

DOUGLAS COUNTY, NV

2020-941146

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TICOR TITLE - CC (NVTH3K)

KAREN ELLISON, RECORDER

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. Louis Douglas Hill, the decedent mentioned in attached copy of Certificate of Death, is the same person as Louis Douglas 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.

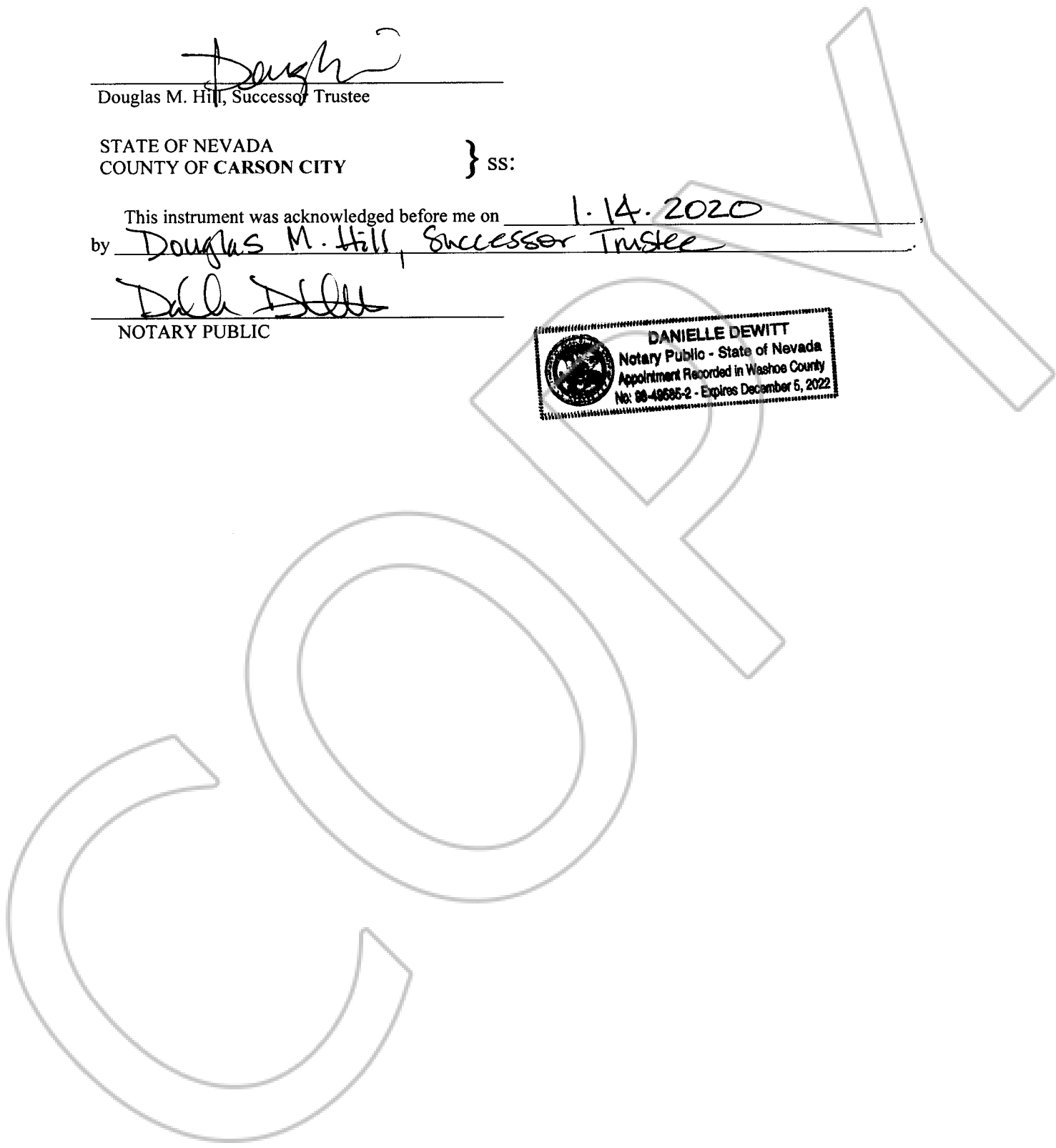
Dated: 01-14-20

*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**

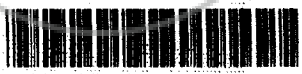
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4090345

**CERTIFICATE OF DEATH**

2019013056  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Louis Douglas HILL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 06, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson City Memory Care Residential Care Facility</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR MOS      DAYS		7c. UNDER 1 DAY HOURS      MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>February 04, 1930</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████-4646</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3360 Alpine View Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Louis HILL</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eunice Marie ANDERSON</b>		18a. INFORMANT - NAME (Type or Print) <b>Doug HILL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>5159 Aarowhead Drive Carson City, Nevada 89701</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>ANDREW W JOYCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD936</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>REED DOPF MD</b>		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) <b>July 03, 2019</b>		21c. HOUR OF DEATH <b>22:20</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> <b>SIGNATURE AUTHENTICATED</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 03, 2019</b>		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).)	
	25. IMMEDIATE CAUSE PART I (a) <b>Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Malignant, Metastatic Pancreatic Carcinoma</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Stroke, Atherosclerotic Cerebrovascular Disease</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	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		28h. LOCATION		28i. LOCATION		



**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.

*Janey Shughart*  
**Interim Administrator**  
STATE REGISTRAR

DATE ISSUED: **7/10/2019**

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

