DOUGLAS COUNTY, NV

2015-870614

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NORTHERN NEVADA TITLE CC

KAREN ELLISON, RECORDER

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 Ouitclaim 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

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

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- 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

This document being executed in counter-part

Allan H. Miller

Kurt O Winans

A notary public or other officer completing this certific document to which this certificate is attached, and not t	ate verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document.
State of California)	\ \
County of Solono)	
On October 1, 2015 before me, Ca Date personally appeared Allan f	ndace I. Crowl, not any Public, Here Insert Name and Title of the Officer
personally appeared	1. Miller
•	Name(st) of Signer(st)
subscribed to the within instrument and acknow	revidence to be the person(s) whose name(s) is/are redged to me that he/she/the/f executed the same in his/he/r/the/r signature(s/f) on the instrument the person(s/f), cted, 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.
CANDACE I. CROWE Commission # 2063915 Notary Public - California Solano County My Comm. Expires May 6, 2018 Place Notary Seal Above	Signature Signature of Notary Public
	information can deter alteration of the document or
fraudulent reattachment of this	s form to an unintended document.
Description of Attached Document	
Title or Type of Document:	Document Date:
Number of Pages: Signer(s) Other Tha	an Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other:	☐ Other:
Signer Is Representing:	Signer Is Representing:

STATE OF COUNTY OF	} ss:		
This instrument was acknowledged before by		0-1-2015	
NOTARY PUBLIC			
		BARBARA Notary Public Appointment Reco	A. MORGAN - State of Nevada rded in Washoe County xpires March 21, 2019

