



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT OF SUCCESSOR TRUSTEE

State of Nevada
County of Lincoln

Affiant. I, Nola Holton ("Affiant"), being duly sworn, deposes and states under penalty of perjury That the forging is true and correct.

TRUST. The trust is known as MILLER FAMILY TRUST ("Trust")

- a.) Type. Revocable
- b.) Date. The Trust was signed on June 8, 1997
- c.) Tax ID Number. No Tax ID Number currently exists for the Trust.

PREVIOUS TRUSTEE. Dorothy Ruth Miller with a mailing address of 5558 Central Way, Alamo Nevada, 89001.

SUCCESSOR TRUSTEE: Nola Holton with a mailing address of P.O. Box 358, Alamo, Nevada 89001. ("Successor Trustee")

The Successor Trustee understands that they may be required to provide copies of excerpts from the Original Trust pertaining to the succession of the Successor Trustee.

POWERS: The Successor Trustee shall have all the powers to sell, convey and to mortgage or Encumber real and personal property under this Trust.

REAL ESTATE: It shall be known that the Trust includes real estate described as 5558 Central Way, Rachel , 4.74 acres, Lot 13 Sunset Acres Tract 2.

EXECUTION: I, the affiant, declare that this certificate has been examined by me and its contents are true and correct

Affiant's Signature: Nola Holton Date: 4-4-22

Print Name: Nola Holton

	MELINDA DAVIS
	NOTARY PUBLIC
	STATE OF NEVADA
	My Commission Expires: 04-05-22 Certificate No: 18-2381-11


NOTARY ACKNOWLEDGEMENT

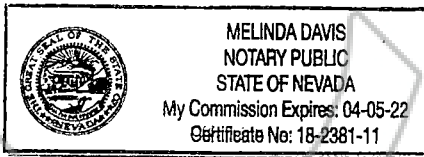
State of Nevada
County of Lincoln

On April 4, 2022, before me, Nola Holton, personally appeared Nola Holton, 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 they executed the same in their authorized capacity and that by their 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 Nevada That the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature 



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 4268186 CERTIFICATE OF DEATH 2022005346
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) Dorothy Ruth MILLER			2. DATE OF DEATH (Mo/Day/Year) February 15, 2022		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Rachel		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) 5558 Central Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		4. SEX Female
5. RACE (Specify) White		6. Hispanic Origin? Specify No Non-Hispanic	7a. AGE-Last birthday (Years) 84	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 06, 1937
9a. STATE OF BIRTH (If not US/CA, name country) United Kingdom		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARITAL STATUS (Specify) Widowed	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Health Care		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Rachel	15d. STREET AND NUMBER 5558 Central Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward RANDELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Olive WALLIS			
18a. INFORMANT- NAME (Type or Print) Nola HOLTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 358 Alamo, Nevada 89001				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720		
20a. FUNERAL DIRECTOR - SIGNATURE (Of 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) [Signature]			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) CLARENCE RAY SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) February 28, 2022		22c. HOUR OF DEATH 21:38
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) February 15, 2022		22e. PRONOUNCED DEAD AT (Hour) 21:38	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Clarence Ray 1050 SR 322 Pioche, NV 89043					23b. LICENSE NUMBER 059	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 01, 2022		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))						Interval between onset and death
PART I (a) Heart Failure						Minutes
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) Polymyalgia Rheumatica						Years
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) _____						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(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 I. Parkinson's Disease, Hypertension, Advanced Age					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

000918302



CERTIFIED COPY OF VITAL RECORDS

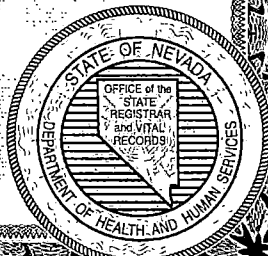
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/3/2022

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