

APN: 1319-18-310-005

RECORDING REQUESTED BY:

Gina Bringmann
P.O. Box 48
Palmer, Alaska 99645

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0507 PG- 2310 RPTT: 0.00



✓ **AFTER RECORDATION, RETURN BY MAIL TO:**

Sonia E. Taggart, Esq.
Taggart & Taggart, Ltd.
108 North Minnesota Street
Carson City, Nevada 89703

The undersigned hereby affirms that there is no Social Security number contained in this document. (Per NRS 239B.030)

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT OF GINA GINETTI BRINGMANN,
EXECUTRIX OF SURVIVING JOINT TENANT**

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: Map of Kingsbury Village (Document Title), Book: 9 Page: 792
Document # 19281 recorded December 27, 1961 (Date) in the Douglas County Recorders Office.

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fees apply)

MAP THEREOF, FILED ON JULY 10, 1963, IN BOOK 18, PAGE 352,
AS DOCUMENT NO. 22952.

Formerly APN: 11-135-02 and presently assigned
APN: 11319-18-310-005.

4. NANCY M. PADDOCK-MILLIM, also one of the grantees named in said deed, is the identical NANCY MARIE PADDOCK-MILLIM, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. The deceased wife of ROGER P. MILLIM.

5. As recited in the above-described Certificate of Death, NANCY MARIE PADDOCK-MILLIM, died on June 25, 2006, in Stateline, Douglas County, State of Nevada.

6. ROGER P. MILLIM, also one of the grantees named in said deed, is the identical ROGER PAUL MILLIM, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I, GINA GINNETTI BRINGMANN, am the daughter and Executrix to the estate of the deceased joint tenant, ROGER P. MILLIM.

7. As recited in the above-described Certificate of Death, ROGER PAUL MILLIM, died on August 4, 2006, in Palmer, State of Alaska.

8. That the above-referenced property is subject to probate in the estate matter of ROGER PAUL MILLIM, filed on February 8, 2007, as Case No. 06-PB-0106, in the Ninth Judicial District Court of the State of Nevada, in and for the County of Douglas.

FURTHER, AFFIANT SAYETH NAUGHT.


GINA GINNETTI BRINGMANN

SIGNED and SWORN to before me,
this 28th day of March, 2007,
by GINA GINNETTI BRINGMANN.


NOTARY PUBLIC

SEAL

Leri S. Hayden
10/19/2010

<p>The undersigned hereby affirms that there is no Social Security number contained in this document</p> <p>APN: 1319-18-310-005</p> <p>RECORDING REQUESTED BY: Gina Bringmann P.O. Box 48 Palmer, Alaska 99645</p> <p>AFTER RECORDATION, RETURN BY MAIL TO: Sonia E. Taggart, Esq. Taggart & Taggart, Ltd. 108 North Minnesota Street Carson City, Nevada 89703</p>	
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT OF GINA GINETTI BRINGMANN,
EXECUTRIX OF SURVIVING JOINT TENANT**

STATE OF ALASKA)
) ss:
COUNTY OF MATANUSKA SUSITNA)

GINA GINETTI BRINGMANN, Executrix of Surviving Joint Tenant, hereby swears *under penalty of perjury, that the following assertions are true of her own personal knowledge:*

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated;
2. I am the Executrix of the Surviving Joint Tenant, ROGER P. MILLIM, the same person named as joint tenant, on of the grantees named in the certain Deed of Trust, recorded as Document No. 607021, Book No. 304, Page No. 5617, in the Office of the County Recorder of Douglas County, State of Nevada.
3. The real property which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is known as 434 Andria Drive, Stateline, Nevada 89449, and more specifically described as follows, to wit:

**Lot 44, AS SHOWN ON THE MAP OF KINGSBURY VILLAGE,
UNIT NO. 1, FILED FOR RECORD IN THE OFFICE OF THE
COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF
NEVADA, ON DECEMBER 27, 1961, IN BOOK 9, PAGE 792, AS
DOCUMENT NO. 19281, AND AS SHOWN ON THE AMENDED**

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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
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LOCAL FILE NUMBER			STATE FILE NUMBER			
DECEASED—NAME First Middle Last 1. Nancy Marie PADDOCK-MILLIM			DATE OF DEATH (Month, Day, Year) 2. June 25, 2006		COUNTY OF DEATH 3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH 3b. Stateline		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 434 Andrea		If Hosp. or Inst. indicate DOA, OP/Emer. Firm. Inpatient (Specify) 3e. Female		
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 57		
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Dealer		KIND OF BUSINESS OR INDUSTRY 14b. Casino		
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Stateline		STREET AND NUMBER 15d. 434 Andrea	
FATHER—NAME First Middle Last 16. Clyde Robinson			MOTHER—MAIDEN NAME First Middle Last			
INFORMANT—NAME (Type or Print) 18a. Roger Millim			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 2076 Stateline, NV 89449			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory		LOCATION City or Town State 19c. Carson City, NV		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09		NAME AND ADDRESS OF FACILITY 20c. Walton's Douglas County Mortuary 1478 Fourth St. 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. (Signature and Title) 21b. [Signature] DATE SIGNED (Mo., Day, Yr.)			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) 22b. [Signature] DATE SIGNED (Mo., Day, Yr.)			
21c. HOUR OF DEATH			22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON 06/25/06			
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Deputy Ron Valdespino, P.O. Box 218, Minden, Nevada 89423			22e. AT 11:13			
23b. LICENSE NUMBER #403			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
REGISTRAR 24a. [Signature] Mike Neuman			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 25, 2006		DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART 1		(a) Subdural hematoma DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
PART 1		(b) Blunt force trauma (Fall) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
PART 1		(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				Interval between onset and death
PART 2		26. NO		27. NO		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 26a. Accident		DATE OF INJURY (Mo., Day, Yr.) 28a. 06/25/06	HOUR OF INJURY 28c. 11:13	DESCRIBE HOW INJURY OCCURRED 28d. Fall from same height (Bed)		
INJURY AT WORK (Specify Yes or No) 28e. No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. At home.	LOCATION 28g. 434 Andrea	STREET OR R.F.D. No. Stateline	CITY OR TOWN STATE Nevada	

