

APN: 1420-06-410-006

When Recorded, Please Return To:
Heritage Law Group, P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Lawrence B. English, Successor Trustee
The Donald A. Hill Trust
3608 Green Acres Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

LAWRENCE B. ENGLISH, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That DONALD A. HILL, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada, is the same person as DONALD A. HILL, Settlor of the Donald A. Hill Trust dated December 11, 2003, as amended, and named as one of the grantee in that certain Grant Deed dated December 11, 2003, executed by Donald Andrew Hill, also known as Donald A. Hill, and recorded on January 8, 2004, as Document No. 0601526 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 3608 Green Acres Drive, Carson City, Douglas County, Nevada, more precisely described as:

All that certain real property situate in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 2 of SIERRA ESTATES, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on September 27, 1960, as Document No. 16665.

More commonly known as: 3608 Green Acres Drive, Carson City, Nevada.

Assessor's Parcel No. 1420-06-410-006

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed recorded on January 8, 2004, as Document No. 0601526.

LAWRENCE B. ENGLISH shall forthwith serve as Successor Trustee of the Donald A. Hill Trust, dated December 11, 2003, as amended.

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

Date: October 2, 2018.

Lawrence B. English Trustee
LAWRENCE B. ENGLISH
Successor Trustee

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

SIGNED AND SWORN TO (or affirmed)
before me on October 2, 2018,
by LAWRENCE B. ENGLISH.

Linda M. Huntsberger

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4024872

CERTIFICATE OF DEATH

2018011798
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

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) Donald Andrew HILL			2. DATE OF DEATH (Mo/Day/Year) June 15, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name(If not either, give street and No.) 3608 Green Acres Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer, Rm, Inpatient(Specify) Home		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 90	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 09, 1928
9a. STATE OF BIRTH (If not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	11. MARITAL STATUS (Specify) Widowed	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER ████████ 6761		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Newspaper		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 3608 Green Acres Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alva Lee HILL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence SCHNEIDER			
18a. INFORMANT- NAME (Type or Print) Leanna ANDERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 925 America Street Wickenburg, Arizona 85390				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION: City or Town State Carson City Nevada 89701		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			
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) ANDREIA R POP MD 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) June 18, 2018		21c. HOUR OF DEATH 22:14		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) Andreia R Pop MD : 690 Sierra Rose Dr Reno, NV 89511					23b. LICENSE NUMBER 12093	
24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 2018		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) Bradycardia, Unspecified						
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) Unspecified Heart Block						
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) Unspecified Etiology						
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Alzheimer's Disease					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER. (Specify Yes or No) No
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

000725404



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: **JUN 22 2018**

Julie Katchear
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VR6-Rev-20120523a

