

APN# 1220-16-115-011

Recording Requested by:

Name: First American Title Insurance Company
Address: P.O. Box 645
City/State/Zip: Zephyr Cove, NV 89448
Order Number: 141-2472625

Death
Death of Trustee (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

NRS 440 380
(State specific law)

[Handwritten Signature] 11/21/14
Signature Title

Karen Peterson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated:

DECLARANT:

Ronald James Niman
Ronald James Niman
Ronald James Niman

State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 7 day of November, 20 14 by Ronald James Niman, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature *Nicole Peterson*



My Commission Expires: 3/18/18

Notary Name: Nicole Peterson Notary Phone: 775-588-1944
Notary Registration Number: 07-4315 County of Principal Place of Business Douglas

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2014009435
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Ruby A HICKMAN		2. DATE OF DEATH (Mo/Day/Year) June 12, 2014		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION (Name (if not either, give street and number)) Continuicare Hospital of Carson Tahoe, Inc		3e. If Hosp. or Inst. indicate DOA OP/ Emer. Rm. Inpatient (Specify) Inpatient	
	3d. SEX Female		7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
DECEDENT	9a. STATE OF BIRTH (if not U.S.A. name/country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
	11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) August 26, 1926	
	13. SOCIAL SECURITY NUMBER ██████████-2507		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life; Even If Retired) Cosmetologist		14b. KIND OF BUSINESS OR INDUSTRY Cosmetology	
	15a. RESIDENCE STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
PARENTS	15d. STREET AND NUMBER 1220 Sorenson Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT NAME (First Middle Last Suffix) Arthur Eugene KELLEY	
	17. MOTHER/PARENT NAME (First Middle Last Suffix) Florence MATCHETT		18a. INFORMANT NAME (Type or Print) Sharon PACKER			
	18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State; Zip) 1352 Northampton Cir Gardnerville Nevada 89410				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial	
DISPOSITION	19b. CEMETERY OR CREMATORY NAME Eastside Memorial Park		19c. LOCATION (City or Town State) Minden Nevada 89423			
	20a. FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DINADELLE VIOLA M.D SIGNATURE AUTHENTICATED		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) stated. (Signature & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) June 16, 2014		21c. HOUR OF DEATH 17:57		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dinadelle Viola M.D. 775 Fleischmann Way Carson City, NV 89703			
REGISTRAR	23b. LICENSE NUMBER 14436		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 16, 2014	
	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
CAUSE OF DEATH	PART I (a) Cardiac - Respiratory Arrest		Interval between onset and death			
	(b) Urinary Tract Infection		Interval between onset and death			
	(c) Acute Renal Failure		Interval between onset and death			
	(d) Bilateral Hydronephrosis		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Stage IV Lung Cancer Unknown Etiology				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED				
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

Information Corrected, State Affidavit# 60328, 06/19/2014 - 19a, 19b 19c

535260

CERTIFIED COPY OF VITAL RECORDS

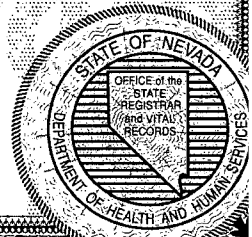
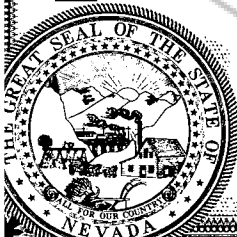
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUN 19 2014

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

Rudolph
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE