

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 305 Page- 0060

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:
Miller Family Trust
2619 Fox Hill Dr
Waukesha, WI 53189



Space Above This Line for
Recorder's Use Only

A.P.N. 003-033-04

File No.: 119-2506348 (RC)

Affidavit - Death of Trustee

State of NV)
)ss.
County of CLARK)

Ricky D. Miller ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. Milo R. Miller ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 4/27/2016 at Caliente, NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated October 30, 2001 executed by Milo R. Miller and Shirely M. Miller, as Trustees of the Miller Family Trust dated October 30, 2001 as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Quitclaim Deed dated 11/6/2001 which was recorded as Instrument No. 117282 in Book 20010911, Page , of Official Records of Lincoln County, Nevada as legally described as follows:

BEGINNING 82.71' SOUTH OF THE NORTHEAST (NE) CORNER OF LOT 1, BLOCK 47, THEN 82.71' SOUTH ALONG THE WEST SIDE OF ALICE STREET, THEN AT RIGHT ANGLE 100' WEST, THEN AT RIGHT ANGLE 82.71' NORTH, THEN AT RIGHT ANGLE 100' EAST TO POINT OF BEGINNING.



NOTE : THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED NOVEMBER 09, 2001, IN BOOK 159, PAGE 514, AS INSTRUMENT NO. 117282.

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 7/8/16

DECLARANT:

Ricky D. Miller
Ricky D. Miller
Ricky D. Miller

State of WI)
County of Waukesha)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Waukesha and State WI, this 11 day of July, 2016 by _____, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

WITNESS my hand and official seal.

Signature Maria Cecilia Benavente

My Commission Expires: 05/22/2019

Notary Name: Maria Cecilia Benavente Notary Phone: 262-513-4860
Notary Registration Number: _____ County of Principal Place of Business _____

This area for official notary seal

Maria Cecilia Benavente



NEVADA
OFFICE OF VITAL RECORDS



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

CASE FILE NO. 3991277

CERTIFICATE OF DEATH

2016007866
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION USE 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) Milo Russell MILLER		2. DATE OF DEATH (Mo/Day/Year) April 27, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 02, 1931		9a. STATE OF BIRTH (if not US/CA, name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Shirley Marie KIMBROUGH	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Decedent's Lifetime) Electronic Technician		14b. KIND OF BUSINESS OR INDUSTRY United States Airforce	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 243 Alice Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Don Dayton MILLER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Belle PECK		
18a. INFORMANT- NAME (Type or Print) Rick MILLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2619 Foxhill Drive Waukesha, Wisconsin 53189			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Conaway Veterans Cemetery		19c. LOCATION City or Town State Caliente Nevada 89008	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) R WILLIAM KATSCHKE M.D. 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) April 29, 2016		21c. HOUR OF DEATH 02:10		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) R William Katschke M.D. P.O. Box 1010 Caliente, NV 89008			
23b. LICENSE NUMBER 10509		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 02, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Pneumonia With Subsequent Respiratory Failure				Interval between onset and death Days	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Metastatic Transitional Cell Carcinoma Of Lung				Interval between onset and death Months	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Transitional Cell Carcinoma Of Bladder				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF:					
(d)				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.				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 STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a

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:

5/5/2016

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



Verallynn A Boyack
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

