

**APN:** 0923-20-001-004

**R.P.T.T.:** \$0.00

**Recording Requested By:**

smart!DEEDS, LLC  
1349 Galleria Drive, Suite 100  
Henderson, NV 89014-8624

**After Recording Mail To:**

smart!DEEDS, LLC - 110559  
1349 Galleria Drive, Suite 100  
Henderson, NV 89014-8624

**Send Subsequent Tax Bills To:**

Sigrid J. Biddle, Surviving Trustee  
3795 Coldwater Drive  
Rocklin, CA 95765

**AFFIDAVIT OF SURVIVING TRUSTEE**

TITLE OF DOCUMENT

I, **Sigrid J. Biddle**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **December 5, 2013**, **Donald P. Biddle and Sigrid J. Biddle** executed the **Biddle Trust**.
2. Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of **Donald P. Biddle**.
3. **Donald Paul Biddle** died on **March 23, 2023** at **Roseville, California**, a resident of **Placer County, California** pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Donald P. Biddle**.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

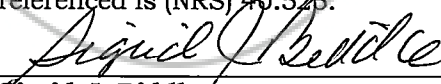
SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **Vacant Lot**

Per NRS 111.312 – The Legal Description appeared previously in **Grant Deed**, recorded on **December 9, 2013**, as Document No. **0835180** in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **Sigrid J. Biddle** as Surviving Trustee.

I, **Sigrid J. Biddle**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

  
\_\_\_\_\_  
**Sigrid J. Biddle**

\_\_\_\_\_  
Affiant  
Title

DATED this 10<sup>th</sup> day of November, 2023.

Sigrid Biddle Surviving Trustee  
Sigrid J. Biddle, Surviving Trustee

STATE OF California)

SS

COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by **Sigrid J. Biddle, Surviving Trustee.**

NOTARY STAMP/SEAL

\_\_\_\_\_  
Notary Public

see attached

\_\_\_\_\_  
Title and Rank  
My Commission Expires: \_\_\_\_\_

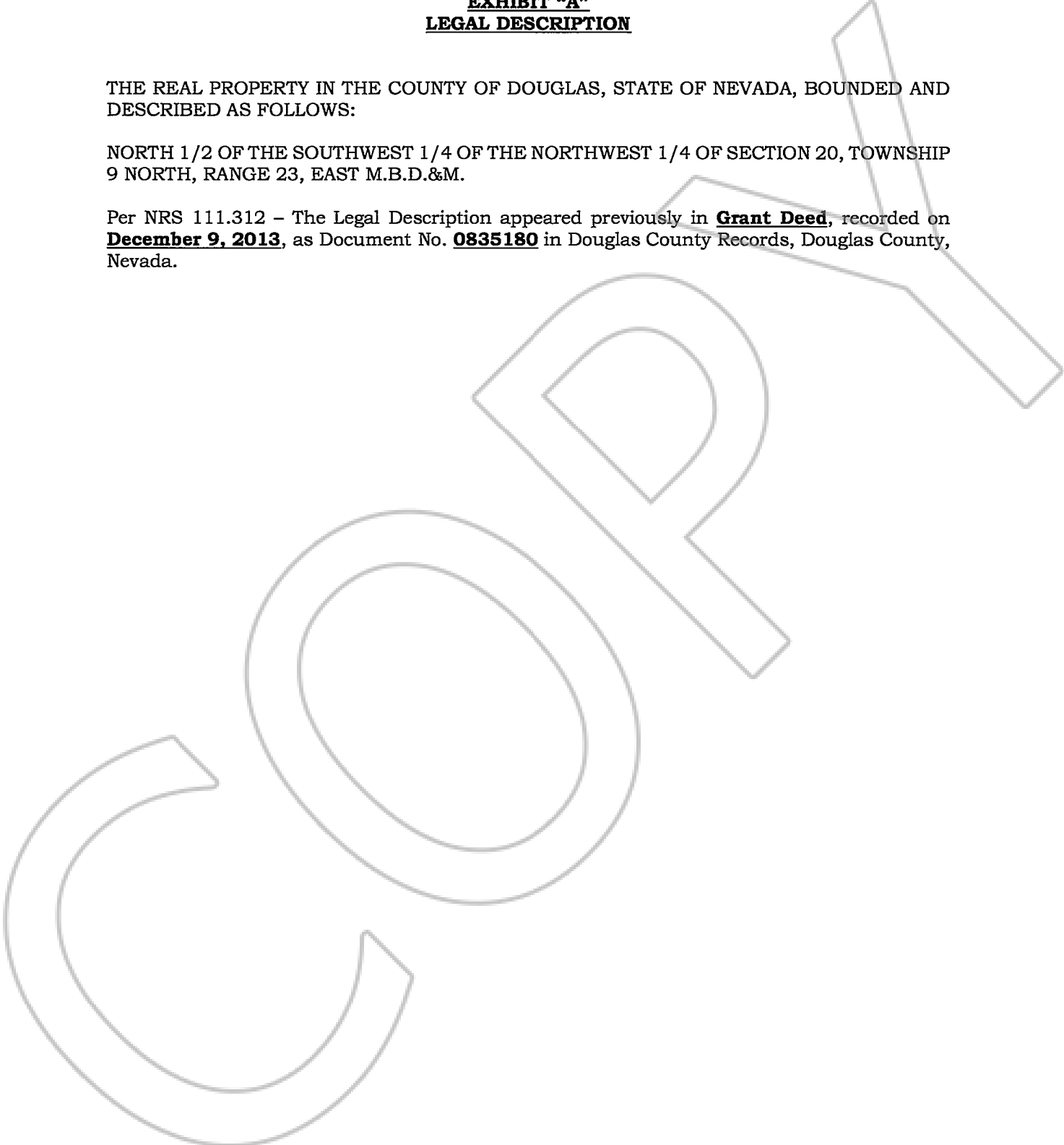


**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

THE REAL PROPERTY IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

NORTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 20, TOWNSHIP 9 NORTH, RANGE 23, EAST M.B.D.&M.

Per NRS 111.312 – The Legal Description appeared previously in **Grant Deed**, recorded on **December 9, 2013**, as Document No. **0835180** in Douglas County Records, Douglas County, Nevada.



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

3052023073961

#### CERTIFICATE OF DEATH

3202331001102

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK/INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS 11 (REV 2/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DONALD		2. MIDDLE PAUL		3. LAST (Family) BIDDLE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 07/02/1942		5. AGE Yrs. 80 IF UNDER ONE YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes 6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER -0538		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (as Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 03/23/2023		8. HOUR (24 Hours) 1330	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES		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 CERTIFIED PUBLIC ACCOUNTANT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) SELF-EMPLOYED ACCOUNTANT		19. YEARS IN OCCUPATION 59	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3795 COLDWATER DRIVE		21. CITY ROCKLIN		22. COUNTY/PROVINCE PLACER	
23. ZIP CODE 95765		24. YEARS IN COUNTY 24		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP SIGRID JANN BIDDLE, SPOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3795 COLDWATER DRIVE, ROCKLIN, CA 95765			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST SIGRID		29. MIDDLE JANN		30. LAST (BIRTH NAME) HUMPHREYS	
31. NAME OF FATHER/PARENT - FIRST DAVID		32. MIDDLE CARL		33. LAST BIDDLE	
34. BIRTH STATE OH		35. NAME OF MOTHER/PARENT - FIRST PAULINE		36. MIDDLE LOUISE	
37. LAST (BIRTH NAME) STALDER		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 04/07/2023		40. PLACE OF FINAL DISPOSITION RES SIGRID, J. BIDDLE 3795 COLDWATER DRIVE, ROCKLIN, CA 95765			
41. TYPE OF DISPOSITION(S) CREMATION/RESIDENCE		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT BLUE OAKS CREMATION AND BURIAL SERVICES		45. LICENSE NUMBER FD1987		46. SIGNATURE OF LOCAL REGISTRAR ▶ ROBERT LEE OLDHAM, MD	
47. DATE mm/dd/yyyy 04/05/2023					
101. PLACE OF DEATH SUTTER ROSEVILLE MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1 MEDICAL PLAZA DR		106. CITY ROSEVILLE	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RESPIRATORY FAILURE (B) ASPIRATION PNEUMONIA (C) EMPYEMA (D) CHRONIC OBSTRUCTIVE PULMONARY DISEASE SEPSIS		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) 1 WEEK (C) 1 WEEK (D) 1 WEEK (E) YEARS		109. BICOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113A. DECEDENT PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER ▶ SHAWN SHAHRIAR AGHILI, MD		116. LICENSE NUMBER A51616	
117. DATE mm/dd/yyyy 03/16/2023		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 5 MEDICAL PLAZA DRIVE STE 190, ROSEVILLE, CA 95661		117. DATE mm/dd/yyyy 04/03/2023	
118. 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? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (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 REGISTRATION		FAX AUTH.#		CENSUS TRACT	

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

04/11/2023



000664431

*Robert L. Oldham MD*  
ROBERT L. OLDHAM, MD  
HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAPLACER01

