

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
Affidavit 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 440380
(State specific law)

[Signature]
Signature
11/21/14
Title

Aisle 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

State of Nevada)
County of Douglas)ss
)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 22nd 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: 3/1/18

Notary Name: Nicole Peterson Notary Phone: 775-588-1944

Notary Registration Number: 97-4131-5 County of Principal Place of Business: Douglas

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2011012080
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

 DECEDENT

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

 PARENTS

 DISPOSITION

 TRADE CALL

 CERTIFIER

 REGISTRAR

 CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Leslie HICKMAN		2. DATE OF DEATH (Mo/Day/Year) July 18, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1220 Sorenson Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		8. DATE OF BIRTH (Mo/Day/Yr) December 08, 1926			
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____			
9a. STATE OF BIRTH (if not U.S.A., name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED; (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Ruby Alvira KELLEY			
13. SOCIAL SECURITY NUMBER ██████████ 6831		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Machinery Inspector		14b. KIND OF BUSINESS OR INDUSTRY U. S. Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1220 Sorenson Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leslie HICKMAN			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Grace JOHNSON		
18a. INFORMANT-NAME (Type or Print) Ruby A HICKMAN			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 1220 Sorenson Lane Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		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 <i>SIGNATURE AUTHENTICATED</i>		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 - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KAREN SUE MCDERMOTT M.D. <i>SIGNATURE AUTHENTICATED</i>			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) July 26, 2011		21c. HOUR OF DEATH 02:42		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) McDermott, Karen Sue		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) Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434		23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 05, 2011		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)): PART I (a) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____			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.			26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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

397410

CERTIFIED COPY OF VITAL RECORDS

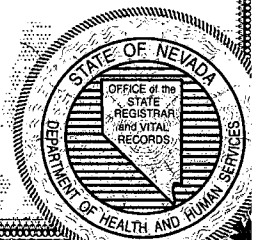
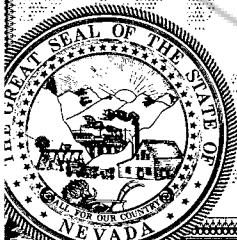
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 08/05/2011

Rud Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20110104



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE