

RECORDING REQUESTED BY
of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

**Gary Miller, Successor Trustee
5762 Shadow Ridge Drive,
Castro Valley, CA 94552**



KAREN ELLISON, RECORDER

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-26-001-027

File No.: ()

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

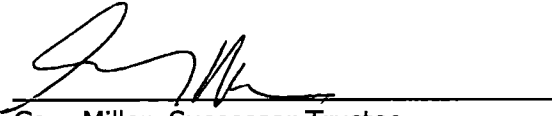
Gary Miller, Successor Trustee to Marjorie Miller Living Trust ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. Marjorie Miller ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on October 14, 2020 at Hayward, California (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated April 20, 2010 executed by Marjorie Miller as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant Deed dated November 3, 2010 which was recorded as Instrument No. 077-3275 in Book 1110, Page 724, of Official Records of Douglas County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

DECLARANT



Gary Miller, Successor Trustee
to Marjorie Miller Living Trust

Dated:

6/30/2021

COPY

EXHIBIT A

The land referred to is situated in the County of Douglas, City of Minden, State of Nevada, and is described as follows:

Lot 3 in Block B as shown on Final Subdivision Map PD #02-003 for AURORA, a Planned Development filed for record with the Douglas County Recorder September 8, 2003, in Book 0903, at page 3029, as Document No. 589081, Official Records of Douglas County, Nevada, and by Certificate of Amendment recorded September 10, 2003, in Book 0903, at Page 4697, as Document No. 0589483, Official Records of Douglas County, Nevada.

Assessor's Parcel No. 1320-26-001-027.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Alameda

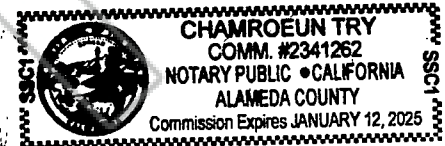
On 06/30/2021 before me, Chamroeun Try, Notary Public
(insert name and title of the officer)

personally appeared Gary James Miller
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature] (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

305202038397

CERTIFICATE OF DEATH

3202001008350

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARJORIE		2. MIDDLE LAVERNE		3. LAST (Family) MILLER	
AKA: AL SO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/01/1921		5. AGE Yrs. 99 IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
6. SEX F		9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 0363	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS-SRDP* (at time of death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 10/14/2020	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MILNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RETAIL		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 31528 CHICOINE AVENUE					
21. CITY HAYWARD		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94544	
24. YEARS IN COUNTY 99		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP GARY MILLER, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5762 SHADOW RIDGE DRIVE, CASTRO VALLEY, CA 94552			
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST BAIRD		32. MIDDLE -		33. LAST FLOYD	
34. BIRTH STATE UNKNOWN		35. NAME OF MOTHER/PARENT - FIRST HAZEL		36. MIDDLE -	
37. LAST (BIRTH NAME) PASHON		38. BIRTH STATE PORTUGAL			
39. DISPOSITION DATE mm/dd/yyyy 11/02/2020		40. PLACE OF FINAL DISPOSITION RESIDENCE OF GARY MILLER 5762 SHADOW RIDGE DRIVE, CASTRO VALLEY, CA 94552			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER MICHELLE PRICE		43. LICENSE NUMBER EMB9559	
44. NAME OF FUNERAL ESTABLISHMENT / CREMATION SERVICES GREER FAMILY MORTUARY AND CREMATION SERVICES		45. LICENSE NUMBER FD1408		46. SIGNATURE OF LOCAL REGISTRAR NICHOLAS J MOSS, MD, MPH	
47. DATE mm/dd/yyyy 10/22/2020					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospita <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 31528 CHICOINE AVENUE		106. CITY HAYWARD	
107. CAUSE OF DEATH Enter the chain of events, diseases, injury, or complications that directly caused death. DO NOT omit terminal events such as cardiac arrest, respiratory arrest, or death due to fluid overload without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST (B) MYOCARDIAL INFARCTION (C) HYPERTENSION		108. DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERAL NUMBER		109. BICOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attested Space Deceased: Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER TYRONE EMANUEL SNIPES D.O.		116. LICENSE NUMBER 20A10638	
117. DATE 10/14/2020		117. DATE 10/14/2020			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TYRONE EMANUEL SNIPES D.O. 3055 ALVARADO STREET STE. 108, SAN LEANDRO, CA 94577					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
124. DESCRIBE HOW INJURY OCCURRED (if events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH.#		CENSUS TRACT			

1 of 1

CA ALAMEDA 01

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **OCT 26 2020**

Nicholas J Moss MD
Gavin Piny MD

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR INTERIM HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

