

WHEN RECORDED MAIL TO:

The Hill Family Trust

5159 Arrowhead Dr.
Carson City, NV 89706

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. 01906602DKD

APN No.: 1419-14-001-015

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Douglas M. Hill, being duly sworn, deposes and says:

1. Helen Julia Hill, the decedent mentioned in attached copy of Certificate of Death, is the same person as Helen Julia Hill named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated 9/26/2012, executed by Louis D. Hill and Helen J. Hill, husband and wife as joint tenants to Louis Douglas Hill, Trustee and Helen Julia Hill, Trustee of The Hill Family Trust dated September 7, 1995, recorded on 10/01/2012 as instrument number 810091, 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, Douglas M. Hill, 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: 01-14-20

Douglas M. Hill
Douglas M. Hill, Successor Trustee

STATE OF NEVADA }
COUNTY OF CARSON CITY } SS:

This instrument was acknowledged before me on 1-14-2020
by Douglas M. Hill, Successor Trustee

Danielle Dewitt
NOTARY PUBLIC

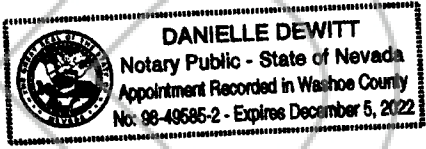
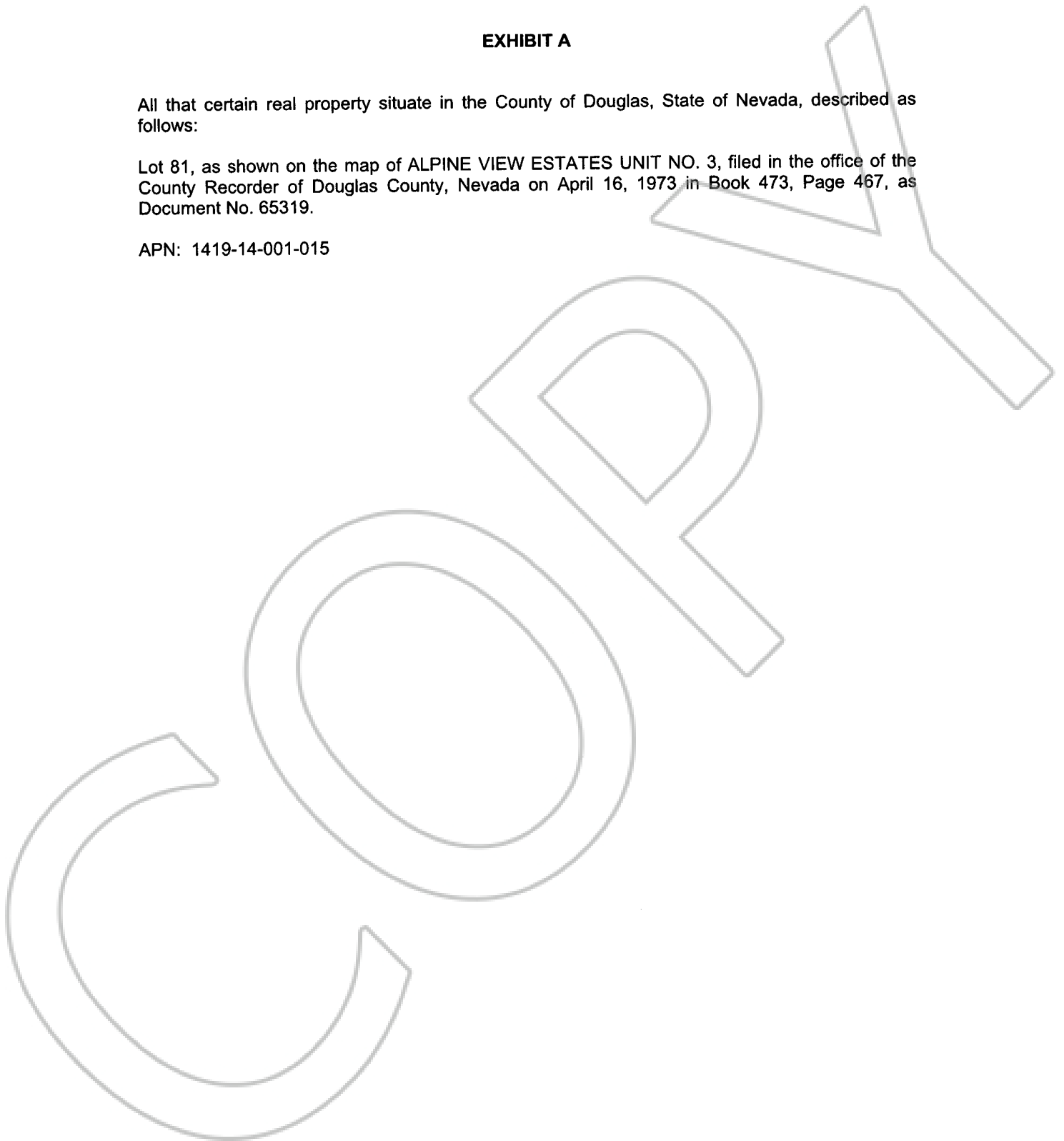


EXHIBIT A

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

Lot 81, as shown on the map of ALPINE VIEW ESTATES UNIT NO. 3, filed in the office of the County Recorder of Douglas County, Nevada on April 16, 1973 in Book 473, Page 467, as Document No. 65319.

APN: 1419-14-001-015



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013002534
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
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Helen Julia HILL		2. DATE OF DEATH (Mo/Day/Year) February 08, 2013		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 number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 12, 1927		9a. STATE OF BIRTH (If not U.S.A., name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Louis HILL	
13. SOCIAL SECURITY NUMBER 6988		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Administrative		14b. KIND OF BUSINESS OR INDUSTRY Auto Repair	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3360 Alpine View Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) David DOTZ			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen GOESTCHE		
18a. INFORMANT- NAME (Type or Print) Douglas HILL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 1794 Carson City, Nevada 89702			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) KAMERON FERDOWSALI 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) February 14, 2013		21c. HOUR OF DEATH 18:17		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) MD KAMERON FERDOWSALI 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 12745	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 20, 2013		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) Acute Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Pulmonary Embolism Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute Deep Vein Thrombosis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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

3698208

461659

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:

02/21/2013

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

