

WHEN RECORDED MAIL TO:
Sherrie C. Millichap, Surviving Trustee
of The William A. and Sherrie C.
Millichap Family Trust, dated March 18,
1998

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. 02101580-RLT

APN No.: 1220-06-001-010 and 011

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of *Douglas* }

Sherrie C. Millichap, being duly sworn, deposes and says:

1. William Alfred Millichap, the decedent mentioned in attached copy of Certificate of Death, is the same person as William A. Millichap, named as one of the trustee(s) in that certain Grant, Bargain and Sale Deed dated December 8, 2010, executed by Leo A. Hanly and Susan E. Hanly, Husband and Wife as Community Property with right of Survivorship to William A. Millichap and Sherrie C. Millichap, Trustees of the William A. and Sherrie C. Millichap Family Trust, Dated March 18, 1998, recorded on 12/13/2010 as instrument number 775341, 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, name, 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.

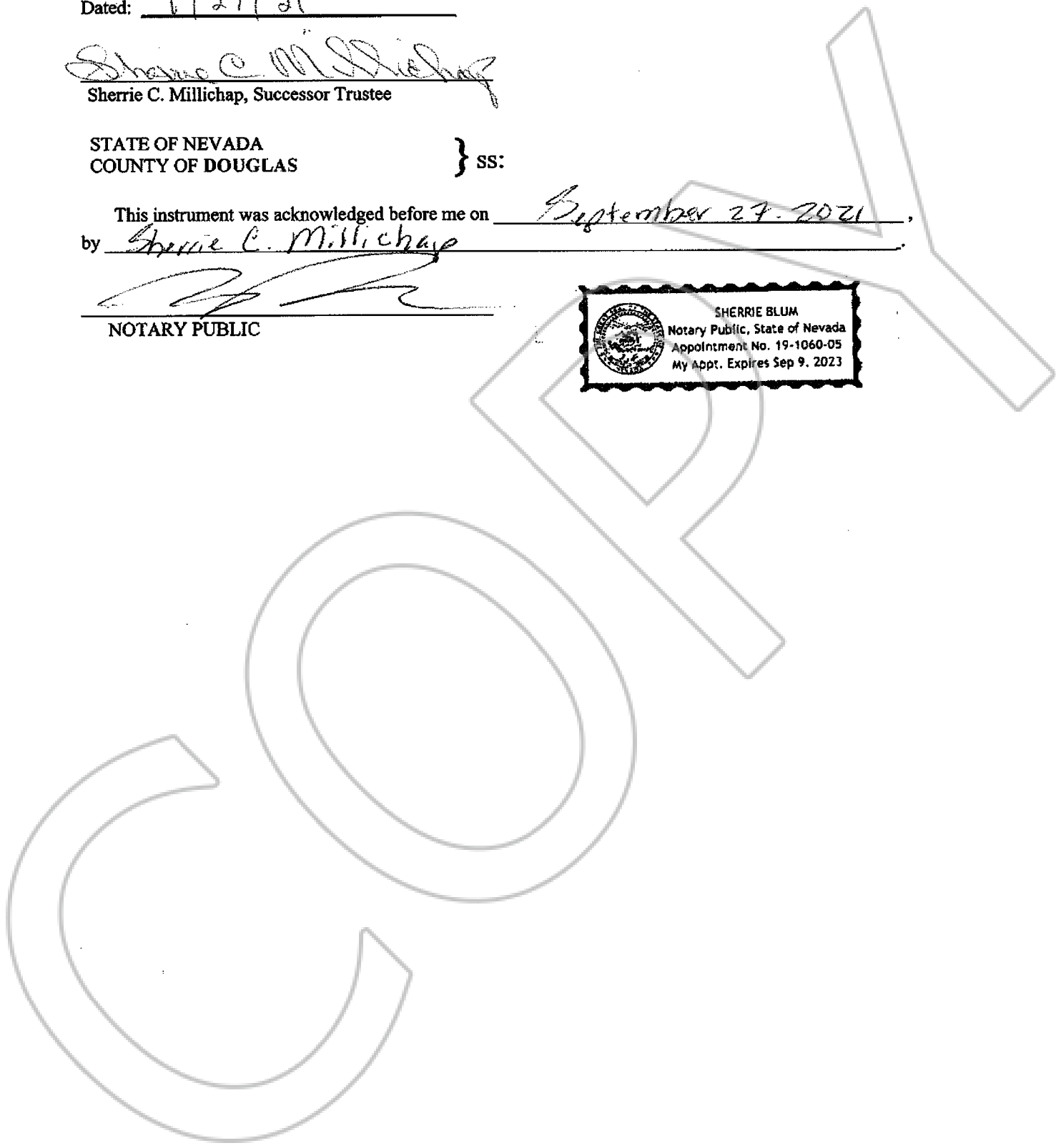
Dated: 9/27/21

Sherrie C. Millichap
Sherrie C. Millichap, Successor Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on September 27, 2021,
by Sherrie C. Millichap

[Signature]
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. 4151263

2020013139
STATE FILE NUMBER

CERTIFICATE OF DEATH

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) William Alfred MILLICHAP		2. DATE OF DEATH (Mo/Day/Year) June 18, 2020		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 Inpatient)(Specify) 1310 State Route 88 Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 76	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____
9a. STATE OF BIRTH (If not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sherrie COLEMAN
13. SOCIAL SECURITY NUMBER ██████████-3610		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Commercial Real Estate Agent		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1310 State Route 88		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Arthur MILLICHAP			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Evelyn KANE		
18a. INFORMANT - NAME (Type or Print) Sherrie MILLICHAP		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 1029 Minden, Nevada 89423			
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) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
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) JEFFREY BASA 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) June 19, 2020		21c. HOUR OF DEATH 16:58		22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
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) Dr. Jeffrey Basa MD - 2874 N. Carson Street, Ste 200 Carson City, NV 89706					23b. LICENSE NUMBER 8079
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 26, 2020	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).)					Interval between onset and death
PART I (a) Cancer Of The Prostate Metastatic To Bone					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 I: Intracranial Abscess					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

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

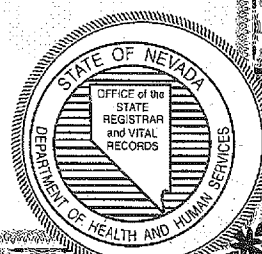
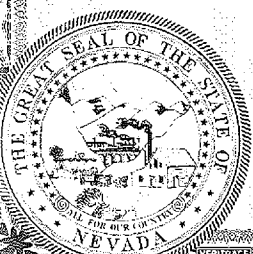
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SEP 11 2020

Lee Joseph
STATE REGISTRAR
Interim Administrator

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VR5-Rev-20120523a

Order No.: 02101580-RLT

EXHIBIT A

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

PARCEL 1:

Parcel 1 and 2 as shown on the Parcel Map for Leo and Susan Hanly, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 15, 2005, in Book 405, Page 6150, as File No. 641834, Official Records.

PARCEL 2:

A non-exclusive ingress and egress right-of-way easement, as conveyed in the Deed recorded January 29, 1996, in Book 196, Page 4796, as Document No. 379928, Official Records and re-recorded February 29, 1996, in Book 296, Page 4888, as Document No. 382297, Official Records.

APN: 1220-06-001-010 and 011

