

APN: 1320-29-410-005

When Recorded, Please Return To:

Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

MILLWARD LAW, LTD.

Mail Future Tax Statements To:

Noeleen E. Wilcks
Post Office Box 325
Minden, NV 89423



00135337202109678770040046

KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF CO-TRU

STATE OF NEVADA)
) ss.
DOUGLAS COUNTY)

I, Noeleen E. Wilcks, being of legal age and duly sworn, depose and say under penalty of perjury under the laws of the State of Nevada:

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

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Lots 13, 14, 15, and 16 in Block G, of the West Addition to the Town of Minden, County of Douglas, State of Nevada, according to the amended map thereof filed in the office of the County Recorder of Douglas County, State of Nevada.

TOGETHER with all ditch and ditch rights, canal and canal rights, water and water rights thereunto belonging or in anywise appertaining.

(Pursuant to NRS 111.312, the above-legal description previously appeared in Grant, Bargain and Sale Deed recorded July 27, 2005, as Document Number 0650593)

was acquired and held by Affiant, Noeleen E. Wilcks, and Decedent, Ronald W. Wilcks, as Trustees of the Wilcks Family Trust, dated July 26, 2005, by Grant, Bargain, Sale Deed executed by Ronald W. Wilcks and Noeleen E. Wilcks, on July 26, 2005, which deed was thereafter recorded with the Douglas County Recorder on July 27, 2005;

That Decedent, Ronald W. Wilcks, died on July 24, 2018, as identified in Certificate of Death #2018014298, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Ronald W. Wilcks is the same person as Ronald W. Wilcks, Trustee of the Wilcks Family Trust dated July 26, 2005; and

That Affiant, Noeleen E. Wilcks, is the surviving Trustee under the above-referenced Trust, which was in effect at the time of death of the decedent mentioned above, and which has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

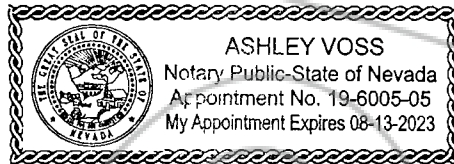
Date: May 11, 2021

Noleen E. Wilcks
Noleen E. Wilcks, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, Ashley Voss, a Notary Public, on May 11, 2021, by Noleen E. Wilcks.

Ashley Voss
Notary Public



COOPER

COPY

Exhibit 1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4031014

CERTIFICATE OF DEATH

2018014298
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Ronald Werner WILCKS		2. DATE OF DEATH (Mo/Day/Year) July 21, 2018		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 1622 9th St.		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) February 18, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Noleen Elizabeth HULBERT	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-8839		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Telephone	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1622 9th St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Herman Fredrick WILCKS	
	17. MOTHER/PARENT - NAME (First Middle- Last Suffix) Irma K LEEHMAN		18a. INFORMANT- NAME (Type or Print) Noleen WILCKS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 325 Minden, Nevada 89423	
TRADE CALL	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 (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) 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) July 25, 2018	
	21c. HOUR OF DEATH 23:10		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2018		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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Atherosclerotic Cerebral vascular Disease		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1:		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



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: 7/26/2018

Julie Katchear
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

