

APN#: 1420-34-111-009

DOUGLAS COUNTY, NV **2020-947344**
Rec:\$40.00
\$40.00 Pgs=4 06/08/2020 03:40 PM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Kyle D. Hamilton
155 Sundance Lane
Smith, NV
89430

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Anu Jansse

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Kyle D. Hamilton, of legal age, being first duly sworn, deposes and says:

1. William H. Hamilton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William H. Hamilton named as Trustee in the Declaration of Trust dated September 27, 2000 and executed by William H. Hamilton and Kyle D. Hamilton, Trustees of The Hamilton Family 2000 Trust as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2775 Kayne Avenue, Minden, NV 89423, which property is described in a Deed which was executed by William H. Hamilton and Kyle D. Hamilton as Grantor(s) on May 3, 2010 and recorded as Instrument No. 763011, in Book 0510, Page 0322, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

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

Lot 5, in Block A, as shown on the Final Map of MOUNTAIN VIEW ESTATES UNIT 5, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 13, 1990, in Book 490, Page 1895, as Document No. 223928, Official Records.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

Dated 5-13-2020

Kyle D. Hamilton
Kyle D. Hamilton, Successor Trustee

STATE OF NEVADA

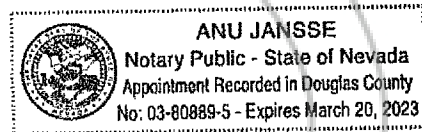
}SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on

5/13/2020
By Kyle D. Hamilton.

Anu Jansse
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2014011568

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) William Howard HAMILTON		2. DATE OF DEATH (Mo/Day/Year) July 15, 2014		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 2775 Kayne Ave		3e. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient (Specify) Home	
DECEDENT	4. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 72	
	5. STATE OF BIRTH (If not U.S.A., name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16+	
IF DEATH OCCURRED IN INSTITUTION USE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 3102		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Business Process Analyst		14b. KIND OF BUSINESS OR INDUSTRY Nevada State	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold HAMILTON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Kathryn COURT			
	18a. INFORMANT - NAME (Type or Print) Kyle D HAMILTON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2775 Kayne Ave Minden, Nevada 89423			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 949 West Moans Lane Reno NV 89509	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
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) ROBERT J FLIEGLER M.D.			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) July 22, 2014		21c. HOUR OF DEATH 13:40		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Robert J Fliegler M.D., 206 N Curry Street Carson City, NV 89703		23b. LICENSE NUMBER 9310			
	24a. REGISTRAR (Signature) BIANCA GALEANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 22, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) Septic Shock DUE TO, OR AS A CONSEQUENCE OF (b) Decubitus Ulcer DUE TO, OR AS A CONSEQUENCE OF (c) Paraplegia DUE TO, OR AS A CONSEQUENCE OF (d) Unknown Etiology				Interval between onset and death Interval between onset and death 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 I.				26. AUTOPSY (Specify Yes or No) NO	
	28a. ACC. SUICIDE, HOMICIDE, 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

538541

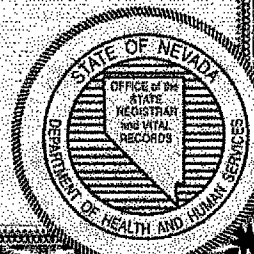
CERTIFIED COPY OF VITAL RECORDS

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: 07/22/2014

R. J. Fliegler
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



VRS-Rev-20120523a