

APN# : 1220-22-110-131

DOUGLAS COUNTY, NV **2015-865361**
Rec:\$17.00
\$17.00 Pgs=4 **06/26/2015 11:30 AM**
ETRCO, LLC
KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

071593-TEA

When Recorded Mail To:

Patricia M. Hillman

3156 Walnut Ave

Grants Pass, OR 97527

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Traci Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF TRUSTEE

Patricia M. Hillman, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Robert S. Hillman, Trustee, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert S. Hillman, Trustee named as one of the parties in that certain Grant, Bargain, Sale Deed dated 8/8/2003 executed by Raymond E. Cooper and Sharon Lee Cooper, Trustees or Successor Trustees of the Cooper Family Trust dated June 4, 2002 to Robert S. Hillman and Patricia M. Hillman, Trustees of the Robert S. Hillman and Patricia M. Hillman Trust dated November 4, 1998, recorded as instrument No. 0588560, on 9/3/2003, in Book0903, Page 00899, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 101, of the Official Map of GARDNERVILLE RANCHOS UNIT NO. 5, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 4, 1970, as Document No. 50056.

Dated

June 11, 2015

The Robert S. Hillman and Patricia M. Hillman Trust
dated November 4, 1998

Patricia M Hillman TTEE
Patricia M. Hillman, Successor Trustee

STATE OF Oregon }SS

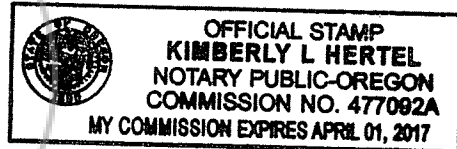
COUNTY OF Josephine

This instrument was acknowledged before me on

June 11, 2015

by Patricia M. Hillman.

Kimberly L. Hertel
Notary Public



CERTIFICATION OF VITAL RECORD

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

2011011294
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) Robert S HILLMAN		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) 740 Mammoth Way		3e. if Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 11, 1926		9a. STATE OF BIRTH (if not U.S.A., name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Patricia ANDERSON	
13. SOCIAL SECURITY NUMBER 0314		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Safety Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 740 Mammoth Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN US ARMED FORCES? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Sherman HILLMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna DIEHM		
18a. INFORMANT- NAME (Type or Print) Patricia HILLMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 740 Mammoth Way Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED KELLE BROGAN M.D.					
21b. DATE SIGNED (Mo/Day/Yr) July 22, 2011		21c. HOUR OF DEATH 16:08		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503		23b. LICENSE NUMBER 6000		23c. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2011	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 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) Metastatic Cancer of Unknown Primary DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:				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) 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

3695340

396267

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: **07/26/2011**

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

STATE REGISTRAR
Rod Whitt
SIGNATURE AUTHENTICATED

VRS-Rev.20110104

