

DOUGLAS COUNTY, NV

2021-977049

Rec:\$40.00

\$40.00

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11/15/2021 02:46 PM

STEWART TITLE COMPANY - NV

KAREN ELLISON, RECORDER

A.P.N. No.:	1320-02-001-001
File No.:	1428801 KDJ/BEB
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
John W. Hill 2009 Trust	
102 Rainbow Drive	
Livingston, TX 77399	

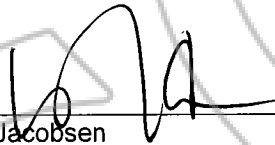
(for recorders use only)

Affidavit – Death of Trustee

(Title of Document)

Please complete Affirmation Statement below:

[*] I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 _____
 (State specific law)


 Kayla Jacobsen

Escrow Officer
 Title

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:
John W. Hill 2009 Trust Agreement, dated March 31, 2009
102 Rainbow Dr. PMB 27
Livingston, TX 77399

ORDER NO. 1428801
A.P.N. No.: 1320-02-001-001

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Judie A. St. Croix of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 31, 2008, executed by John William Hill, also known as, John William Hill, an unmarried person to John W. Hill, as Trustee of the John William Hill, also known as, John W. Hill 2009 Trust Agreement, dated March 31st, 2009, recorded as Instrument No. 0741907 on April 24, 2009 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

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

The East 1/2 of the Northwest 1/4 of the Northwest 1/4 of the Northwest 1/4 of Section 2, Township 13 North, Range 20 East, M.D.B.&M.

TOGETHER WITH a non-exclusive easement for road purposes as described in Joint Tenancy Deed recorded on March 8, 1972 in Book 97, Page 310 as Document No. 58086, Official Records.

2. That I 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 of 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 subject property.

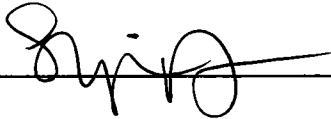
Dated: 11/9/2021, 2021



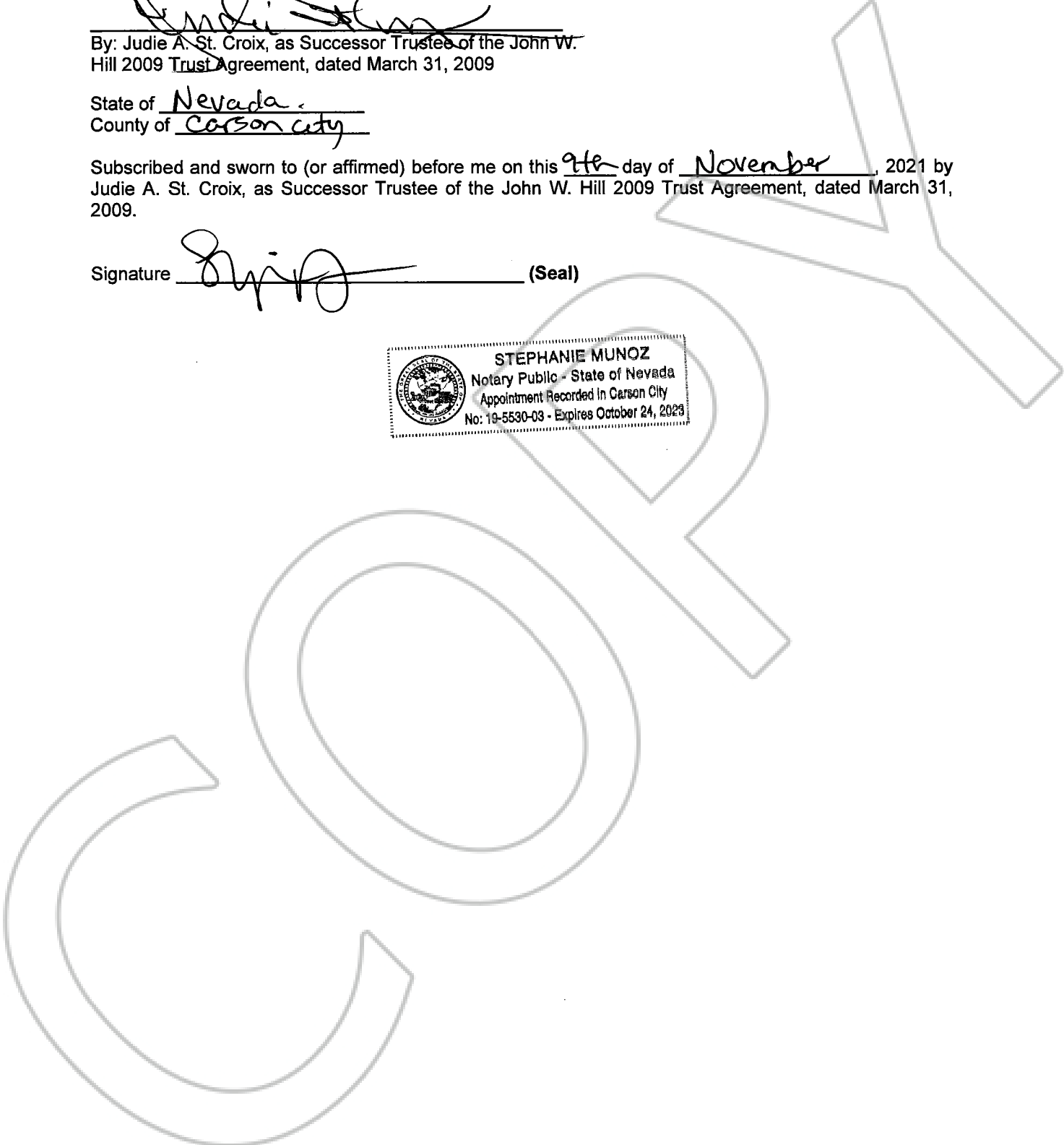
By: Judie A. St. Croix, as Successor Trustee of the John W. Hill 2009 Trust Agreement, dated March 31, 2009

State of Nevada
County of Carson city

Subscribed and sworn to (or affirmed) before me on this 9th day of November, 2021 by Judie A. St. Croix, as Successor Trustee of the John W. Hill 2009 Trust Agreement, dated March 31, 2009.

Signature  (Seal)





STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4187195

CERTIFICATE OF DEATH

2020029657
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) John William HILL		2. DATE OF DEATH (Mo/Day/Year) December 26, 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 number) 1617 Johnson Lane		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) 98		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 02, 1922		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 5769		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) FIREFIGHTER		14b. KIND OF BUSINESS OR INDUSTRY FIRE DEPARTMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1617 Johnson Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Cochran HILL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sophie Rosalie LASSIAT		
18a. INFORMANT - NAME (Type or Print) Judie ST.CROIX		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 102 Rainbow Dr #27 Livingston, Texas 77399			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) PHILLIP R MAYFIELD		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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			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) December 30, 2020		21c. HOUR OF DEATH 21:56		22b. DATE SIGNED (Mo/Day/Yr)	
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) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 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).)					
PART I				Interval between onset and death	
(a) Myelodysplastic Syndrome					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) 					
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.				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	



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: 1/12/2021

Blaise Satariano
STATE REGISTRAR

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

