

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2005 APR 7 PM 2 56

LINCOLN COUNTY RECORDER
FEE *16.00* DEP *au*
LESLIE BOUCHER

RECORDING REQUESTED BY
First American Title Company of
Nevada of Nevada

**AND WHEN RECORDED MAIL
TO:**
Anna Fay Corbett
P. O. Box 327
Pioche, NV 89043

Space Above This Line for
Recorder's Use Only

A.P.N. 001-092-05

File No.: 152-2200558 (MJ)

Affidavit - Death of Trustee

State of NEVADA)
)ss.
County of LINCOLN)

Anna Fay Corbett ("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. **James Albert Corbett** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 18, 1999** at **Pioche, Nevada** city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **February 7, 1997** executed by **James Albert Corbett** 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 **February 7, 1997** which was recorded as Instrument No. **108235**, in Book **126**, Page 103, of Official Records of **Lincoln** County, Nevada as legally described as follows:
Lot 20 in Block 32 of the Town of Pioche, recorded and filed in the Office of the County Recorder, Lincoln County, Nevada.
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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: April 4, 2005

DECLARANT:

Anna Fay Corbett
Anna Fay Corbett

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 5th day of April, 2005 by Anna Fay Corbett, 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.

This area for official notarial seal

Signature

Marian L. Jenkins

My Commission Expires: 10-17-06

Notary Name: MARIAN L. JENKINS

Notary Registration Number: 94-5311-17

Notary Phone: 775-289-3309

County of Principal Place of Business WHITE PINE



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

99 015640

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER		
1. James Albert CORBETT		2. December 18, 1999		3a. Lincoln		COUNTY OF DEATH		
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)				If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify)		SEX
3b. Pioche		3c. 89 Main Street				3e. 6		4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 65	7b. :	7c. :	March 31, 1934	
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)		SURVIVING SPOUSE (If wife, give maiden name)
9a. New York		9b. U.S.A.		10. 9		11. Married		12. Anna Fay Hill
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)				KIND OF BUSINESS OR INDUSTRY		
13. [REDACTED]		14a. Owner/Operator				14b. Trucking Company		
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Lincoln		15c. Pioche		15d. 89 Main Street		15e. Yes
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last						
16. Albert Ray Corbett		17. Rose Elizabeth Blake						
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
18a. Anna Fay Corbett				18b. P.O. Box 327 Pioche, Nevada 89043				
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State				
19a. Burial		19b. Pioche Cemetery		19c. Pioche, Nevada				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY				
20a. [Signature]		20b. 15		20c. 730 Front Street Caliente, Nevada 89008				
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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 and Title)		(Signature and Title)						
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21b.		21c.		22b. 12-19-99		22c. Before 0730		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)				
21d.		22d. ON 12-18-99		22e. AT 0730				
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER		
23a. Edward Boylan; P.O. Box 450 Pioche, Nevada 89043						23b.		
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE				
24a. [Signature]		24b. 12-19-99		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 I (a) Renal Cancer		Year						
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death						
(b)		Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death						
(c)								
PART II 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, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (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		
28e.		28f.		28g.				

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REQUIREMENTS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

STATE REGISTRAR

No. 135893

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

FEB 15 2000

Date issued:

Yvonne Silva
BOOK 199 PAGE 407
BOOK 199 PAGE 404