

12  
157  
APN 1220-12-310-048 (Old APN 0000-23-223-140)

**RECORDING REQUESTED BY and  
AFTER RECORDING MAIL THIS DEED TO:**

✓ Rachelle J. Nicolle  
Attorney at Law  
1650 Highway 395, Suite 102B  
Minden, NV 89423

**MAIL TAX STATEMENTS TO:**

SUSAN SPOTTS, TRUSTEE  
1054 Jewel Circle  
Gardnerville, NV 89410

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**AFFIDAVIT - DEATH OF ORIGINAL TRUSTEE &  
SERVICE OF SUCCESSOR TRUSTEE**

**Susan Spotts, of legal age, being first duly sworn, deposes and says:**

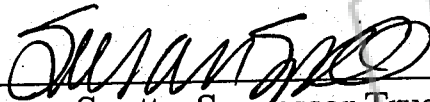
1. That on June 13, 1991 James Archie Hill executed the James Archie Hill Trust.
2. The terms of this Trust empower me, Susan Spotts, to act as the Successor Trustee for the Trust after the death of James Archie Hill. I hereby affirm my intention to act as the successor Trustee of the **James Archie Hill Trust**.
3. I also declare and affirm that James Archie Hill, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James Archie Hill Trustee of the **James Archie Hill Trust** (U/D/T dated June 13, 1991 for the benefit of the Hill Family).
4. James Archie Hill is the named Trustee party in that certain Quitclaim Deed dated August 1, 1991 granting to James Archie Hill, Trustee of the **James Archie Hill Trust**, and recorded on October 21, 1991, in Document 263076, Book 1091 and Page 3368 of the official records of Douglas County, Nevada covering the property described below:

Lot 45, Pinenut Subdivision, as shown on the Official Map recorded in the office of the County Recorder on June 11, 1963, in Book 1 of Maps, Document No. 22783, Douglas County Records.

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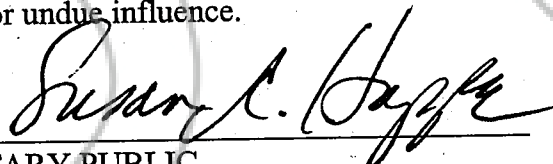
5. Under the James Archie Hill Trust, I have the powers granted as successor Trustee to sign for the transfer of the above-described real property.
6. The above stated affirmation is provided under penalty of perjury in Douglas County, Nevada on August 16, 2002.

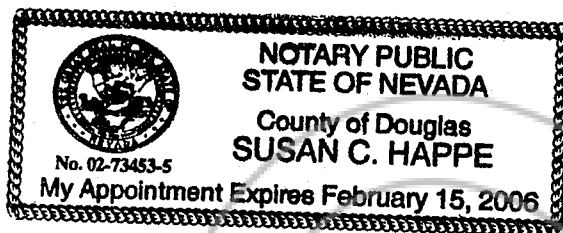
  
Susan Spotts, Successor Trustee

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada )  
County of Douglas )

On August 16, 2002, before me, a notary public for said state and county, personally appeared SUSAN SPOTTS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

  
NOTARY PUBLIC



0549822

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

**TYPE OR PRINT IN PERMANENT BLACK INK**

**DECEDENT**

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

**PARENTS**

**DISPOSITION**

**CERTIFIER**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

**CAUSE OF DEATH**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. James Archie HILL		2. March 16, 2002	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Gardnerville		3c. 1054 Jewel Circle	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. X	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 81		MOS : DAYS	
UNDER 1 DAY		HOURS : MINS	
7c. :		7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		SEX	
8. November 6, 1920		4. Male	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Kansas		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. [REDACTED] 9857		10. 12	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Plumber		11. Widowed	
KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
14b. Plumbing		12.	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Gardnerville		15d. 1054 Jewel Circle	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John Hill		17. Margarie Fulton	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Susan R. Spotts		18b. 1054 Jewel Circle, Gardnerville, NV 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
LOCATION City or Town State		19c. Minden, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 9	
NAME AND ADDRESS OF FACILITY		20c. 1478 Fourth Street, Minden, NV 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.	
Signature and Title		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 3-19-02		22b. :	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1520		22c. :	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
PRONOUNCED DEAD (Hour)		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Bryan Ricks, M.D., 911 Mountain St., Carson City, NV 89703		23b. 9435	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) [Signature]		24b. March 19, 2002	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) CARDIOPULMONARY ARREST		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) CONGESTIVE HEART FAILURE		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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.		AUTOPSY (Specify Yes or No)	
26. No		27. Yes	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN STATE	



STATE REGISTRAR

No. 212578

This is to certify that the above is a true and correct copy of the certificate on file in this office.

*Sybil Saylor*

Date Issued: **MAR 19 2002** **0549822** State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Rachelle J Nicolle  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 AUG 19 PM 2:21

LINDA SLATER  
RECORDER

\$17<sup>00</sup> PAID K2 DEPUTY

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