

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

TO: Michael Heeter

1783 Birch Court

Minden, NV 89423

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-29-117-009

File No.: 9015-2504468 (VT)

Affidavit - Death of Trustee

State of Nevada)

)

)ss.

County of Douglas)

Michael Heeter is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. George Wesley Heeter is the person referenced in the attached certified copy of the Certificate of Death who died on 5-16-2015 at Carson City , Nevada.
2. George W. Heeter is the same person named as the trustee named in that certain Declaration of Trust dated 5-9-1992 executed by George W. Heeter and Nona M. Heeter of the Heeter Family Trust .
3. George W. Heeter as a trustee is the same person who was named as a grantee in that certain Corporation Grant Deed dated 8-9-1995 which was recorded 8-10-1995 as in Book 0895, Page 1533, of Official Records of Douglas County, Nevada as legally described as follows:

UNIT 203, SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON FEBRUARY 10, 1994, IN BOOK 294 OF OFFICIAL RECORDS AT PAGE 1845, AS DOCUMENT NO. 329790.

Dated:

DECLARANT:

[Signature]
Michael Heeter

State of Nevada)
County of Clark)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada this 10th day of June, 2016 by Michael Heeter, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

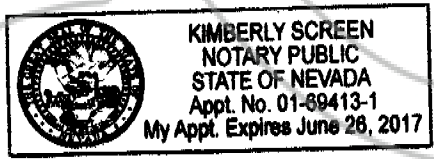
WITNESS my hand and official seal.

This area for official notarial seal

Signature [Signature]

My Commission Expires: 6-26-17

Notary Name: Kimberly Screen Notary Phone: 702-251-5212
Notary Registration Number: 01-69413-1 County of Principal Place of Business Clark



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3833043

2015008722
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) George Wesley HEETER | | 2. DATE OF DEATH (Mo/Day/Year) May 16, 2015 | | 3a. COUNTY OF DEATH Carson City | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street and Inpatient)(Specify) Carson Tahoe Regional Medical Center Residential Care Facility | | 4. SEX Male | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 85 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 12 | |
| 13. SOCIAL SECURITY NUMBER 5585 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 1783 Birch Court | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 18. FATHER/PARENT - NAME (First Middle Last Suffix) Don A HEETER | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nora ARMSTRONG | | |
| 18a. INFORMANT- NAME (Type or Print) Michael HEETER | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4047 Pepe Circle Las Vegas, Nevada 89121 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 217 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509 | |
| 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) SIGNATURE AUTHENTICATED VIJAY MAIYA MD | | | 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) May 26, 2015 | | 21c. HOUR OF DEATH 13:19 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD 201 Koontz Lane Carson City, NV 89701 | | | |
| 23b. LICENSE NUMBER 11909 | | 24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED | | | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 26, 2015 | | 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) Cardiopulmonary Arrest Interval between onset and death | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) Severe Protein-calorie Malnutrition Interval between onset and death | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) Widely Metastatic Malignant Melanoma Interval between onset and death | | | | | |
| 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 1. Unknown Etiology | | | | 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

VRS-Rev-20120523a

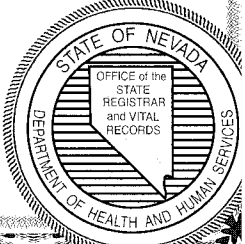


CERTIFIED COPY OF VITAL RECORDS

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: **6/7/2016**

Cody P. King
STATE REGISTRAR
SIGNATURE AUTHENTICATED



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

MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE