REQUESTED BY DOUGLAS CO., NEVADA

2004 NOV - LAM 9: 10

WERNER CHRISTEN

DEPUTY

RECORDER

APN: 1420-07-815-003

RECORDING REQUESTED BY: Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name

DAVID JOE HILEMAN

Street

977 HILLTOP DR

Address

City,State

CARSON CITY, NV 89705

Zip

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, DAVID JOE HILEMAN, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated OCTOBER 23, 1990, and all amendments thereto, ANN S. HILEMAN executed the HILEMAN FAMILY TRUST ("Trust").
- (2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of ANN S. HILEMAN .
- (3) ANN S. HILEMAN died on AUGUST 20, 2002, a resident of Douglas, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said ANN S. HILEMAN
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.
 - (5) The following described real property is part of the trust estate:

LOT 3 IN BLOCK P AS SET FORTH ON THE FINAL MAP NO. 1001-8 OF SUNRIDGE HEIGHTS PHASE 7B AND 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 AND BY CERTIFICATE OF AMENDMENT RECORDED AUGUST 14, 1996 IN BOOK 896, PAGE 2588, AS DOCUMENT NO. 394289

- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.
 - (7) No other person has a right to the interest of the Trust in the described property.
 - (8) The described property shall be transferred to me as Successor Trustee.

Affidavit of Successor Trustee - Page 2

0628040 BKIIO4PGOOOOI Executed on 11/1/04.

DAVID JOE HILEMAN, Successor Trustee

STATE OF NEVADA

COUNTY OF DOUGLAS

}ss

This instrument was acknowledged before me on November 1, 2004

by DAVID JOE HILEMAN

Notary Public



NOTARY PUBLIC STATE OF NEVADA

SHARON GOODWIN

My Appointment Expired June 14, 2006

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ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.

INJURY AT WORK (Specify Yes or No)

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH — SECTION OF VITAL STATISTICS** [2002 D T] **CERTIFICATE OF DEATH**

LOCAL FILE NUMBER DECEASED-NAME DATE OF DEATH (Morath, Day, Year) COUNTY OF DEATH HILEMAN. 2. August 20, 2002 3 Carson City S. Ann **#**" CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) If Hosp. or Inst. indicate DOA, OP/Eme Rm. Inpatient (Specify) Inpatient $_4$ Female Carson City Carson Convalescent 30. ecedent of Hispanic Origin? Specify ☐ yes 🔀 no If yes, Mexican, Cuban, Puerto Rican, etc. UNDER 1 YEAR MOS DAYS UNDER 1 DAY -(e.g., White, Black, America Indian, etc.) (Specify) DATE OF BIRTH (Mo., Day, Yr.) MOS 8. November 23, 1911 White 7a. 9() MARRIED, NEVER MARRIED. SURVIVING SPOUSE (if wife, give maiden name) STATE OF BIRTH CITIZEN OF WHAT COUN-Decedent's Education. Specify highest (If not U.S.A., name country) MIDOWED, DIVORCED (Specify) Married g 12. David Hileman Kansas U.S.A. 10. KIND OF BUSINESS OR INDUSTRY SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 961 4742 Homemaker Own Home 14a. RESIDENCE-STATE COUNT CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) 15d 974 Hillside Dr. Carson City 15a. Nevada 156. Douglas Yes MOTHER MAIDEN NAME FATHER-NAME Last Alice Healy Leake William 4 8 1 INFORMANT-NAME (Type or Print) (Street or R.F.D. No., City or Town, State, Zip) 974 Hillside Drive, Carson City, Nevada 89705 18a David Hileman - Husband 18b. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY-NAME LOCATION FitzHenry's Crematory Cremation Carson City, Nevada ¥ NAME AND ADDRESS OF FACILITY FUNERAL DIRECTOR SIGNATURE FUNERAL DIRECTOR. FitzHenry's Funeral Home 217 2002 833 N. Edmonds Drive, Carson City, NV 89701 20b. 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 HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21 0425 02 21c. 22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOLINGED DEAD (Hour) 22d. ON NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER 23a Laurence Gay, M.D., 3050 N. Ormsby Blvd., Carson City, NV 5152 23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24a. (Signature) 25. IMMEDIATE CAUSE Interval between onset and death onset and death DUE TO, OR AS A mon ths

STATE REGISTRAR

DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY

No. 254227

CITY OR TOWN

26. No

STREET OR R.F.D. No.

WAS CASE REFERRED TO CORONER (Specify Yes or I

No

23072

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CERTIFIED COPY OF VITAL RECORDS

28d

28g

LOCATION.

DESCRIBE HOW INJURY OCCURRED

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 Record

DATE ISSUED:

OCT 28 2004

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

