

APN# 1318-15-110-010

Recording Requested by:

Name: First American Title Insurance
Company
Address: P.O. Box 645
City/State/Zip: Zephyr Cove, NV 89448
Order Number: 141-2493874

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

Recorder Affirmation Statement

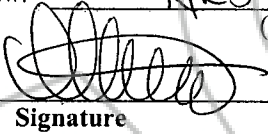
Please complete Affirmation Statement below:

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 440 380
(State specific law)


Signature

Escrow Officer
Title

Nicole Petersen
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)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Winans, Kurt
5664 Spandrell Cir
Sparks, NV 89436

Space Above This Line for
Recorder's Use Only

A.P.N. 1318-15-110-010

File No.: 141-2493874 (NMP)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Kurt O. Winans ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Ian William Miller** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **August 20, 2009** at **Zephyr Cove, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 15, 2001** executed by **Dorothy W. Miller** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **March 24, 2003** which was recorded as Instrument No. **0578072** in Book **0503**, Page **13742**, of Official Records of **Douglas** County, Nevada as legally described as follows:

PARCEL NO. 1:

UNIT 10 AS SHOWN ON THAT CERTAIN SUBDIVISION MAP ENTITLED "OFFICIAL PLAT OF PINEWILD, A CONDOMINIUM, RECORDED JUNE 26, 1973 AS DOCUMENT NO. 67150, OFFICIAL RECORDS IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA.

PARCEL NO. 2:

THE EXCLUSIVE RIGHT TO USE AND POSSESSION OF THOSE CERTAIN PATIO AREAS ADJACENT TO SAID UNIT DESIGNATED AS "RESTRICTED COMMON AREA" ON THE SUBDIVISION MAP REFERRED TO IN PARCEL 1 ABOVE.

PARCEL NO. 3:

AN UNDIVIDED ELEVEN AND ONE TENTHS (11.1) INTEREST AS TENANT IN COMMON IN AND TO THAT PORTION OF THE REAL PROPERTY DESCRIBED ON THE SUBDIVISION MAP REFERRED TO IN THE DESCRIPTION IN PARCEL 1 ABOVE, DEFINED IN THE AMENDED DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF PINEWILD, A CONDOMINIUM PROJECT, RECORDED ON MARCH 11, 1974, IN BOOK 374, AT PAGE 193 ET SEQ. AS LIMITED COMMON AREA AND THEREBY ALLOCATED TO THE UNIT DESCRIBED IN PARCEL 1 ABOVE, AND EXCEPTING UNTO GRANTOR NON-EXCLUSIVE EASEMENTS FOR INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT, ENCROACHMENTS, MAINTENANCE AND REPAIR OVER THE COMMON AREAS DEFINED AND SET FORTH IN SAID DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS.

PARCEL NO. 4:

NON-EXCLUSIVE EASEMENTS APPURTENANT TO PARCEL 1 ABOVE, FOR INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT ENCROACHMENTS, MAINTENANCE AND REPAIR, OVER THE COMMON AREAS AS DEFINED AND SET FORTH IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF PINEWILD, MORE PARTICULARLY DESCRIBED IN THE DESCRIPTION OF PARCEL 3 ABOVE.

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: November 4, 2015

DECLARANT:


Kurt O. Winans

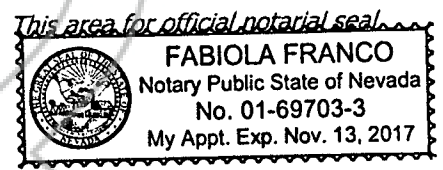
State of Nevada)
)ss
County of Washoe)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State Nevada, this 5th day of November, 20 15 by Kurt O. Winans, 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

Signature [Handwritten Signature]

My Commission Expires: Nov. 13, 2017



Notary Name: Fabiola Franco Notary Phone: 775-287-3332
Notary Registration Number: 01-69703-3 County of Principal Place of Business: Washoe

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200909000658

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS. 10/01/01 (01)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) IAN		2 MIDDLE WILLIAM		3 LAST (Family) MILLER	
4 DATE OF BIRTH (mm/dd/yyyy) 07/15/1918		5 AGE Yrs 91		6 SEX M	
8 BIRTH STATE/FOREIGN COUNTRY SCOTLAND		10 SOCIAL SECURITY NUMBER -3081		12 MARITAL STATUS (at Time of Death) MARRIED	
13 EDUCATION - Highest Level/Degree (See worksheet on back) MASTER'S		14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACCOUNTANT		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ACCOUNTING		19 YEARS IN OCCUPATION 15	
20 DECEDENT'S RESIDENCE (Street and number or location) 1258 LINCOLN CIRCLE					
21 CITY ZEPHYR COVE		22 COUNTY/PROVINCE DOUGLAS		23 ZIP CODE 89448	
24 YEARS IN COUNTY 20		25 STATE/FOREIGN COUNTRY NV			
26 INFORMANT'S NAME, RELATIONSHIP DOROTHY MILLER, WIFE			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) PO BOX 6, ZEPHYR COVE, NV 89448		
28 NAME OF SURVIVING SPOUSE - FIRST DOROTHY		29 MIDDLE HAINES		30 LAST (maiden Name) WINANS	
31 NAME OF FATHER - FIRST UNKNOWN		32 MIDDLE -		34 BIRTH STATE UNKNOWN	
33 NAME OF MOTHER - FIRST UNKNOWN		35 MIDDLE -		38 BIRTH STATE UNKNOWN	
39 DISPOSITION DATE (mm/dd/yyyy) 08/28/2009		40 PLACE OF FINAL DISPOSITION RES. DOROTHY MILLER 1258 LINCOLN CIRCLE, ZEPHYR COVE, NV 89448			
41 TYPE OF DISPOSITION(S) CR/TR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY INC		45 LICENSE NUMBER FD1180		46 SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD, MS	
47 DATE (mm/dd/yyyy) 08/25/2009					
101 PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER/OP <input checked="" type="checkbox"/> OOA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY EL DORADO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2170 SOUTH AVENUE		106 CITY SO. LAKE TAHOE	
107 CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) CARDIAC ARRHYTHMIA (Final disease or condition resulting in death) UNDERLYING CAUSE (B) CARDIOMYOPATHY (Cause or disease or injury that initiated the events resulting in death) LAST 108 DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MINS 09-8236 (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO		109 BIRTH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO			
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 BENIGN PROSTATIC HYPERPLASIA, ALZHEIMER'S DISEASE, PULMONARY FIBROSIS					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 08/20/2009 08/20/2009		115 SIGNATURE AND TITLE OF CERTIFIER GUY FOSTER M.D.		116 LICENSE NUMBER 10196	
117 DATE (mm/dd/yyyy) 08/25/2009		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE GUY FOSTER M.D. 200 BATH STREET, CARSON CITY, NV 89703			
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE (mm/dd/yyyy) 122 HOUR (24 Hours)	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE (mm/dd/yyyy)		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED **SEP 08 2009**

Olivia Kasirye
JASON EBERHART-PHILLIPS, M.D.
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved document displaying the date, seal and signature of the County Health Officer.

