

A.P.N. # 29-184-03



KAREN ELLISON, RECORDER

RECORDING REQUESTED
AND RETURN TO:

Margaret L. Miller
2371 Roswell Avenue
Long Beach, California 90815

MAIL TAX STATEMENTS TO:

Margaret L. Miller
2371 Roswell Avenue
Long Beach, California 90815

AFFIDAVIT OF DEATH

STATE OF CALIFORNIA)
)
COUNTY OF LOS ANGELES)

The undersigned, Margaret Lois Miller being first duly sworn, depose and say that, William Earl Miller is the same William Earl Miller as indicated in the attached certified copy of Certificate of Death and the same William Earl Miller named as one of the parties in that certain Grant Deed, executed by Glenn A. Flores and Donna M. Flores, to William Earl Miller and Margaret Lois Miller, husband and wife as joint tenants, recorded as Document No. 332324 on March 15, 1994, of Official Records of the County of Douglas, State of Nevada, covering the following described real property:

LOT 369, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 29, 1973 IN BOOK 573, PAGE 1026, AS FILE NO. 66512.

More commonly known as: 724 Addler Road, Gardnerville, NV 89460

APN: 29-184-03

Margaret Lois Miller, further declares that, as a result of the death of William Earl Miller, she is the sole owner of said real property.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

Executed on 8/10/2022 in the City of Long Beach, County of Los Angeles, State of California.

Margaret Lois Miller

Margaret Lois Miller

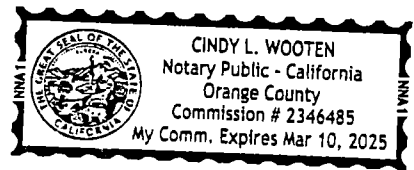
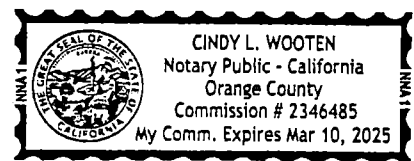
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF LOS ANGELES)

Subscribed and sworn to (or affirmed) before me on this 10th day of August, 2022, by Margaret Lois Miller, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal

Cindy L. Wooten
Notary Public for said State



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4033703

CERTIFICATE OF DEATH

2018015274

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

| | | | | | |
|--|--|--|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Earl MILLER | | 2. DATE OF DEATH (Mo/Day/Year) August 06, 2018 | | 3a. COUNTY OF DEATH Carson City | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street an Carson Tahoe Regional Medical Center | | 3e.If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthda (Years) 88 | |
| 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY DAYS | | 8. DATE OF BIRTH (Mo/Day/Yr) May 12, 1930 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) Colorado | | 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) Margaret Lois KAUFMAN | | | |
| 13. SOCIAL SECURITY NUMBER 8699 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Technician | | 14b. KIND OF BUSINESS OR INDUSTRY Telecommunications | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 724 Addler Road | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16 FATHER/PARENT - NAME (First Middle Last Suffix) Earl Raymond MILLER | | | 17 MOTHER/PARENT - NAME (First Middle Last Suffix) Hannah Lucinda SMITH | | |
| 18a. INFORMANT- NAME (Type or Print) Margaret Lois MILLER | | 18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 724 Addler Road Gardnerville, Nevada 89460 | | | |
| 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) CARLEN BLANSETT SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD861 | | 20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703 | |

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | | |
|---|--|---|--|
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) AMANDA M GRIFFITH DO 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) | |
| 21b. DATE SIGNED (Mo/Day/Yr) August 08, 2018 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21c. HOUR OF DEATH 14:58 | | 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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703 | | 23b. LICENSE NUMBER DO1685 | |
| 24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 08, 2018 | |
| 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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Hypoxemic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (d) Acute Renal Failure | | Interval between onset and death | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Cardiogenic Shock; Hyperkalemia; Chronic Anemia; Unknown Etiology | | 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 | | 28h. STREET OR R.F.D. No. CITY OR TOWN STATE | |

STATE REGISTRAR



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: **AUG 09 2018**

Julie Katchera
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE