

WHEN RECORDED MAIL TO:
Glennis G. Hill, Trustee(s) or Successor
Trustee(s) of The Hill Family Trust dated
September 6, 2017
204 Spring moor or
Raleigh, NC 27615

The undersigned hereby affirms that this document
submitted for recording includes a death certificate
which contains a social security number as required
by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 202104943-RLT

APN No.: 1220-09-410-011

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Glennis G. Hill, being duly sworn, deposes and says:

1. Clay H. Hill, the decedent mentioned in attached copy of Certificate of Death, is the same person as Clay H. Hill named as one of the trustee(s) in that certain Quitclaim Deed dated September 6, 2017, executed by Clay H. Hill and Glennis G. Hill to Clay H. Hill and Glennis G. Hill, Trustee(s) or successor trustee(s) of the Hill Family Trust dated September 6, 2017, recorded on 9-7-17 as instrument number 2017-903772, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

- 2. That I, Glennis G. Hill, 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 as 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 above referenced property.

Dated: August 4, 2021

Glennis G. Hill
Glennis G. Hill

~~STATE OF NEVADA~~ ^{SDN} North Carolina }
~~COUNTY OF DOUGLAS~~ ^{Wake} } SS:

This instrument was acknowledged before me on 4th August 2021
by Glennis G. Hill

Sharon D. Rogers
NOTARY PUBLIC

SHARON D. ROGERS
NOTARY PUBLIC
WAKE COUNTY, N.C.
My Commission Expires 11.13.2021

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4112956

CERTIFICATE OF DEATH

2019022148

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) Clay H. HILL		2. DATE OF DEATH (Mo/Day/Year) November 07, 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 number) 1003 Silveranch Dr		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 89		8. DATE OF BIRTH (Mo/Day/Yr) July 28, 1930	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER -3140		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Manager		11. MARITAL STATUS (Specify) Married	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Glennis G BIGLER	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1003 Silveranch Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. PARENT - NAME (First Middle Last Suffix) James Boyd HILL			17. PARENT - NAME (First Middle Last Suffix) Mildred M WARD		
18a. INFORMANT- NAME (Type or Print) Glennis G HILL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1003 Silveranch Dr Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES P SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE NUMBER FD217		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) ATI HAKIMI MD			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) November 12, 2019		21c. HOUR OF DEATH 20:38		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ati Hakimi MD 5523 S Eastern Ave Las Vegas, NV 89193				23b. LICENSE NUMBER 12559	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 13, 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				Interval between onset and death	
(a) Malignant Neoplasm Of Colon				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 1.				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. 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	

VRS-Rev-20120523a



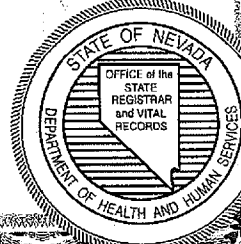
CERTIFIED COPY OF VITAL RECORDS

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: **NOV 15 2019**

Blaise Satariano
STATE REGISTRAR
Administrator

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



Order No.: 02104942-RLT

EXHIBIT A

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

Lot 11, as shown on the Final Map of SILVERANCH UNIT 1-A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 3, 1994, in Book 194, Page 256, as Document No. 326668.

APN: 1220-09-410-011





Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

kellison@co.douglas.nv.us

(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

Tammy May
Signature

7/6/2021
Date

Tammy May
Printed Name