

4. That due to the passing of JEAN M. HAMILTON, EVERETT W. HAMILTON is the surviving Grantor and Trustee of the HAMILTON FAMILY 1998 TRUST, Dated October 13, 1998.

5. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught.

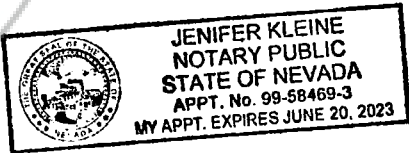
DATED this 6 day of February, 2020.

Everett W Hamilton
EVERETT W. HAMILTON

STATE OF NEVADA)
 : ss.
CARSON CITY)

On February 6, 2020, personally appeared before me, a notary public, EVERETT W. HAMILTON, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.

[Signature]
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. 4116959

CERTIFICATE OF DEATH

2019024180
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jean Marie HAMILTON		2 DATE OF DEATH (Mo/Day/Year) December 03, 2019		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	
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 82	
	7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) September 11, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 18	
	11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Everett HAMILTON			
PARENTS	13 SOCIAL SECURITY NUMBER [REDACTED]-6631		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) NURSE		14b KIND OF BUSINESS OR INDUSTRY MEDICAL	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d STREET AND NUMBER 1316 Kim Place		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Wayne MULHOLLAND			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Estella COLLINS		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Everett HAMILTON		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1316 Kim Place Minden, Nevada 89423			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) DANIEL K LEE 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) December 10, 2019		21c HOUR OF DEATH 18:50		22b DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		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) Daniel K Lee MD 1600 Medical Parkway Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b LICENSE NUMBER 17423		24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 11, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
AKA:	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
	PART I					
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(a) Cardiopulmonary Collapse				Interval between onset and death	
	(b) SEPTIC SHOCK SECONDARY TO C DIFF COLITIS				Interval between onset and death	
(c) DEHYDRATION				Interval between onset and death		
(d) MULTIMORBIDITY				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.				26 AUTOPSY (Specify Yes or No) No		
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
28a ACC, SUICIDE, HOMICIDE, UNDETERMINED 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		

AKA:



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: 12/13/2019

Blaise Satariano
Administrator
STATE REGISTRAR

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

