

APN# 1420-28-311-031

**Recording Requested by/Mail to:**

Name: Heritage Law, A Division of Kalicki Collier, LLP

Address: 1625 Highway 88 Ste 304

City/State/Zip: Minden, NV 89423

**Mail Tax Statements to:**

Name: Doris F. Wheeler, Trustee

Address: 2867 Sierra Mesa Court

City/State/Zip: Minden, NV 89423



KAREN ELLISON, RECORDER

Affidavit of Death of Settlor/Trustee of Trust

**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)

*Heather Paterson-Lewis*

Signature

Heather Paterson-Lewis

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APN: 1420-28-311-031**

Recorded at the Request of:  
Heritage Law Group, A Division of  
KALICKI COLLIER, LLP  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To:  
Doris F. Wheeler, Trustee  
2867 Sierra Mesa Court  
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording does not contain any personal information and/or social security number of any person.

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**AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST**

STATE OF NEVADA        )  
  : ss.  
COUNTY OF DOUGLAS    )

DORIS F. WHEELER, 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 his own personal knowledge:

That RICHARD H. WHEELER, the Decedent mentioned in the attached, certified Certificate of Death issued by the State of Nevada (see **Exhibit 1**) is the same person as RICHARD H. WHEELER, one of the Settlers and Trustees of the *Doris & Richard Wheeler Trust, dated November 21, 2019*, and named as one of the grantees in that certain Quitclaim Deed dated November 21, 2019, and executed by Richard H. Wheeler and Doris F. Wheeler and recorded as Document No. 2019-940211 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 2867 Sierra Mesa Court, Minden, Nevada, more precisely described as:

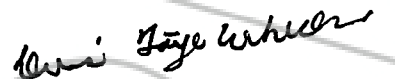
**Lot 99, in Block G as shown on the map of SARATOGA SPRINGS ESTATES UNIT 5, filed in the office of the Douglas County Recorder on May 4, 2001, File No. 513570.**

Pursuant to NRS 111.312, the above legal description previously appeared the Quitclaim Deed recorded on December 26, 2019, as Document No. 2019-940211.

DORIS F. WHEELER is the surviving Settlor and Trustee of the *Doris & Richard Wheeler Trust, dated November 21, 2019*, and any amendments thereto, and shall forthwith serve as sole Trustee of the *Doris & Richard Wheeler Trust, dated November 21, 2019, and any amendments thereto*.

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

Dated: April 22, 2020.



*Doris F. Wheeler*

\_\_\_\_\_  
DORIS F. WHEELER,  
Successor Trustee/Trustee

STATE OF NEVADA        )  
  : ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to (or affirmed) before me on this 22<sup>nd</sup> day of April, 2020, by DORIS F. WHEELER, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



\_\_\_\_\_

Notary Public



# EXHIBIT 1

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*Nevada Certificate of Death for RICHARD H. WHEELER*

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

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

CASE FILE NO. 4132054

**CERTIFICATE OF DEATH**

2020004264  
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>Richard Hart WHEELER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 27, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/(f not either, give street ar number) <b>2867 Sierra Mesa Court</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b> <b>HOURS</b> <b>MINS</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY <b>January 29, 1939</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Doris Faye IRVIN</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-0590</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>AIR FORCE ENGINEER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>AIR FORCE</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2867 Sierra Mesa Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Andrew WHEELER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Florence WILSON</b>		
18a. INFORMANT- NAME (Type or Print) <b>Doris Faye WHEELER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2867 Sierra Mesa Court Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701</b>	
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) <b>SIGNATURE AUTHENTICATED 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>March 02, 2020</b>		21c. HOUR OF DEATH <b>15:20</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
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>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 03, 2020</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>Cardiac Arrest</b> Interval between onset and death					
(b) <b>Acute On Chronic Heart Failure With Reduced Ejection Fraction</b> Interval between onset and death					
(c) <b>Ischemic Cardiomyopathy</b> Interval between onset and death					
(d) <b>Coronary Heart Disease</b> 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. <b>Hypertension, Peripheral Arterial Disease, Stroke, Liver Cirrhosis, Chronic Kidney 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	

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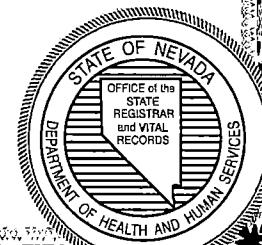
CERTIFIED COPY OF VITAL RECORDS

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: 3/5/2020

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

*Blaise Satariano*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE