

APN# : 1320-33-817-041

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Sheila Claire Dill, Successor
Trustee

LeDale Cielo Circle
Sparks, 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 _____



Sherry Ackermann

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

Sheila Claire Dill, of legal age, being first duly sworn, deposes and says:

- 1. Douglas Leon Dill, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Douglas Leon Dill named as Trustee in the Declaration of Trust dated 4/30/1996 and executed by Douglas L. Dill and Sheila C. Dill, husband and wife 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 1378 Brooke Way Gardnerville, NV 89410, which property is described in a Deed which was executed by Douglas L. Dill and Sheila Claire Dill, Trustees or their successors in trust, under the Dill Living Trust, dated April 30, 1996 as Grantor(s) on July 6, 2004 and recorded as Instrument No. 0617975, in Book 0704, Page 01656, 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 41 in Block E, as shown on the Final Subdivision Map #1006-12 of CHICHESTER ESTATES PHASE 12, filed for record in the office of the Douglas County Recorder, State of Nevada, on January 8, 2004, in Book 104, at Page 2012, as Document No. 601490, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

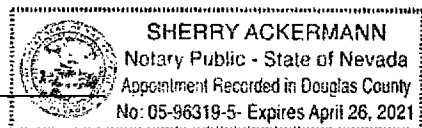
Dated 6-17-20 Sheila Claire Dill
Sheila Claire Dill,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on June 17, 2020
By Sheila Claire Dill.

Sherry Ackermann
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. 4072260

CERTIFICATE OF DEATH

2019005408
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) Douglas Leon DILL		2. DATE OF DEATH (Mo/Day/Year) March 18, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and No. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) 1378 Brooke Way Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 10, 1938	
9a. STATE OF BIRTH (If not US/CA, name, country) Idaho		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) Sheila STONE			
13. SOCIAL SECURITY NUMBER 5065		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Photo Journalist		14b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1378 Brooke Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Uland DILL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marion WINMILL		
18a. INFORMANT - NAME (Type or Print) Sheila DILL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1378 Brooke Way Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
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) NITA SCHWARTZ 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) March 20, 2019		21c. HOUR OF DEATH 04:58		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 20, 2019		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) Cerebrovascular Disease				Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. 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	
28e. DESCRIBE HOW INJURY OCCURRED					

STATE REGISTRAR

000759918



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: **MAR 21 2019**

Julie Katchear
STATE REGISTRAR

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

VRS-Rev-20120523a