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PLACERVILLE, CALIFORNIA

- :-	STATE FILE N		CERTII USE NACE PRODU	FICATE OF D	EATH TS ON ALTERNATIONS	20 300 A	32009090 LOCAL REGISTRAT	. T. 7.733 i
τA	1. NAME OF DECEDENT FIRST	477444	WILLIAM	200	A LAST &			
MAL DA	AICA, ALSO IRHOWN AS — Sydudo			07/	0FBRIH (MAGAS)7 15/1918	5. AGE YIS. 91	# UNDER ON E YEAR Months Days	HOURS Missions M
'S PERS	9. BIRTH STATEFOREIGN COUN SCOTLAND	3()81 X YES	U.S. ARMED PORCEST	MARRIED	- 100.25	7. DATE OF DEATH . RINA 08/20/2009	1726
CEDENT	13. EDUCATION — Highest (aveil/legen (see vortaineel in back) MASTER'S	YES	PANICEATINO(A)/SPANISH? (II ye	\X∾	WHITE		(Na) 66 Keléd (see worksheet	de logal)
20	17. USUAL OCCUPATION — Type ACCOUNTANT		ų.	CCOUNTING	NOUSTRY (e.g., grocery s	tore, road cóesin	ution, employment egeocy, e	ic) 19. YEARS IN OCCUPAT
ENCE.	20. DECEDENTS RESIDENCE (SM 1258 LINCOLN C	IRCLE						
RESID	ZEPHYR COVE		2. COUNTY/PROVINCE DOUGLAS	894	48	20	NTY 25. STATE/FOREIG	RCOUNTRY
1 TO 1	28. INFORMANT'S HAME, RELATE DOROTHY MILLE	R, WIFE	· · · · · · · · · · · · · · · · · · ·	PO BOX 6	ZEPHYR CO	DVE, NV	89448), skate, ŽP)
3	DOROTHY	E-PACT	HAINES		WINANS	urne)	1	
ORMAT	31. NAME OF FATHER PIRST UNKNOWN	100 100 100 100 100 100 100 100 100 100	\$3, MICOUS		UNKNOW	/N	with the	34. BIRTH STATE UNKNOWN
ž	35. HAME OF MOTHER PIRET UNKNOWN		SS. MISOL)E		JY, LAST (Mandage)	'n		36. BIRTH STATE UNKNOWN
RAH	99. DISPOSITION DATE mentalogy 08/26/2009		POSITION RES. DOR	OTHY MILLE HYR COVE, I	R VV 89448	°c.w°.		
REGIS	41. TYPE OF DISPOSITION(S) CR/TR/RES	A CANADA	Y . Co. Consider Co.	EMBALMED	X. AAXAA	7		43. LICENSE NUMBER
200	MC FARLANE MC	*** **********	45 LIGENSE FD118		UNE OF LIGHT, NEGRETH VIA KASIRYE	AF 19	s / f0	47. DATE ministricity 08/25/2009
_	BARTON MEMOR	RIAL HOSPITAL	1.00 2 May	Ĺ	HOSPITAL SPECIFY OF	-) (- mil)	OTHER THAN HOSPITAL, Hespite Human	The second secon
DEATH	EL DORADO	## 7 1 10 10 10 10 10 10 10 10 10 10 10 10 10	TH AVENUE	D (Street and number or	action)	1	SO. LAN	E TAHOE
	107. CAUSE OF DEATH	DIAC ARRIYTI		ns — thek div, stly caused d Oneut showing the etiology	DO NOT ABBREVIATE.	er erreits mak	Tone interval Bichase Oncet and Desca	X YES NO
	MAMEDIATE CAUSE (A) CAR (Final disease or condition resulting)	DIOMYOPATH					MINS	09-8236
5	Sequentially, list conditions, if any, leading to cours on Line A. Enter	DIOWITOFATITI			Wei W		YRS pro	118. AUTOPSY PERFORMED?
AUSE OF DEALF	EMDERLYING CAUSE (disease of injury that injury that instituted the events. (0)					73	- W)	YES X NO
•	resulting in dealing CAST	IONS CONTRIBUTING TO DEA	TH BUT NOT RESULTING IN THE	LADERLYING CAUSE OF	VEN SH 107	/ FIRE		YES. M
ŀ	BENIGN PROSTA 113, WAS OPERATION PERFORME NO	N		100000	FULMUTAR	FIBRO	4.32	* FEMALE, PRESMANT IN LAST YEAR!
*	114- I CERTIFY BAY TO THE BEST OF AN AT THE HOUR, DATE, AND PLACE STATES	Y KANDALEDGE TIEATH OCCURRED	(15 MONATUME AND TITLE OF	CERTIFIER			114. LICENSE MANO	YES NO UNK
顏.	Decedent Attended Since: (A) mm/dd/coyy.	Decedent Last Seen Alive	FGUY FOSTER	M.D.	DORESS, ZIP CODE CI	IV EOS	10196	08/25/2009
5	08/20/2009 0	8/20/2009 TH OCCURRED AT THE HOUR BATH	200 BATH STRE	ET, GARSO	1 CITY, NV 89	3703	The minimum of the contract of	emiddobyy 122, HOUR (# New
- 1	MAINER OF DEATH Natural 125. PLACE OF MAINY (c.g., home,	Accident Homicia	Burcido Processigni	tion Could not 1	* [] ves [] * []	*	
	124. DESCRIBE HOW INJURY OCC	100 A					14.04.00	
Ĺ	125. LOCATION OF BULIRY (Street		**************************************		100 F			<u> </u>
L	126. SIGNATURE OF CORONER / D	WHEN Y		7. CATE mattitude	120 Tiple little Tri	TR OR Scores	EK/DEPLITY CORONER	
_L). Ne hau						
TAT	E A B	ا		MEST SE	001001296199°		FAX AUTH, #	CENSUS TRAC

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF EL DORADO

SS DATE ISSUED SEP 2 1 2015

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.

