



00141153202109730840030033

KAREN ELLISON, RECORDER

APN: 1320-32-111-018

When Recorded, Please Return To:

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

Mail Future Tax Statements To:

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

**CORRECTED AFFIDAVIT OF DEATH OF CO-TRUSTEE**

**(To correct the date of death of Co-Trustee as identified in the Affidavit of Death of Co-Trustee recorded on May 21, 2021, as Doc. No. 2021-967876)**

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:

APN: 1320-32-111-018

Lots 17, 18, 19, and 20 in Block "I", of the TOWNSITE OF MINDEN, Douglas County, Nevada, according to the Map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 5, 1907.

(Pursuant to NRS 111.312, the above-legal description previously appeared in Grant, Bargain and Sale Deed recorded January 11, 2008, as Document Number 0716085)

was acquired and held by Affiant, Noeleen E. Wilcks, and Decedent, Ronald 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 January 11, 2008;

That Decedent, Ronald W. Wilcks, died on July 21, 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the above-referenced Trust, which was in effect at the time of death of the decedent mentioned above, and which has not been revoked.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.

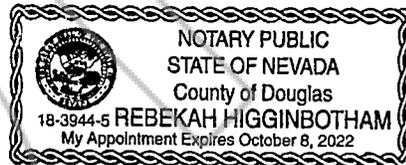
Date: 7-1, 2021

Noleen E. Wilcks  
Noleen E. Wilcks, Affiant

State of Nevada )  
Douglas County )

This instrument was signed and sworn to before me, a Notary Public, on July 1, 2021, by Noeleen E. Wilcks.

Rebekah Higginbotham  
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. 4031014

**CERTIFICATE OF DEATH**

2018014298  
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  
STANDING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Ronald Werner WILCKS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 21, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>1622 9th St.</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>83</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-8839</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Telephone</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>1622 9th St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Herman Fredrick WILCKS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Irma K LEEHMAN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Noeleen WILCKS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 325 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>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
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>NITA SCHWARTZ MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>July 25, 2018</b>		21c. HOUR OF DEATH <b>23:10</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 25, 2018</b>		24d. 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>Atherosclerotic Cerebral vascular Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (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) <b>No</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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



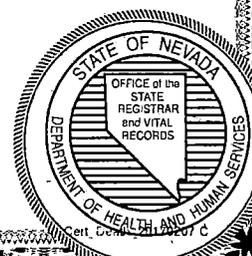
CERTIFIED COPY OF VITAL RECORDS

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 Katchmar*  
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