

WHEN RECORDED MAIL TO:  
**The Miller Family Trust, dated May 15, 2001**  
**P.O. BOX 737**  
**SOMERSET, CA 95684**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. N1501045WD

APN No.: 1418-34-211-006

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of **Douglas** }

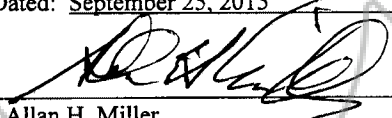
Allan H. Miller and Kurt O. Winans, being duly sworn, deposes and says:

1. Ian William Miller, the decedent mentioned in attached copy of Certificate of Death, is the same person as Ian W. Miller and Dorothy W Miller, the decedent mentioned in attached copy of Certificate of Death, is the same person as Dorothy W. Miller named as the trustee(s) in that certain Quitclaim Deed executed by Ian William Miller to The Miller Family Trust, dated May 15, 2001, Ian W. Miller and Dorothy W. Miller, Trustors and/or Trustees, recorded on May 27, 2003 as instrument number 578070, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Allan H. Miller and Kurt O. Winans, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: September 25, 2015

  
Allan H. Miller

This document being executed in counter-  
Kurt O. Winans part

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County of Douglas                }

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Dated: September 25, 2015

This document being executed in counter-part

\_\_\_\_\_  
Allan H. Miller

  
\_\_\_\_\_  
Kurt O. Winans

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Solano )

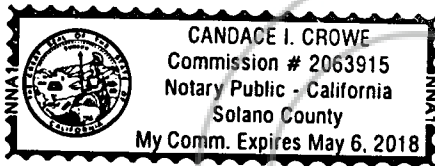
On October 1, 2015 before me, Candace I. Crowe, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Allan H. Miller  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_


- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

STATE OF NEVADA }  
COUNTY OF WASHOE } SS:

This instrument was acknowledged before me on 10-1-2015,  
by Kristin Wilson

[Signature]  
NOTARY PUBLIC

 **BARBARA A. MORGAN**  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 91-0201-2 - Expires March 21, 2019

*COPIES*

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

320090900658

Form containing personal data (name, date of birth, marital status), residence, informant, funeral director, place of death, cause of death, and physician's certification.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF EL DORADO

SS DATE ISSUED SEP 21 2015

Barcode and number: \*000250771\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY RECORDER-CLERK.

Signature: William E. Schaff

EL DORADO COUNTY RECORDER-CLERK

This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder-Clerk.



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015012592  
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) <b>Dorothy Winans MILLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 17, 2015</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>Regent Care Center of Reno</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 29, 1926</b>		9a. STATE OF BIRTH (If not U.S.A., <b>Pennsylvania</b> )		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER <b>██████-7360</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>1258 Lincoln Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Grove HAINES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bertha MOSER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Kurt Owen WINANS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>5664 Spandrell Circle Sparks, Nevada 89436</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funeral Home, Reno</b> <b>875 West Second St Reno NV 89503</b>	
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) <b>REED DOFF M.D.</b> 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) <b>July 23, 2015</b>		21c. HOUR OF DEATH <b>11:20</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Reed Doff M.D. 18853 Wedge Pkwy Reno, NV 89511</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 24, 2015</b>		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) <b>Terminal Complications Of Parkinsons Disease</b>				Interval between onset and death <b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

3843631



697731

CERTIFIED COPY OF VITAL RECORDS

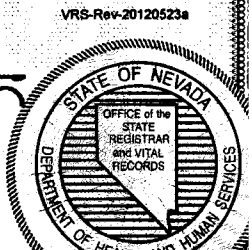
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **SEP 25 2015**

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

*RndWhan*

STATE REGISTRAR



VRS-Rev-20120523a

**EXHIBIT A  
LEGAL DESCRIPTION**

**Escrow No.N1501045 WD**

Lot 57, as shown on the Map of North Lakeridge and Revised Plat of Portion of Lakeridge Estates No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on August 29, 1960 as Document No. 16529.

