

RECORDING REQUESTED BY  
KEVIN THOMAS

AND WHEN RECORDED MAIL TO:  
KEVIN THOMAS  
1009 N GRANANDA AVE  
ALHAMBRA, CA 91801



KAREN ELLISON, RECORDER

APN:1320-32-716-001

**AFFIDAVIT-DEATH OF TRUSTEE**

I, **KEVIN THOMAS**, being first duly sworn, say:

I am eighteen (18) years of age or over. The decedent, **ROGER JAMES RILLING**, described in the attached Certificate of Death is the same person as **ROGER J. RILLING** who is named as Trustee in that certain Declaration of Trust entitled the **ROGER RILLING LIVING TRUST Dated OCTOBER 23, 2012**, executed by **ROGER J. RILLING**, as Trustee and Settlor.

At the time of death of the decedent, the decedent was the record owner, as Trustee, of real property acquired by a deed recorded on JUNE 28, 2022, as instrument No. 2022-986818, in official records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

SEE ATTACHED LEGAL DESCRIPTION

I, **KEVIN THOMAS**, am the Successor Trustee of the above-referenced trust, which was in effect at the time of the death of the decedent mentioned above, and which has not been revoked, and I consent to continue as such. There is no federal estate tax as a result of the death of the decedents mentioned above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

DATED: September 23, 2022

**KEVIN THOMAS, SUCCESSOR TRUSTEE**

*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.*

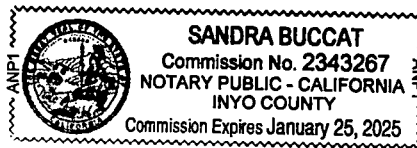
STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF INYO )

On SEPTEMBER 23, 2022 before me, SANDRA BUCCAT, notary public, personally appeared **KEVIN THOMAS** who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person, 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 of Notary

LEGAL DESCRIPTION APN: 1320-32-716-001

ALL THAT CERTAIN REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA,  
DESCRIBED AS FOLLOWS:

ALL THAT PORTION OF LOTS 1 AND 2 AS SET FORTH ON THE OFFICIAL MAP OF SPRINGLANE, A PLANNED  
UNIT DEVELOPMENT, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA  
ON OCTOBER 8, 1987, IN BOOK 1087, PAGE 1066, AS DOCUMENT NO. 163997, OFFICIAL RECORDS OF  
DOUGLAS COUNTY, STATE OF NEVADA, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

LOT 1 AS SHOWN ON SAID MAP, TOGETHER WITH AREA 2-A WHICH IS ALL THAT PORTION OF LOT 2  
DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF LOT 2 AS SHOWN ON AFORESAID MAP, WHICH POINT  
IS THE TRUE POINT OF BEGINNING; THENCE SOUTH  $89^{\circ}42'48''$  EAST ALONG THE NORTH LINE OF SAID  
LOT 2 A DISTANCE ON 4.20 FEET; THENCE LEAVING SAID NORTH LINE, SOUTH  $17^{\circ}30'00''$  EAST, A  
DISTANCE OF 63.72 FEET; THENCE SOUTH  $72^{\circ}30'00''$  WEST A DISTANCE OF 4.00 FEET; THENCE NORTH  
 $17^{\circ}30'00''$  WEST A DISTANCE OF 65.00 FEET, TO THE TRUE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN GRANT,  
BARGAIN, SALE DEED RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,  
NEVADA ON MARCH 16, 2005, AS DOCUMENT NO. 639266 OF OFFICIAL RECORDS.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4287718

**CERTIFICATE OF DEATH**

**2022013898**  
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

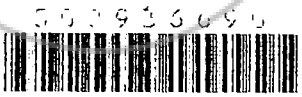
CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATE THE UNDERLYING CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Roger James RILLING</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 07, 2022</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) <b>1503 Douglas Avenue</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Home</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>80</b>	7b. UNDER 1 YEAR <b>MOS   DAYS</b>	7c. UNDER 1 DAY <b>HOURS   MINS</b>
9a STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>16</b>	11. MARITAL STATUS (Specify) <b>Divorced</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER <b>██████████ 8880</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Ski Instructor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Skiing</b>	
15a RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>1503 Douglas Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Roy E RILLING</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Carol Bernice SKINNER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Kevin THOMAS</b>		18b MAILING ADDRESS (Street or R.F.D No. City or Town, State, Zip) <b>1009 North Granada Avenue Alahambra, California 91801</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MERCEDES Q QUARTUCCI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD983</b>	20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502</b>		
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) <b>REED DOFP MD</b>			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) <b>June 08, 2022</b>		21c HOUR OF DEATH <b>15:21</b>		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) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>					23b LICENSE NUMBER <b>13920</b>
24a REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 09, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) <b>Cardiac Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute On Chronic Heart Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Cardiomyopathy</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Coronary Heart Disease</b>					
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) <b>No</b>
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

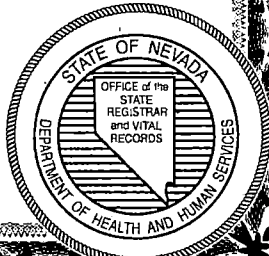
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**6/13/2022**

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

*Scott Spangler*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE