

123323

APN: 004-132-04

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2004 NOV 1 PM 4 52

LINCOLN COUNTY RECORDER
FEE \$16.00 DEP
LESLIE BOUCHER LB

Recording Requested By:

A. Laurelle Hughes
19 Peggy Way
Alamo, Nevada 89001

After Recording Mail To:

A. Laurelle Hughes
19 Peggy Way
Alamo, Nevada 89001

Send Subsequent Tax Bills To:

A. Laurelle Hughes
19 Peggy Way
Alamo, Nevada 89001

AFFIDAVIT OF SUCCESSOR TRUSTEE

2553217

TITLE OF DOCUMENT

I/We, A. Laurelle Hughes, 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 June 30, 1988, Ivan Hughes executed the Ivan Hughes Family Trust
- (2) Said trust appointed me/us to serve as Successor Trustee(s) upon the death or incapacity of Ivan Hughes.
- (3) Ivan Hughes died on **March 9, 1996** at **Alamo, Nevada**, a resident of **Lincoln** County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Ivan Hughes.
- (4) Pursuant to the terms of the Trust, I/We have assumed the responsibilities of Successor Trustee(s).
- (5) The following described real property is part of the trust estate:

The real property subject hereof is located at 19 Peggy Way, Alamo, Nevada 89001 and is legally described as follows:

LOT 19 OF THE ALAMO SOUTH SUBDIVISION TRACT NO. 1, UNIT NO. 1, AS SHOWN ON THAT CERTAIN PLAT FILED FOR RECORD IN THE OFFICE OF THE LINCOLN COUNTY RECORDER ON THE 13TH DAY OF JANUARY, 1977, IN BOOK A-1 OF PLATS, PAGE 124, ASSIGNED NO. 59020.

Per NRS 111.312 - The Legal Description appeared previously in Deed, recorded on Dec. 11, 1995, as Document No. 104346 in Lincoln County Records, Lincoln County, Nevada.

ALH

ALH

- (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 as Successor Trustee(s).

ALH
ALH

DATED this 6th day of October, 2004.

@ Laurelle Hughes, Trustee

A. Laurelle Hughes, Successor Trustee

@ Laurelle Hughes

A Laurelle Hughes, an individual

STATE OF NEVADA

COUNTY OF LINCOLN ss

SUBSCRIBED AND SWORN before me this 6th day of October 2004 by,
Successor Trustee and , Successor Trustee

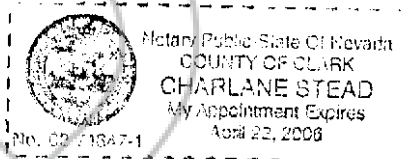
Charlane Stead

NOTARY STAMP/SEAL

Notary Public Charlane Stead

Notary Public, State of Nevada
Title and Rank

My Commission Expires: April 22, 2006



COOPER

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

VITAL STATISTICS

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

96 002681

Altered

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

SEE INSTRUCTIONS REGARDING COMPLETE AND ACCURATE RECORDING OF RESIDENCE INFO

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| LOCAL FILE NUMBER | | DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | | STATE FILE NUMBER | |
| | | Ivan Wood HUGHES | | 2. March 9, 1996 | | 3a. Lincoln | |
| CITY, TOWN, OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) | | If Hosp. or Inst. indicate DCA OP/Emer Rm. Inpatient (Specify) | | SEX | |
| 3b. Alamo | | 3c. 19 Peggy Way | | 3a. | | 4. Male | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | Was Decedent of Hispanic Origin? Specify—yes X to 11 ves. specify Mexican, Cuban, Puerto Rican, etc. | | AGE—Last Birthday (Years) | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 5. White | | 6. | | 7a. 66 | | 8. 4-27-1929 | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | Decedent's Education—Specify highest grade completed. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 9a. Utah | | 9b. U.S.A. | | 10. 11 | | 11. Married | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give kind of Work Done During Most of Working Life. Even if Retired) | | KIND OF BUSINESS OR INDUSTRY | | SURVIVING SPOUSE (if wife, give maiden name: (Specify Yes or No) | |
| 13. [REDACTED] | | 14a. Farmer | | 14b. Dairy 011 | | 12. Thorderson | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | |
| 15a. Nevada | | 15b. Lincoln | | 15c. Alamo | | 15d. 19 Peggy Way | |
| INSIDE CITY LIMITS (Specify Yes or No) | | | | | | 15e. Yes | |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | | | | | |
| 16. George Howard Hughes | | 17. Pearl Wood | | | | | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | | | |
| 18a. Anna Laurelle Hughes | | 18b. P.O. Box 263 Alamo, Nevada 89001 | | | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION (City or Town, State) | | | |
| 19a. Burial | | 19b. Alamo Cemetery | | 19c. Alamo, Nevada | | | |
| FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) | | FUNERAL DIRECTOR LICENSE NUMBER | | NAME AND ADDRESS OF FACILITY | | | |
| 20a. [Signature] | | 20b. 15 | | 20c. P.O. Box 994 Caliente, Nevada 89008 | | | |
| 21. On the best of my knowledge, death occurred at the time, date and place and due to the causes stated. | | (Signature and Title) | | 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes, and manner stated. | | | |
| DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | | DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | |
| 21a. 3-11-96 | | 21c. 0525 | | 22b. [Signature] | | 22c. [Signature] | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. ON | | 22e. AT | | | |
| 21d. | | | | | | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) | | LICENSE NUMBER | | | | | |
| 23a. Earl Plunkett MD; PO Box 30 Caliente, Nevada 89008 | | 23b. 4798 | | | | | |
| REGISTRAR (Signature) | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | | | |
| 24a. [Signature] | | 24b. 3-11-96 | | 24c. 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 (a) Cardiac pulmonary arrest | | | | | | minutes | |
| PART (b) Competitive Heart Failure | | | | | | years | |
| PART (c) Atherosclerotic coronary vascular disease | | | | | | years | |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | AUTOPSY (Specify Yes or No) | | WAS CASE REFERRED TO CORONER (Specify Yes or No) | | | |
| | | 26. No | | 27. Yes | | | |
| ACC. SUICIDE, HGM., UNDET. OR PENDING INVEST (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| 28a. | | 28b. | | 28c. M | | 28d. | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) | | LOCATION | | STREET OR R.F.D. No. CITY OR TOWN STATE | |
| 29a. | | 29b. | | 29c. | | 29d. | |

Information Corrected, State Affidavit #34208, 8/5/98.
Item #13. [REDACTED]

No. 091852



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: AUG 05 1998

[Signature]
193 88
State Registrar