STATE REGISTRAR

No. 340971

129787

CERTIFIED COPY OF VITAL RECORDS

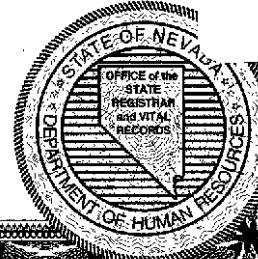
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

AUG - 2 2006

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0507
PG- 2313
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05/07/2007

CERTIFICATION OF VITAL RECORD

**STATE OF ALASKA
CERTIFICATE OF DEATH**

150 06001828
STATE FILE NUMBER

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
JUNEAU, ALASKA 99801

DATE RECEIVED
AUG 17 2006
August 4, 2006

SEE INSTRUCTIONS ON OTHER SIDE

SEE DEFINITION ON OTHER SIDE

SEE DEFINITION ON OTHER SIDE

SEE INSTRUCTIONS ON OTHER SIDE

SEE DEFINITION ON OTHER SIDE

SEE INSTRUCTIONS ON OTHER SIDE

SEE DEFINITION ON OTHER SIDE

SEE INSTRUCTIONS ON OTHER SIDE

SEE DEFINITION ON OTHER SIDE

BIRTH CERTIFICATE NUMBER		RECORDER'S NO.	
1. DECEDENT'S NAME (First, Middle, Last) Roger Paul Millim		1A. MAIDEN NAME	2. SEX M
4. SOCIAL SECURITY NUMBER		6a. AGE—Last birthday (Years) 61	8. DATE OF BIRTH (Month, Day, Year) April 6, 1945
3. STATE OF DEATH ALASKA		6b. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (if not institution, give street and number) Matsu Regional Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Palmer	
10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		11. SURVIVING SPOUSE (if wife, give maiden name)	
12a. DECEDENT'S USUAL OCCUPATION (give kind of work done during most of working life. Do not use prefix) Casino Pit Boss		12b. KIND OF BUSINESS/INDUSTRY Professional Gambling	
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
14a. RESIDENCE—STATE Alaska	14b. CITY, TOWN OR LOCATION Palmer	14c. STREET AND NUMBER 11630 Equestrian	
14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	14e. ZIP CODE 99645	16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:	18. RACE—Fill in, Black, Native, White, etc. White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) Emil Millim		19. MOTHER'S NAME (First, Middle, Maiden Surname) Pauline Simonson	
20a. INFORMANT'S NAME (Type/Print) Gina Bringmann		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 48, Palmer, Alaska 99645	
20c. RELATIONSHIP TO DECEDENT Daughter			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Kehl's Forest Lawn Crematory	
21c. LOCATION—City or Town, State Anchorage, Alaska			
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		22b. NAME AND ADDRESS OF FACILITY Kehl's Palmer Mortuary 209 S. Alaska Street, Palmer, Alaska 99645	
23a. Complete items 23a-b only when certifying physician is not available at time of death to certify cause of death.		23b. DATE SIGNED (Month, Day, Year)	
24. TIME OF DEATH 1:50 AM		25. DATE PRONOUNCED DEAD (Month, Day, Year) August 4, 2006	
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Acute Renal Failure DUE TO (OR AS A CONSEQUENCE OF): Dehydration DUE TO (OR AS A CONSEQUENCE OF):		Approximate Interval Between Onset & Death 4d	
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 29. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER/CORONER 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 as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH <i>[Signature]</i> MD		29c. DATE SIGNED (Month, Day, Year) 8/14/06	
29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (Item 29) (Type/Print name of certifier) 3223 E. Palmer/Wasilla Hwy Ste.2, Wasilla, AK 99654		29e. LICENSE NUMBER 3131	
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL," ITEMS 31a - 31f MUST BE COMPLETED.	
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY	31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31d. PLACE OF INJURY—At home, street, cannery, office, etc. (Specify)		31e. DESCRIBE HOW INJURY OCCURRED? (Events which resulted in injury)	
31f. LOCATION (Street and Number of Rural Route Number, City or Town, State)			
32. RECORDERS SIGNATURE		33. RECORDING DISTRICT	34. DATE FILED (Month, Day, Year)

1184306

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **AUG 25 2006**

Phillip L. Mitchell
STATE REGISTRAR

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PG- 2314
0700640 Page: 5 of 5 05/07/2007

