

<b>A.P.N. No.:</b>	1420-28-110-020
<b>File No.:</b>	1880731 sa
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Kara Rae Schumacher	
69 Cheyenne Mountain Road	
Colorado Springs, CO 80906	

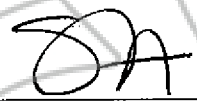
DOUGLAS COUNTY, NV      **2023-995126**  
 Rec:\$40.00  
 \$40.00      Pgs=4      03/31/2023 10:53 AM  
 STEWART TITLE COMPANY - NV  
 SHAWNYNE GARREN, RECORDER

(for recorders use only)

**Affidavit of 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 not contain the social security number of any person or persons. (Per NRS 239B.030)
- OR-
- 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(1)(A) and NRS 40.525(5)

	Escrow Officer
_____ Signature	_____ Title
Sherry Ackermann Print Signature	

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

RECORDING REQUESTED BY:  
Stewart Title Company

WHEN RECORDED MAIL TO:  
Kara Rae Schumacher, Successor Trustee of the June G.  
Miller Revocable Living Trust dated July 14, 2021

ORDER NO. 1880731  
A.P.N. No.: 1420-28-110-020

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**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Carson City } ss.

Kara Rae Schumacher 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 Quitclaim Deed dated July 28, 2021, executed by June Gail Miller aka Gail J. Miller to The June G. Miller Revocable Living Trust, June Gail Miller Trustee, recorded as Instrument No. 2021-971590 of the Official Records of Douglas County, Nevada, on July 28, 2021 covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

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

Lot 87, in Block B as set forth on FINAL MAP OF SARATOGA SPRINGS ESTATES UNIT NO. 3, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 23, 1998, in Book 698, Page 5063, as Document No. 442616, Official Records of Douglas County, Nevada.

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: 3/21, 2023

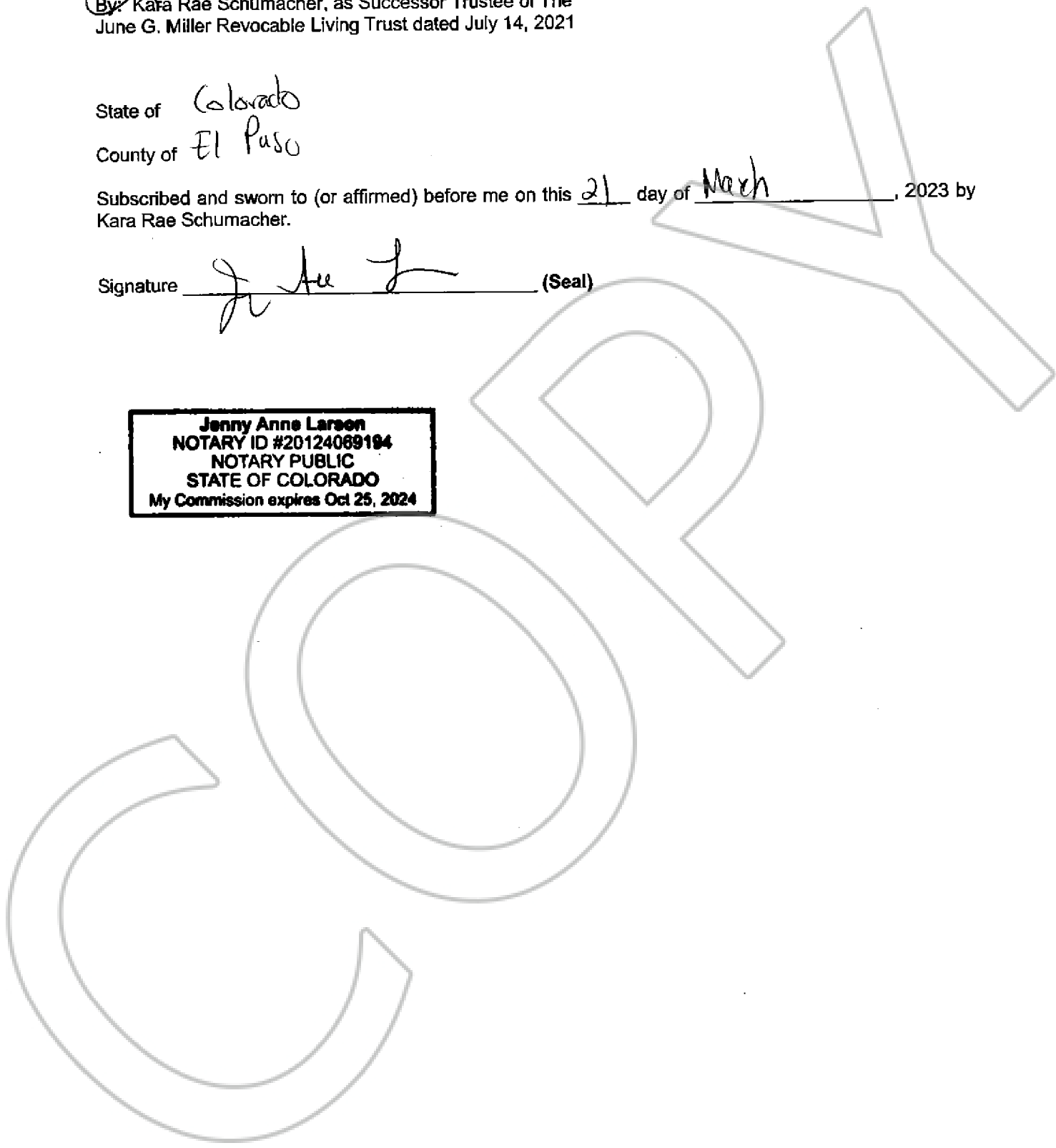
Kara Rae Schumacher  
By: Kara Rae Schumacher, as Successor Trustee of The  
June G. Miller Revocable Living Trust dated July 14, 2021

State of Colorado  
County of El Paso

Subscribed and sworn to (or affirmed) before me on this 21 day of March, 2023 by  
Kara Rae Schumacher.

Signature J. A. L. (Seal)

**Jenny Anne Larson**  
**NOTARY ID #20124069194**  
**NOTARY PUBLIC**  
**STATE OF COLORADO**  
**My Commission expires Oct 25, 2024**



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

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

CASE FILE NO. 4314281

**CERTIFICATE OF DEATH**

2022026026  
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) <b>June Gail MILLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 30, 2022</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) <b>Carson Tahoe Regional Medical Center</b>		3a. If Hosp. or inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4 SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 20, 1942</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>4471</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>HOMEMAKER</b>		<b>HOME</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2988 Hot Springs Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edmund Roy ZWERLEIN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>June Georgette GARR</b>		
18a. INFORMANT - NAME (Type or Print) <b>Kara Rae SCHUMACHER</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>69 Cheyenne Mountain Boulevard Colorado Springs, Colorado 80906</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>NORMA M FINKES</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To be Completed by CERTIFYING PHYSICIAN 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>HANY GHALL MD</b> <b>SIGNATURE AUTHENTICATED</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>November 05, 2022</b>		21c. HOUR OF DEATH <b>13:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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>Hany Ghall MD 1600 Medical Parkway Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>14171</b>					
24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 07, 2022</b>		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) <b>Respiratory cardiac Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute Hypoxemic Respiratory Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Massive Intracranial Hemorrhage</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Malignant Hypertension</b>					
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC. SUICIDE, HGM., 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: **11/9/2022**

*Scott Spangler*  
STATE REGISTRAR

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

