REQUESTED BY

AULA Heleman
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

APN: 1420-07-815-003

2004 NOV - 1 AM 9: 11

WERNER CHRISTEN RECORDER

S PAID CON DEPUTY

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, DAVID E. HILEMAN executed the HILEMAN FAMILY TRUST ("Trust").
- (2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of DAVID E. HILEMAN.
- (3) DAVID E. HILEMAN died on OCTOBER 26, 2004, a resident of Douglas, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said DAVID E. 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.

0628041 BK1104PG00004

Affidavit of Successor Trustee - Page 2

Executed on 11/1/04.

DAVID JOE HILEMAN, Successor Trustee

STATE OF NEVADA

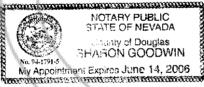
COUNTY OF DOUGLAS

ss

This instrument was acknowledged before me on November 1, 2004

by DAVID JOE HILEMAN

Motary Public



0628041 BK1104PG00005



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**

	LOCAL FILE NUMBER				STATE FILE NUMBER
INT	DECEASEDNAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
ENT NK	1. David	Elliott	HILEMAN	² October 26, 2004	
^	CITY, TOWN OR LOCATION OF DE		HER INSTITUTION—Name (# not either, give	street and number) If Hosp, or Inst. ind Rm. Inpatient (Spe	icate DOA, OP/Emer. SEX
П	3b. Carson City		111side Drive	3e.	4Male
7	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	 Was Decedent of Hispanic specify Mexican, Cuban, President 	Origin? Specify ☐ yes ☐ no If yes, AGE— uerto Rican, etc. Birthda	est UNDER 1 YEAR UNDER 1 V (Years) MOS 1 DAYS HOURS	MINS DATE OF BIRTH (Mo., Day, Yr.)
Ì	5 White	6.	No 7a.	91 76. 7c.	8.November 24,19
	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT CO	Decedent's Education. Specify high grade completed.	WIROWED DWORDED	SURVIVING SPOUSE (If wife, give maiden nau
	9a. Kansas 🐬	9b. U.S.A.	10.	(Specify) Widowed	12.
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION Working Life, Even if Re	(Give Kind of Work Done During Most of edired)	KIND OF BUSINESS OR INDUSTRY	
;	13. 5273	14a.	Fireman	146. Fire Departm	ent
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS
~		156. Douglas	15c. Carson City	15d 974 Hills	ide (Specify Yes or No)
1	FATHER NAME First	Middle	Last MOTHER—MA	IDEN NAME First	Middle Last
*	16. Joseph	Hí	leman 17	Myrtle	Fish
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Tov	
	18a Dave Hileman		18b. 977 Hillton	Dr., Carson City,	Nevada 89705
	BURIAL, CREMATION, REMOVAL, O	THER (Specify) CEMET	TERY OR CREMATORY—NAME	LOCATION	City or Town State
N	19a Cremation		FitzHenry's Cremato		n City, Nevada
	FUNERAL DIDECTOR—SIGNATURE (Or Persony Acting as Such)		RAL DIRECTOR NAME AND ADDRESS OF		uneral Home
	20a. Manshi	20b. 2	17 20c. 833 N. Ed	lmonds Dr. Carson	City, Nevada 89701
~					
	50 1/2 and the cause(s) and institute stated,				
	DATE SIGNED (Mo., Day	Yr.) HOUR OF	DEATH #	(Signature and Title) DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	TO 2140/2-8/	c 4 21c. 08		22b.	22c.
3	NAME OF ATTENDING P	HYSICIAN IF OTHER THAN CE		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
	FE 21d.			22d. ON	` ′ .
	NAME AND ADDRESS O	F CERTIFIER (PHYSICIAN, ATTI	ENDING PHYSICIAN, MEDICAL EXAMINER,	OR CORONER). (Type or Print.)	22e. AT LICENSE NUMBER
			D., 200 Bath St, Ca]
1	REGISTRAR	nebellaray III	DATE RECEIVED BY R	EGISTBAR (Mo., Day, Yr.) DEATH DUE TO	3 23b. 6433 COMMUNICABLE DISEASE
	24a. (Signature)	A D. A	~ · · · · · · · · · · · · · · · · · · ·	9 5 2004 24c YESTT	NO IXI
	25. IMMEDIATE CAUSE (ENTE	ER ONLY ONE CAUSE PER LINE	FOR (a), (b), AND (c)-)	1 28, 5004 [240. 125]	Interval between onset and death
	PART (a) Lung	Cancol		<i>3</i> 00	Manufic
	DUE TO, OR AS AT		0/	/	Interval between onset and death
\mathcal{N}	(6) Chronic Obstructive Polymonary Dione Years				
•	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				
╛	(c) / rog tate Cancol				
3 1			ing to death but not resulting in the underlying	cause given in Part 1. AUTOPSY (S	Decity Wife CASE REFERENCE TO
	i i		and the second state of th	Yes	or No) CORONER (Specify Yes or No)
	ACC., SUICIDE, HOM., UNDET., D.	ATE OF INJURY (Mo., Day, Yr.)	OUR OF INJURY DESCRIBE HOW	26. NO	27. No
\perp	OR PENDING INVEST. (Specify)			INVENT COUCHRED	
5			BC. M 28d.	OTDEST OF THE	
K	(Specify Yes or No)	LACE OF INJURY—At home, fan building, etc. (m, street, factory, office LOCATION. Specify)	STREET OR R.F.D. No.	OTTY OR TOWN STATE
X	28e. 28	я. /	28g.		
8			Sec.		In DZAACE
سب	1	STATE F	REGISTRAR	·	No. 274455

23062

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:

OCT 2 8 2004

STATE REGISTRAR

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