EL DORADO COUNTY RECORDER-CLERK

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





VITAL STATISTICS

EPARIMENTO	F HEALTH	AND HU	MAN	SEF	RVIC
	PUBLIC AND I				
					-0.00

1a. DECEASED-NAME (FIRST,M	IIDDLE,LAST,SUFFIX)	1 1000000000000000000000000000000000000		2. DATE OF DEATH (M	INTERNAL CONTROL OF	COUNTY OF D
Dorothy Winans 3b. CITY, TOWN, OR LOCATION	OF DEATH 13c HOSPITA	MILLER N. OR OTHER INSTITUTION	Name/If not either air	July 17, 20	15	Was
Reno	OF DEATH JOS. 100	Regent Care Cen		Inpatient(Spec	ify)	PICINGI, KIII,
. RACE White	6.	Hispanic Origin? Specify	and the same of th	7b. UNDER 1 YEAR 7c	Inpatient UNDER 1 DAY IS	DATE OF BIRT
Specify)		o - Non-Hispanic	(Years) 89	MOS DAYS H	DURS MINS	January 2
9a. STATE OF BIRTH (If not U.S./	A., 96. CITIZEN OF V	MHAT COUNTRY 10.EDUCA	TION 11. MARRIED, N	EVER MARRIED, WIDOV	VED 12. SURVIVI	ING SPOUSE (I
Pennsylvani 13. SOCIAL SECURITY NUMBER			DIVORCED (Spe			
-7360	1 148. USUAL UCC	UPATION (Give Kind of Work Teac		14b. KIND OF BUSIN	ess or industry Iucation	Ever Force
	5b. COUNTY	15c. CITY, TOWN OR I		REET AND NUMBER	JUCAUUII	115e
Nevada	Douglas	Zephyr Co	V9 1258 Lis	ncoln Circle		LIMIT or No
16. FATHER/PARENT - NAME (F		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	17 MOTHERA	PARENT - NAME (First	Middle Last Suffix)	
the state of the second	arles Grove HAIN				ha MOSER	
18a. INFORMANT-NAME (Type o	or Print) n WINANS	186: MAILING AD		.F.D. No, City or Town, St		
19a. BURIAL, CREMATION, REM	****	19b. CEMETERY OR CREMA		andreil Circle Spark	S, Nevada 8943	
Crematio	12 1944 24 1441		ierra Crematory		******* *	Nevada 895
0a. FUNERAL DIRECTOR - SIG	NATURE (Or Person Actin	* 100 mm m m m m m m m m m m m m m m m m	100000000000000000000000000000000000000	ME AND ADDRESS OF F		
	e Howe	LICENSE NUI	MBER	Walton's	Funeral Home	111 12 111111
	INE AUTHENTICATED	62		875 West S	econd St Reno	NV 89503
TRADE CALL - NAME AND ADDI	A 100 100 100 100 100 100 100 100 100 10			¥4 #67		
to the cause(s) stated.(Sign	nature & Title) SIG	the time, date and place and sNATURE AUTHENTICAT	ZZA Un me	basis of examination and/or	. numeand anout in my ol	Olnion deeth occ
	REED DOPF M.		⊒ ≥ at the time,	date and place and due to t	e cause(s) stated (Si	gnature & Title)
21b. DATE SIGNED (Mo/D		.D. OUR OF DEATH	2 at the time,	date and place and due to the SIGNED (Mo/Daty/Yr)	man and and	gnature & Title) UR OF DEATH
21b. DATE SIGNED (Mo/D	Day/Yr) 21c. HC	OUR OF DEATH	22b. DAT	E SIGNED (Mo/Day/Yr)	22c HOL	gnature & Title) UR OF DEATH
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21b. DATE SIGNED (MODE OF July 23, 2015) 21d. NAME OF ATTENDIN CType or Print) 23a. NAME AND ADDRESS OF C	Day/Yr) 21c. HC HC PHYSICIAN IF OTHER PERTIFIER (PHYSICIAN, / Reed Dopf M.D. BREDGES	.D. OUR OF DEATH 11:20 THAN CERTIFIER ATTENDING PHYSICIAN, ME 18653 Wodge Pkwy	DICAL EXAMINER, OF PRIOR INV. 8951	E SIGNED (Mo/Day/Yr) INCUNCED DEAD (Mo/D CORONER) (Type or Pr ED BY REGISTRAR	22c, HOL aw/Yr) 22e, PRO init) 23b, I 24c, DEATH DUE T	gnature & Title) UR OF DEATH DNOUNCED DE LICENSE NUM 1392
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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 2 5 2015

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



STATE REGISTRAR

dWha

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.

