

APN: 1220-15-310-043



KAREN ELLISON, RECORDER

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

Mail Future Tax Statements To
Diana L Miller
857 Palisade Circle
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
) SS
COUNTY OF DOUGLAS)

DIANA L MILLER, 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 ALAN JOE MILLER, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada, is the same person as ALAN JOE MILLER, Settlor of *The Miller Family Trust*, dated November 15, 2018, and named as one of the grantees in that certain Quitclaim Deed dated November 15, 2018, executed by Alan Joe Miller and Diana Lynn Miller, husband and wife as joint tenants, and recorded on November 19, 2018, as Document No 2018-922419 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 857 Palisade Circle, Gardnerville, Nevada, more precisely described as

Lot 11 Block L, as shown on the Map of GARDNERVILLE RANCHOS UNIT NO 4, filed in the office of the Recorder of Douglas County, Nevada on April 10, 1967, Document No 35914, Official Records

Pursuant to NRS 111 312, the above legal description previously appeared the Quitclaim Deed recorded on November 19, 2018, as Document No 2018-922419

DIANA LYNN MILLER shall forthwith serve as sole Trustee of *The Miller Family Trust*, dated November 15, 2018

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

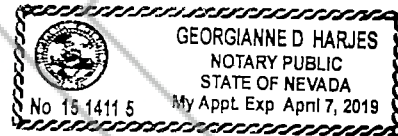
Date Jan. 16, 2019

Diana L. Miller
Diana Lynn Miller, Trustee

STATE OF NEVADA)
) SS
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 16th day of January, 2019, by DIANA LYNN MILLER, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

Georgianne D Harjes
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 4060324 **CERTIFICATE OF DEATH** 2019000574
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) Alan Joe MILLER		2 DATE OF DEATH (Mo/Day/Year) January 08, 2019		3a COUNTY OF DEATH Douglas	
3b CITY TOWN OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name (If not either give street address) 857 Palisade Cr Home		4 SEX Male	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	7a AGE-Last birthday (Years) 59	7b UNDER 1 YEAR MOS DAYS HOURS MINS	7c UNDER 1 DAY HOURS MINS
8a STATE OF BIRTH (If not US/CA name country) Montana		8b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	11 MARITAL STATUS (Specify) Married
13 SOCIAL SECURITY NUMBER 4927		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 Gardnerville	15d STREET AND NUMBER 857 Palisade Cr	
16 FATHER/PARENT - NAME (First Middle Last/Suffix) Larry Elmer MILLER			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Carol Arlene HARRISON		
18a INFORMANT- NAME (Type or Print) Diana Lynn MILLER		18b MAILING ADDRESS (Street or R F D No City or Town State Zip) 857 Palisade Cr Gardnerville, Nevada 89460			
19a BURIAL CREMATION REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c LOCATION City or Town State Sparks Nevada 89431	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ANDREW W JOYCE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD936	20c NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706		
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) REED DOPF 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) January 15, 2019		21c HOUR OF DEATH 21 28		22b DATE SIGNED (Mo/Day/Yr)	
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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703					23b LICENSE NUMBER 13920
24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 16, 2019		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) Terminal Complications Of Malignant, Metastatic Esophageal Carcinoma (b) Esophageal Carcinoma (c) Esophageal Carcinoma (d) Esophageal Carcinoma					Interval between onset and death Months
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part I					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

000741563



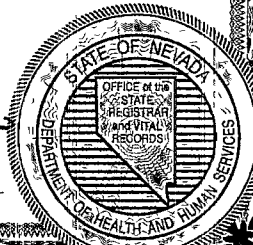
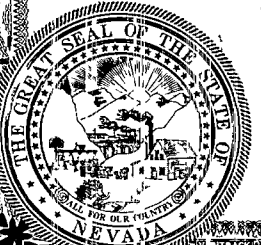
CERTIFIED COPY OF VITAL RECORDS

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 **JAN 22 2019**

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

Julie Katchear
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE