

APN# 1320-33-719-010



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:
Name: Wendy Miller
Address: 2031 Eilene Dr.
City/State/Zip: Pleasanton, CA 94588

Mail Tax Statements to:
Name: Wendy Miller
Address: 2031 Eilene Dr.
City/State/Zip: Pleasanton, CA 94588

Affidavit of Death of Trustees

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Wendy Miller
Signature
Wendy Miller
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:
Wendy Miller
2031 Eilene Dr.
Pleasanton, CA 94588

And when recorded, mail to:
Wendy Miller
2031 Eilene Dr.
Pleasanton, CA 94588

APN: 1320-33-719-010

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEES

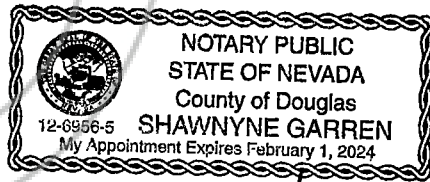
State of Nevada)
County of Douglas) ss.

Wendy Miller, of legal age, being first duly sworn, deposes and says:

1. William Anthony Miller, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William A. Miller named as Trustee in the Declaration of Trust dated July 21, 1998, and executed by William A. Miller and Julia E. Miller as Settlers and Trustees. Julia E. Miller, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Julia E. Miller named as Trustee in the Declaration of Trust dated July 21, 1998, and executed by William A. Miller and Julia E. Miller as Settlers and Trustees.
2. At the time of the decedents' deaths, decedents were the record owners, as Trustees, of certain real property commonly known 1485 Cardiff Drive, Gardnerville, NV, which property is described in a Deed which was executed by Cardiff Properties, LLC, a Nevada Limited Liability Company, as Grantor on August 16, 2012, and recorded as Document No. 810373, in Book 1012, Page 1656, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
LOT 32, BLOCK B OF CHICHESTER ESTATES, PHASE 13, FINAL SUBDIVISION MAP #1006-13, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 4, 2004, IN BOOK 1004, PAGE 1052 AS DOCUMENT NO. 625784, 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 10/01/21 Wendy Miller
Wendy Miller



State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this October day of 2021, by Wendy Miller, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Shawnyne Garren
Notary

*Wendy Rae Wehner-Miller

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3953929

CERTIFICATE OF DEATH

2017009043
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) William Anthony MILLER		2 DATE OF DEATH (Mo/Day/Year) April 25, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1485 Cardiff Dr		3e If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 09, 1947		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Julia CHOAT	
13 SOCIAL SECURITY NUMBER ████████ 6788		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Sales		14b KIND OF BUSINESS OR INDUSTRY Computer Software	
15a. RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1485 Cardiff Dr		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Tyler John MILLER			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Betty Jean MARTIN		
18a. INFORMANT- NAME (Type or Print) Julia MILLER		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1485 Cardiff Dr Gardnerville, Nevada 89410			
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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER 823		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) ADAM WINDSOR 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) ADAM WINDSOR SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) May 15, 2017		21c HOUR OF DEATH		22c. HOUR OF DEATH 04:11	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) April 25, 2017		22e PRONOUNCED DEAD AT (Hour) 04:11
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Adam Windsor P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 446	
24a REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 16, 2017		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) Arteriosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Morbid Obesity					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Hypertensive Disorder					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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) Yes					
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	



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.

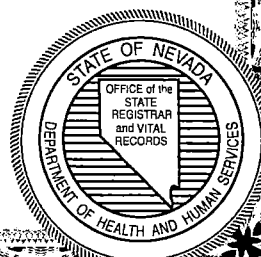
DATE ISSUED:

9/27/2021

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



Adam Windsor
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4228673

CERTIFICATE OF DEATH

2021019316
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

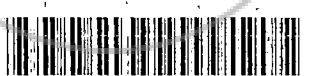
CERTIFIER

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) Julia E MILLER			2. DATE OF DEATH (Mo/Day/Year) August 08, 2021		3a. COUNTY OF DEATH Douglas		
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1485 Cardiff Drive			3e If Hosp. or Inst indicate DOA,OP/Emer. Rm Inpatient(Specify) Home		
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 73	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		7d UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 12, 1948	
9a STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed	
12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER 5847		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY ACCOUNTANT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville		15d STREET AND NUMBER 1485 Cardiff Drive	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Hosea A CHOAT				17 MOTHER/PARENT - NAME (First Middle Last Suffix) Helen S HEATH			
18a INFORMANT - NAME (Type or Print) Beverly WOOD			18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 346 Bieber CA 96009 *, California *				
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			20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 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) SIGNATURE AUTHENTICATED RALPH D HERBIG DO				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) August 16, 2021		21c. HOUR OF DEATH 11:38		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) Ralph D Herbig DO 897 Ironwood Dr Minden, NV 89423						23b. LICENSE NUMBER DO984	
24a. REGISTRAR (Signature) BLAISE SATARIANO			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 16, 2021		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) Metabolic Encephalopathy						Minutes	
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death	
(b) Electrolyte Disturbance						Hours	
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death	
(c) Liver Failure						Years	
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death	
(d)							
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Concurrent Lung Disease, Concerning For Metastatic Process						26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	



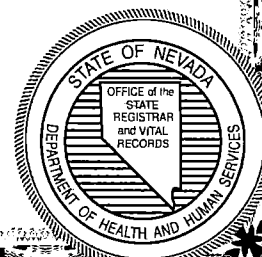
CERTIFIED COPY OF VITAL RECORDS

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: **8/18/2021**

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

Blaise Satariano
STATE REGISTRAR



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE