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AT THE REQUEST OF

First American Title

2005 NOV 2 PM 4 21

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

RECORDING REQUESTED BY
First American Title Company of
Nevada of Nevada

**AND WHEN RECORDED MAIL
TO:**
Mildred June Decker Parkinson
P. O. Box 1362
Overton, NV. 89090

Space Above This Line for
Recorder's Use Only

A.P.N. 004-112-13

File No.: 152-2233698 (MJ)

Affidavit - Death of Trustee

State of NEVADA)
County of CLARK)ss.
)

Mildred June Decker Parkinson ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Zeldon Eugene Parkinson** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on Aug 18, 2002 at PROVO, UTAH (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 20, 1992** executed by **Zeldon E. Parkinson and Mildred June Decker Parkinson** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **November 17, 1993** which was recorded as Instrument No. **101169** in Book **108**, Page **14**, of Official Records of **Lincoln County**, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

- 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: October 27, 2005

DECLARANT:

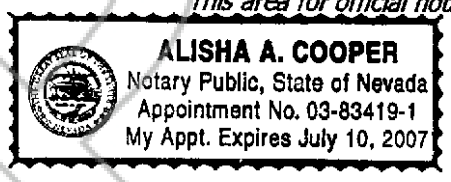
Mildred June Decker Parkinson, Successor Trustee
Mildred June Decker Parkinson, Successor Trustee

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 27 day of October, 2005 by Mildred June Decker Parkinson, 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 Alisha A. Cooper



My Commission Expires: 7-10-07

Notary Name: Alisha A. Cooper
Notary Registration Number: 03-83419-1

Notary Phone: 702-397-6601
County of Principal Place of Business Clark

STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah State Records Act and Public Access Law

STATE OF UTAH — DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER **25-1124**

STATE FILE NUMBER

1. NAME OF DECEDENT		FIRST Zeldon Eugene Parkinson		MIDDLE Eugene		LAST Parkinson		2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr) Aug 18, 2002		3b. TIME OF DEATH (24 hr. clock) 0330	
4. DATE OF BIRTH (Mo., Day, Yr) Aug 19, 1941		5. AGE - Last Birthday 60		6. BIRTHPLACE (City & State or Foreign Country) Beaver, Utah		7. SOCIAL SECURITY NUMBER [REDACTED]							
8a. PLACE OF DEATH (check only) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		ALL OTHER LOCATIONS: <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 7. Other (specify)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) Utah Valley Regional Medical Center									
8c. CITY, TOWN OR LOCATION OF DEATH Provo		8d. COUNTY OF DEATH Utah		9. SURVIVING SPOUSE (if wife, give maiden name) Mildred June Decker									
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Truck Driver				12b. KIND OF BUSINESS OR INDUSTRY Transportation					
13a. RESIDENCE - STREET AND NUMBER 1778 East 1310 South				13b. CITY, TOWN, OR COMMUNITY Spanish Fork				13c. COUNTY Utah		13d. STATE UT			
15a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13e. ZIP CODE 84660		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (9-12) College (13-16 or 17+) 13					
17. FATHER'S NAME (First, Middle, Last) Delmar R Parkinson						18. MAIDEN NAME OF MOTHER (First, Middle, Last) Verda Limb							
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Mildred June Parkinson Wife 1778 East 1310 South, Spanish Fork, UT 84660													
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 2. Donation <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 3. Other <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Aug 22, 2002		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Mountain View Cemetery		21c. LOCATION - City or Town, State Beaver, UT 84713							
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>				23. LICENSEE NUMBER 962901400902		24. FUNERAL HOME (Name and address) Walker Mortuary of Spanish Fork							
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN August 18, 2002		26. If not certified by medical examiner, was death reported to M.E.? If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____		<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		187 South Main Spanish Fork, UT 84660							
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.													
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				27c. LICENSE NUMBER 274487		27d. DATE SIGNED (Mo., Day, Yr) 08/21/02							
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Type/Print) Michael L. Rhodes, M.D. 1134 North 500 West, Provo, UT 84604													
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr)		30b. DATE FILED (Mo., Day, Yr) AUG 26 2002							
31. PART I: ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pneumonia DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset And Death: 2 weeks													
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Diabetes, Stroke				32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input checked="" type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.				32a. NON-USER <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 6. UNKNOWN IF USER		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		33a. WERE ADVERSE FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 5. Undetermined if injured purposely or accidentally <input type="checkbox"/> 2. Accident <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 6. Pending investigation		35a. DATE OF INJURY (Mo., Day, Yr)		35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35d. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)					
UDH-BVR Form 12, Rev. 12/98		35e. LOCATION (Street or rural route number, city or town, county and state.)											
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31).													

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **AUG 26 2002**

County: **Utah**

Registrar: **Joseph K Miner, MD**

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By *[Signature]*

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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.