

17-

APN# 1320-33-719-010



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Julia E. Miller

Address: 1485 CARDIFF DR.

City/State/Zip: CARDWELL, NV 89410

Mail Tax Statements to:

Name: SAME AS ABOVE

Address: _____

City/State/Zip: _____

AFFIDAVIT OF DEATH

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Julia E. Miller
Signature

JULIA E MILLER
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

_____.

Recording requested by (name):

When recorded mail to
and mail tax statements to:

Recorder's Use Only

AFFIDAVIT – DEATH OF TRUSTEE

Assessor's Parcel No.: 1320-33-719-010

_____, of legal age, being first duly sworn, deposes and says:

1. WILLIAM ANTHONY MILLER
the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as
WILLIAM ANTHONY MILLER
named as Trustee in the Declaration of Trust dated July 21, 1998 and executed by
_____ as Trustor(s).

2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1485 CARDIFF DR, GARDNERVILLE, NEVADA 89410, which property is described in a Deed which was executed by CARDIFF PROPERTIES, LLC as Grantor(s) on 10-05-2012 and recorded as Instrument No. 810373, in Book/Reel 1012, Page/Image 1656, of Official Records of DOUGLAS COUNTY County, California.

3. The legal description of said property is as follows:
LOT 32, BLOCK B OF CHESTER ESTATES, PHASE 13, FINAL SUBDIVISION MAP #1006-13

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated 6-13-2017

Julia F. Miller
(Signature of declarant)

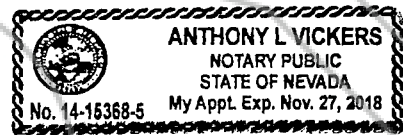
JULIA E. MILLER
(Type or print name of declarant)

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~~ NEVADA)
County of DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 13th day of JUNE,
2017, by JULIA MILLER
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Anthony L. Vickers (Seal)



COPIES

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3953929

CERTIFICATE OF DEATH

2017009043

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN OCCURRENCE IN 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) William Anthony MILLER		2. DATE OF DEATH (Mo/Day/Year) April 25, 2017		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 inpatient)(Specify) 1485 Cardiff Dr Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 09, 1947	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Julia CHOAT			
13. SOCIAL SECURITY NUMBER ████████-6788		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Sales) Sales		14b. KIND OF BUSINESS OR INDUSTRY Computer Software	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1485 Cardiff Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Tyler John MILLER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty Jean MARTIN		
18a. INFORMANT - NAME (Type or Print) Julia MILLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1485 Cardiff Dr Gardnerville, Nevada 89410			
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) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21. 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) ADAM WINDSOR			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) ADAM WINDSOR		
21b. DATE SIGNED (Mo/Day/Yr) May 15, 2017		21c. HOUR OF DEATH 04:11		22b. DATE SIGNED (Mo/Day/Yr) May 15, 2017	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 04:11		22d. PRONOUNCED DEAD AT (Hour) 04:11	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Adam Windsor P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 446	
24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 16, 2017		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				Interval between onset and death	
(a) Arteriosclerotic Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Morbid Obesity				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertensive Disorder				Interval between onset and death	
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 1.				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



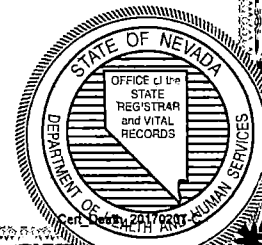
CERTIFIED COPY OF VITAL RECORDS

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: **5/22/2017**

Cody D. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE