

RECORDING REQUESTED BY:
JOANNE M. MCCULLOUGH



00155721202209860260030031

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL
DOCUMENT AND TAX STATEMENT
TO:
JOANNE M. MCCULLOUGH
2776 Squires Street
Minden, NV 89423

APN: 1320-29-611-012

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF: DOUGLAS

JOANNE M. MCCULLOUGH, of legal age, being first duly sworn, deposes and says: That MILLICENT VIOLETTA MILLS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person(s) as named as Trustee in that certain GRANT DEED, dated June 05, 2020, executed JOANNE M. MCCULLOUGH, a married woman as her sole and separate property, to MILLICENT V. MILLS, Trustee of the MILLICENT V. MILLS REVOCABLE TRUST, recorded as Document No. 2020-947198, on June 05, 2020, in the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 12, as shown on the FINAL MAP, A PLANNED UNIT DEVELOPMENT DP18-0200, THE TOWNES AT MONTERRA PHASE 3A, according to the Map filed in the County Recorder of Douglas County, State of Nevada on November 22, 2019, as File No. 2019-938681.

Commonly known as: 1185 Montevideo Circle, Minden NV 89423

In accordance with the aforementioned Trust Agreement, JOANNE M. MCCULLOUGH

XXX has been appointed Successor Trustee

Dated : 6/6/2022

JOANNE M. MCCULLOUGH

MAIL TAX STATEMENTS AS SHOWN ABOVE

NOTARY JURAT

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: NEVADA
County of: DOUGLAS

Subscribed to and sworn to (or affirmed) before me on this 6th day of June 2022,
by

JOANNE M. MCCULLOUGH, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature: Amber Coen



AMBER COEN
Notary Public
State of Nevada
Appt. No. 19-8988-03
My Appt. Expires September 10, 2023

This area for official notarial seal)

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS

State File Number
102-2022-028695

ORIGINAL STATE COPY **CERTIFICATE OF DEATH**

1 DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2 AKA S (IF ANY)		3 DATE OF DEATH	
MILLICENT, VIOLETTA, MILLS				04/28/2022	
4 SEX	5 SOCIAL SECURITY NUMBER	6 DATE OF BIRTH	7 AGE		
FEMALE	██████████-2500	11/04/1925	96 YEARS		
8 CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
PHOENIX, MARICOPA, 85028					
9 PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
NURSING HOME/LONG TERM CARE - SONORAN SKY ASSISTED LIVING CARE HOME					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11 MARITAL STATUS		12 NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
DORSET, ENGLAND		WIDOWED		NOT LISTED	
13 DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
7000 N 16TH STREET #120-606, PHOENIX, MARICOPA, AZ, 85020					
14 DECEDENT S HISPANIC ORIGIN(S)		15 DECEDENT S RACE(S)		16 EVER IN ARMED FORCES	
NO, NOT SPANISH/HISPANIC/LATINO		WHITE		NO	
17 OCCUPATION		18 FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)			
HOMEMAKER		PERCY, , SPEED			
19 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)				21 RELATIONSHIP	
RHODA, , BROWN				DAUGHTER	
20 INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		22 INFORMANT'S MAILING ADDRESS			
ANGELA, C. MOSHER		7000 N 16TH STREET #120-606, PHOENIX, AZ, 85020			
23 NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON		24 FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25 LICENSE NUMBER	
BEST FUNERAL SERVICES - NORTH CENTRAL CHAPEL 501 E DUNLAP AVENUE, PHOENIX, AZ, 85020		ANDREW, , PEREA HERNANDEZ		FDL-001344	
26 METHOD(S) OF DISPOSITION		27 NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28 NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
CREMATION		BEST FUNERAL SERVICES, PEORIA, AZ, US			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29 A. IMMEDIATE CAUSE OF DEATH				30. APPROXIMATE INTERVAL	
CARDIAC ARREST				IMMEDIATE	
31 B DUE TO OR AS A CONSEQUENCE OF				32 APPROXIMATE INTERVAL	
UNSPECIFIED NATURAL CAUSES				MONTHS	
33 C DUE TO OR AS A CONSEQUENCE OF				34 APPROXIMATE INTERVAL	
35. D DUE TO OR AS A CONSEQUENCE OF				36 APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		38 INJURY?	39 INJURY AT WORK?	40 MANNER OF DEATH	
		NO		NATURAL DEATH	
		41. TIME OF DEATH	42 WAS AN AUTOPSY PERFORMED?	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
		11:33 AM	NO		
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44 NAME OF PERSON COMPLETING CAUSE OF DEATH		45 DATE CERTIFIED	
		GABRIEL, , VICTOR		05/02/2022	
46 CERTIFIER'S ADDRESS					
9225 N 3RD STREET ##304, PHOENIX, AZ, 85020					

Date Registered: 05/16/2022

Date Issued: 05/17/2022

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA
Revised 07, 2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE