-FIRST - 31. NAME OF FATHER/PARENT-FIRST	29 MODILE 30 LAST (BIRTH NAME) -			
	AUGUST 35 NAME OF MOTHER/PARENT-FIRST	32 MDOLE 33. LAST VENANZI 36 MDOLE 37. LAST (BIRTH NAME)	34. BERTH STATE ITALY		
	MOLLY 39. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL DISPO	- MAURIZIO	38. BIATH STATE ITALY		
FUNERAL DIRECTORY LOCAL REGISTRAR	03/22/2023 1261 JOHNSON BLVD., SOUTH LAKE TAHOE, CA 96150				
UNERAL DI	BURIAL 44, NAME OF FUNERAL ESTABLISHMENT MCFARLANE MORTUARY	NOT EMBALMED 45 LOENSE NUMBER 48 SIGNATURE OF LOCAL REGISTRAR	43. LICENSE NUMBER - 47. DATE mm/dd/coyy		
£ 3	MCFARLANE MORTUARY RESIDENCE-HOSPICE	FD1180 NANCY WILLIAMS MD, MPH			
PLACE OF DEATH	RESIDENCE-HOSPICE DRIOP DOA Mospice M				
	EL DORADO 2824 BLITZEN 107. CAUSE OF DEATH Cnter the chain of events — dis	KSRS, INCRES, Of CORRESCEDIORS — their directly connect month, DO BOT only terminal assets in ch.	SOUTH LAKE TAHOE Time bitered Briwsen 108, DEATH REPORTED TO CORONERS		
CAUSE OF DEATH	IMMEDIATE CAUSE (A) SEVERE SEPSIS [Final disease or condition resulting	ist, or variatious for flation without showing the studiosy. DO NOT ASSREVIATE.	Onset and Death (AT) 6 DAYS		
	sequentially, list conditions, if any,		6 DAYS YES X NO		
	laading to cause on the A Ender UNDERLYING CAUSE (disease or injury that	ED PNEUMONIA	(CT) 110. AUTOPSY PERFORMED? 6 DAYS YES X NO		
CAUSE	Initiated the events IP7 resulting in death) LAST		(DT) 111, USED IN DETERMINING CAUSE? YES NO		
_	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B NONE	/ /	•		
2	NO		1134, DECEDENT PREGNANT EN LUST YEAR? YES X NO LUNK		
PHYSICIAN'S CERTIFICATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	S. SIGNATURE AND TITLE OF CERTIFIER STEVEN LAURENCE BROOKS, MD TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS 719 CODE	G54095 03/15/2023		
CERT	03/09/2023 03/10/2023 P	TYPEATENDING PRYSICIAN'S NAME, MULING ADDRESS, ZIP CODE STEVEN LAU O BOX 5637, TATELINE, NV 89449			
'n	MANNER OF DEATH Natural Accident Horricide 123 PLACE OF INJURY (e.g., home, construction effe, wooded area, e	OPLICE STATED FROM THE CAUSES STATED, Succide Pondung Could not be YES NO UNK	121 INJURY DATE mm/dd/ocyy 122. HOUR (24 Hours)		
CORONER'S USE ON	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)				
RONER'S	125 LOCATION OF INJURY (Street and number, or location, and phy, and zip)				
8					
_	128 SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE m:m/dd/ccyy 128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE m:m/dd/ccyy				
STA REGIS	TE A B C D	(Under 1915, Confidential Cartering International Revenue	FAX AUTH.# CENSUS TRACT		
					

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED MAR 2 3 2023



New Mullin Manni

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

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