

WHEN RECORDED MAIL TO:

Robert R Nickerson
PO BOX 1515
Minden, NV 89423

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. 01805642DKD

APN No.: 1320-30-313-001

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Robert R. Nickerson, being duly sworn, deposes and says:

1. Linda Lee Nickerson, the decedent mentioned in attached copy of Certificate of Death, is the same person as Linda Lee Nickerson named as one of the trustee(s) in that certain Quitclaim Deed dated October 30, 2002, executed by Linda Lee Nickerson to Robert R. Nickerson and Linda Lee Nickerson, Trustees of the Nickerson Revocable Trust, recorded on November 18, 2002 as instrument number 558130, 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, Robert R. Nickerson, 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: 11-28-18

Robert R. Nickerson
Robert R. Nickerson, Successor Trustee

STATE OF NEVADA }
COUNTY OF CARSON CITY } Douglas } ss:

This instrument was acknowledged before me on 11-28-18,
by Robert R. Nickerson, Successor Trustee.

Donna Peacocke
NOTARY PUBLIC

 DONNA PEACOCKE
NOTARY PUBLIC
STATE OF NEVADA
No. 03-81956-3 My Appt. Exp. July 27, 2021

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3967500

CERTIFICATE OF DEATH

2017013998

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Linda Lee NICKERSON			2. DATE OF DEATH (Mo/Day/Year) July 13, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and no.) 1732 Coyote Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home		4. SEX Female
PRECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 68	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY	8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1948
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert NICKERSON	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 4454		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1732 Coyote Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Elmer Dwight DAVIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Harriet Joyce SCALBERG			
	18a. INFORMANT - NAME (Type or Print) Robert NICKERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1732 Coyote Road Minden, Nevada 89423				
POSITION	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	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) Justin Fricke 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) Justin Fricke SIGNATURE AUTHENTICATED			
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) July 27, 2017		21c. HOUR OF DEATH 10:44		22b. DATE SIGNED (Mo/Day/Yr) July 27, 2017		22c. HOUR OF DEATH 10:44
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) July 13, 2017		22e. PRONOUNCED DEAD AT (Hour) 10:44	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Justin Fricke P.O. Box 218 Minden, NV 89423					23b. LICENSE NUMBER 0523	
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 27, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) Hypertensive And Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
CONDITIONS IF ANY WHICH HAVE BORN TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(d) DUE TO, OR AS A CONSEQUENCE OF:						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.						
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED			
28a. 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		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			

STATE REGISTRAR

VR8-Rev-20120622a



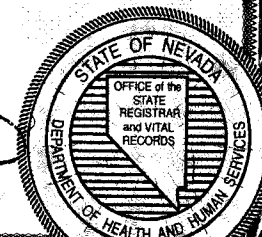
CERTIFIED COPY OF VITAL RECORDS

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: **AUG 01 2017**

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

Justin Fricke
STATE REGISTRAR



Order No.: 01805642-DKD

EXHIBIT A

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

Lot 1, Block A, as set forth on the Final Map of WESTWOOD VILLAGE UNIT NO. 4, PHASE A, filed in the office of the County Recorder on September 29, 1992, Book 992, Page 5212, Document No. 289477, Official Records of Douglas County, Nevada.

APN: 1320-30-313-001

