FILED FOR RECORDING AT THE REQUEST OF

APN:

Prepared By/ When Recorded, Mail to: Jeffrey Burr 2600 Paseo Verde Parkway Henderson, NV 89074

Mail Tax Statements to: Carol Hollandsworth 3545 S. Fisher Court Kennewick, WA 99337

Jeffrey Born	
2605 NOV 14 AM 11 28	
LINCOLY COUNTY RESIDED FEE (S DC) DEFOR- LESLIE BOUCHER	-
TESTIE BOACHER	

S (')	AFFIDAVIT (OF SUCCESSOR TRUSTEE
Washington)	< <
STATE OF NEVADA		
Franklin) SS:	
COUNTY OF CLARK)	\ \ /

CAROL HOLLANDSWORTH, being first duly sworn, deposes and says as follows:

- 1. CLAYTON E. DAVISON and ISABELLE M. DAVISON created the "CLAYTON E. DAVISON and ISABELLE M. DAVISON FAMILY TRUST" dated October 27, 1992, and amended on November 30, 2001 and October 16, 2003, wherein CLAYTON E. DAVISON and ISABELLE M. DAVISON were designated as the original Trustors of the trust.
- 2. ISABELLE M. DAVISON died May 24, 1994. A certified copy of the Death Certificate is attached hereto as Exhibit "1" and by this reference incorporated herein.
- 3. CLAYTON E. DAVISON died August 19, 2005. A certified copy of the Death Certificate is attached hereto as Exhibit "2" and by this reference incorporated herein.
- 4. CAROL HOLLANDSWORTH is named in the trust instrument to act as the Successor Trustee of the Trust, and, pursuant to the provisions of the trust agreement, now becomes the Successor Trustee of the "CLAYTON E. DAVISON and ISABELLE M. DAVISON FAMILY

800K 208 MGE 482

TRUST" dated October 27, 1992.

- 5. CAROL HOLLANDSWORTH hereby files this Affidavit and accept the office of the Successor Trustee of "CLAYTON E. DAVISON and ISABELLE M. DAVISON FAMILY TRUST" dated October 27, 1992.
- 6. The following parcels of real property conveyed to the "CLAYTON E. DAVISON and ISABELLE M. DAVISON FAMILY TRUST" dated October 27, 1992, is situated in the County of Lincoln, State of Nevada, and bounded and described in Exhibit "3".

	/- / -	
Dated:	9/29/05	

CAROL HOLLANDSWORTH, Successor Trustee

SUBSCRIBED and SWORN to before me this 9day of 520, 2005.

NOTARY PUBLIC

(-3-07



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

•		ı			I	• 1
TYPE OR PRINT	LOCAL FILE NUMBER DECEASED—NAME First	Middle	i asi	DATE OF DEATH	(Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
IN PERMANENT	Isabelle	м.	DAVISON	1	, ,	
BLACK INK	CITY, TOWN, OR LOCATION OF DEATH	***	INSTITUTION - Name (II not either	2 May 24	, 1994 If Hosp, or Inst. indicate	BOOA, OP/Emer. SEX
	₃Las Vegas				Rm. Inpatient (Specify)	
DECEDENT		3c. Valley Ho	JSP1 COL	CE Lock UNIDED (3e. Inpatien	t 4 Female
	RACE—(e.g., White, Black, American Indian, etc) (Specify)				DAYS HOURS • MIN	1S }
1	5. White 6.	おけいかてつロ		72 7b :	7c.	B. January 1, 1922 SURVIVING SPOUSE (Il wile, give maiden name)
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CHIZEN OF WHAT COUNTR	Y Decedent's Education Speci grade completed.	WIDOWED, DIVI	CHCEU	
institution See Handbook	98. Nevada SOCIAL SECURITY NUMBER	9bU.S.A.	10. 12 e Kind of Work Dane During Most		ried	2.Clayton E. Davison
REGARDING COMPLETION OF		Working Life, Even if Retire	d)	I KIND OF BUSI	NESS OR INDUSTRY	-
RESIDENCE FIEMS	13.	14a.Co-Owner/	Retired	14b Flo	rist	
	RESIDENCE—STATE COUNT	Y	CITY, TOWN, OR LOCATION	SIREI	T AND NUMBER	(Specify Yes or No)
	15a Nevada 15b C	lark	15c. Las Vegas	1589	<u>81 Apache L</u>	
PARENTS	FATHER-NAME First	Middle	Last MOTHE	RMAIDEN NAME F	iisl f	Vidule Lasi
PAINEWE	16. Eliborio	ı	Arebalo 0	Mari	e J./	Martin
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R	F.D. No., City or Town, S	
	18s. Clayton E. Davis	on -Husband	186981 Anach	e lane lac V	edam Nevada	99110
	BURIAL, CREMATION, REMOVAL, OTHER	(Specify) CEMETER	Y OR CREMATORY- NAME	c balle bab y	LOCATION	City or Town State
	19a. Entombment		lm Memorial Par		19cLas Vega	\
DISPOSITION	FUNERAL DIPECTOR—SIGNATURE (Or Person Acting as Such)	/ FUNERAL	DIRECTOR NAME AND ADDRE	SS OF FACILITY	Las vega	s Nevada
Į	20a. Malle L. Ald	LICENSE :			W- M-1 OL	\.\.
	> 	leath occurred at the time, dat	evend blace and A	22a. On the basis of	Lexamination and/or inve	Las Vegas, Nevada stigation, in my opinion death occurred
	due to the cause(s) stated. ਦੂਲਾਂ (Signature and Title)	172581	wetto	l alithe time do	te and place and due to the	he cause(s) and manner stated.
	DATE SIGNED (Mo., Day, Yr)	HOUR OF DE	ATH — —	(Signature and Title		OUR OF DEATH
	题 21b. 5/25/94	21c.		22b.	The same of the sa	\
CERTIFIER	NAME OF ATTENDING PHYSIC		3:20 A.M.	- B PRONOUNCED DE		PONOUNCED DEAD (Hour)
	218. To the best of my knowledge, d due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr) 21b. 5 5 5 9 4 NAME OF ATTENDING PHYSIC			PO THISTOGRAPIE	7.0 [100., Day, 17.)	NONCES CENT (NOW)
į	210.	TIESED / DUVEION ATTEN	DING PHYSICIAN, MEDICAL EXAM	22d. ON	2:	2e. AT
			and the second second		%.	LICENSE NUMBER 3519
	REGISTRAR C	0 MD 2031 MCI	aniel Street No	orth Las Vega	as Nevada	23ს
CONDITIONS IF ANY	REGISTRAM	B. S. V 11	DATE RECEIVED	BY REGISTRAR (Mo., Day,)	(A.) DEATH DUE TO CO	MMUNICABLE DISEASE
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature)	Marie, a	MAY 246. MAY	<u> </u>	24c. YES □	NO .
CALICE	25. IMMEDIATE CAUSE () (ENTER ON	CY ONE CAUSE PER MINETE	sputy 216 MA Dil (a), (b), AND (c) S Ey Ci SEQ	1_		Interval between onset and death
STATING THE UNDERLYING CAUSE LAST			27 -122-24		/	:
CAUSE LAST	DUE TO, OR AS A COASE	BUENCE OF:	0	\ /	/	Interval between onset and death
	(6) 862	er-		\ / .	/	:
	DUE TO, OR AS A CONSE	QUENCE OF:			<u></u>	Interval between onset and death
CAUSE OF	(c)	and the same of th	A14			:
DEATH	OTHER SIGNIFICANT CONDITI	ONS Conditions contributing	Audeath but not rejulting in the und	erlying thuse given in Part I.	AUTOPSY (Spe	cily WAS CASE REFERRED TO
	1120-20	escle []	re Mestil	- old Lacon	1 26	No.) CORONER (Specify Yes or No.) 27.
	ACC., SUICIDE, HOM., UNDET., DATE O	PEINJURY (Mo., Day; Yr) HOL	JÁ OF INJURY DESCRIBE	HOW INJURY OCCURRED	.l N∩	No No
	(Specify) 28a. 28b.	28c	M 28d.	1	***	
ľ	INJURY AT WORK PLACE	OF INJURY—At home, farm, s	reet, factory, office 1,OCATION	STREET OH F	R.F.D. No. CIT	Y OF TOWN STATE
	(Specify Yes or No) 28e. 28f.	building, etc. (Sp.	ecify)	1		
	120.		28g.	-\	<u> </u>	

No.068461

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

Date Issued: MAY 26 1994

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 4426 Las Vegas, Nevada 89127 702-383-1223

BOOK 208 PAGE 484

CERTIFICATION OF VITAL RECORD

VERIFICATION BOX: (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA



AKA	ORIGINAL STATE DEPART COPY	STATE OF A MENT OF HEALTH SERVICE CERTIFICATE	ES - OFFICE OF VITAI	L RECORDS DEATH	NO. 149
	NAME OF A. FIRST DECEASED 1. CLAYTON	B. MIDDLE		DATE OF	MONTH DAY YEAR
	1. CLAY TON FLACE (e.g., white, black, American Indian, (specify Inbe)etc SPECIFY:		DAVISON	raie _a	August 19, 2005
	" White	WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. NO	COBANTEIC.	MEXICAN, SPANISH, PUERTO RICAN,	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
	PLACE OF BA. COUNTY DEATH \$7	68. TOWN OR CITY	4C. 6C. HOSPITAL OR	(IF RESIDENCE, GIVE STREET ADORE	5.
DECEDENT	6. YUTIA DATE OF MONTH DAY YEAR	Yuma	La Mesa	Rehab. & Care (Center GOVERNER ZIN PATIENT
	мау 07, 1915	o QO	UNDER 1 DAY MARRIED, NEVER HRS. MIN WIDOWED, DIVOR		(IF WIFE, GIVE MAIDEN NAME)
	STATE AND (If not in USA, name country) CITY OF BIRTH	CITIZEN OF WHAT SPECIFY COUNTRY?	9. Mart Social security No.	USUAL OCCUPATION (Give kind of done most of working life, even if in	CE Schadegg
	11. OK, Norfolk USUAL 15A STATE 15B COUNTY	12. U.S.A.	18.	14.Owner/Operat	tor 148. Ranch
	RESIDENCE 15. Arizona Yum	15C. TOWN OR CITY	150. ZIP CODE	HOW LONG IN ARIZONA?	EDUCATION HIGHEST GRADE COMPLETED
	STREET ADDRESS OF R.F.D.	A YUMA INSIDE CITY LIMITS? ON RESERVA (SPECIFY Year or No.) (SPECIFY Year	85367 ATIONS PREVIOUS STATE OF RESIDENCE	16 10 Years 17	LEMENTARY SECONDARY COLLEGE
	FATHERS A FIRST B. MIC	15F. Yes 18G. No	D IR N	levada 18	
3 1 1 1 1 1	NAME ^{19.} James Will		MOTHERS MAIDE	/. / / _	MIDDLE C. LAST
	NFORMANT'S SIGNATURE BY:	FD RELATIONSH	P TO ADDRESS		chel Boxley CITYAND STATE ZIP CODE
1 1 1 1	Alice Davison Date	22 Spot	use 🗷 11717	Betty Lane, Yun	na, AZ 85367
DISPOSITION	Rem. Burial 08/22/200	CEMETER PARTIMENOR	RTAL PARK NEVADA	EMBALMER'S SIGNATURE	CERT. NO.
	VINTA MORTHARY & Crome	STREET ADDRESS	CITY AND STATE	FINESAL TIDE TARA	Mattice 271160 rson acting as such (SIGNATURE) CERT. NO.
	Yuma Mortuary & Crema	TH OCCURRED AT THE TIME, DATE AND PU		29/17 (27)	Mattice 201024
	DUE TO THE CAUSE(S) STATED.		44 75	7%. 7%.	OR INVESTIGATION, IN MY OPINION DEATH OCCUPATED OTHE CAUSE(S) AND MANNER STATED.
CERTIFIER	SO SIGNATURE AND TITLE AND	HOUR OF DEATH	MACLAN PROBLEM POEME NEW	34. SIGNATURE AND TITLE DATE SIGNED (Mo., Day, Year)	HOUR OF DEATH
	31. /8 2 C	HER THAN CERTIFIER (Type or print)	To be completed by MEDICAL EXAMPLES OF THISAL LAW ENFORCEMENT AUTHORITY ONLY	35. PRONQUINCED DEAD (Mo., Day, Year)	38. PRONOUNCED DEAD (Hour)
<u> </u>	MANE AND ADDRESS OF CERTIFIER PROSECUAL MEDICAL CHETTERO, M.D., 1900		Fig. 76	27 041	38. AT
		W. Z4th Street, Ste. A	Yuma, AZ	1) ☐Yes X(No 41.	XAMINERS SIGNATURE
	201010 100 43 001	4. K YUh 60. + MIM	ava, Cen	THE AS 140 2	DATE REC'D IN STATE OFFICE 46.
	EE BEEF Ronal	PAL DISEASE OF CONDITION RESULTING IN	DEATH) (ENTER ONLY ONE CIUSE	ON EACH (INE)	weeks
	TO DUE TO OR AS A COME TO DUE	EQUENCE OF:			APPROXIMATE INTERVAL BETWEEN
	E SAN	tubular necr	0515	- The state of the	WELKS CHISET
	Athen	sclerosis			y cars
CAUSE OF DEATH	ART II. Other significant contributing to death b	Ville	Part I	ALTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Year or No.)
	ANNER OF DEATH / JAMES OF	OT DAY YR HO	UR INJURY AT WORK?	49. NO	50. NO
* MEDICAL EXAMINER	NATURAL HOMODE INJURY	53.	(Specify Yes or No.)	DESCRIBE HOW INJURY OCCUPAED	THIN A
CXXIIIVE		JURY (At home, farm, street, factory, office buil	iding, etc.) WHERE LOCATED	77 STREET SQUARES	CITY OR TOWARD STATE
FOR STATE HEGISTRAR USE	SLICICE UNDETERMINED 56.	}	57.		200
* OR TRIBAL LAW ENFORCEMENT	/	/		CERTIFIED STATES	ED.
AUTHORITY 55 VS-2 (Flew, 1-09)		/		FIC	ATE THE STATE OF THE STATE OF
		/		AUG 2 6 2005	The same of the sa

62815496

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

PATRICIA ADAMS ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona
Department of
Health Services

ANY ALTERATION OR BRASCRI A OIDS THIS DOCUMENT.

EXHIBIT "3" LEGAL DESCRIPTION

Lot One (1), Block Six (6) of the S1/2 Section Thirty (30), T3S, R55E of LINCOLN ESTATES, Lincoln County, Nevada, as shown by map thereof on file of Record No. 49097, in Book "A", Page 79, Protective Restrictions of Record No. 49098, Book "R", Page 273.

