

APN# 1320-30-312-021

DOUGLAS COUNTY, NV      **2020-943827**  
Rec:\$40.00  
\$40.00      Pgs=4      03/23/2020 10:48 AM  
SIGNATURE TITLE - ZEPHYR COVE  
KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name: Signature Title Company, LLC

Address: 1664 Hwy 395, Suite 105

City/State/Zip: Minden, NV 89423

**Mail Tax Statements to:**

Name: Brian Smucker and Candi Horton

Address: 1015 Cherry St #8

City/State/Zip: Newberg, OR 97132

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**Affidavit - Death of Trustee**

**Title of Document (required)**

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Natalie Frey

Signature

NATALIE FREY

Printed Name

**Recording Requested By:  
Signature Title Company, LLC  
1664 Hwy 395, Suite 105  
Minden, NV 89423**

**When Recorded, Mail To:  
Candi Horton**

**Escrow No: 44000017 - NF4**

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF OREGON )  
COUNTY OF YAMHILL ) SS.

Brian Smucker and Candi Horton, of legal age, being first duly sworn, deposes and says:

1) That, Linda Hiebert Sekiguchi, the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed, dated January 29, 2003, executed by Linda Hiebert Sekiguchi, an unmarried woman and Bruce E. Mitchener, Sr., an unmarried man, together as joint tenants to Linda Hiebert Sekiguchi, Trustee of The Linda Hiebert Sekiguchi 1999 Revocable Trust dated September 29, 1999 and Bruce E. Mitchener, Sr., Trustee of The Bruce E. Mitchener, Sr. 1999 Revocable Trust dated September 29, 1999, as their interests appear, recorded as Instrument No. 0567061, on February 13, 2003, in Book 0203, Page 05098, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada:

**SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**

- 2) That I 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 of 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 subject property.

Dated: March 17, 2020

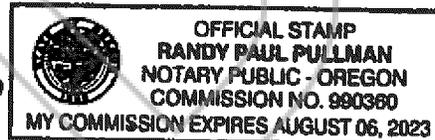
Brian Smucker  
By: Brian Smucker, Trustee

Candi Horton  
By: Candi Horton, Trustee

STATE OF OREGON } ss:  
COUNTY OF YAMHILL

This instrument was acknowledged before me on 3/18/2020  
by Brian Smucker and Candi Horton

Randy Paul Pullman  
Notary Public RANDY PAUL PULLMAN



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

Lot 3 in Block B as set forth on Final Map #1010-4B of WESTWOOD VILLAGE UNIT 4B, filed for record in the office of the County Recorder of Douglas County, State of Nevada on December 13, 1985 in Book 1295, Page 1906, as Document No. 376827.

APN: 1320-30-312-021

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4082680

**CERTIFICATE OF DEATH**

2019010092  
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) <b>Linda Hiebert</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 15, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>870 Mahogany Dr</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>73</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. SOCIAL SECURITY NUMBER <b>-0663</b>		11a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		11b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>870 Mahogany Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Henry HIEBERT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruth HIEBERT</b>		
18a. INFORMANT- NAME (Type or Print) <b>Bruce MITCHENER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>870 Mahogany Dr Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
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>NITA SCHWARTZ MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>May 22, 2019</b>		21c. HOUR OF DEATH <b>07:30</b>			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)					
22b. DATE SIGNED (Mo/Day/Yr)		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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 22, 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).)					
PART I					
(a) <b>Emphysema</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I					
26a. ACC., SUICIDE, HON., 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	

000770073



**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: **5/28/2019**

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

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

