

Official Record

Recording requested by
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$43.00

Page 1 of 5

RPTT:

Recorded By: AE

Book- 245 Page- 0377

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

Linda McCrosky
955 Bernice Ct.
Sparks, NV 89436



0132820

Space Above This Line for
Recorder's Use Only

A.P.N. 06-281-14

File No.: 121-2362996 (CMR)

Affidavit - Death of Trustee

State of Nevada)
County of Washoe)ss.
)

Linda Ruth McCrosky ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Howard McCrosky ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **January 26, 2007** at **Reno, Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 21, 1987** executed by **Howard McCrosky and Linda Ruth McCrosky** 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 **March 24, 2005** which was recorded as Instrument No. **124106** in Book **198**, Page **296**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: September 19, 2008

DECLARANT:

Linda Ruth McCrosky
Linda Ruth McCrosky

State of Nevada)
)ss
County of Washoe)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State NV this 19th day of September, 2008 by Linda Ruth McCrosky, 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 [Handwritten Signature]



My Commission Expires: 2/7/12

Notary Name: Connie Rendon

Notary Phone: _____

Notary Registration Number: _____

County of Principal Place of Business Washoe



124106

APN: 06-281-04

FILED FOR RECORDING
AT THE REQUEST OF

Howard & Linda McCrosky

Mail Tax Statements to:
Name HOWARD MCCROSKY FAMILY TRUST
Address HC 74 BOX 170
City, State PIOCHE, NV 89043

2005 MAR 24 AM 10 00

LINCOLN COUNTY NV REC'D
FEE 14.00 SEP 21
LESLIE DOUGLAS

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX None

NOTICES: THIS IS NOT A SALE OF PROPERTY CHANGE IN TITLE OF OWNERSHIP ONLY.

FOR A VALUABLE CONSIDERATION, receipt of which is here by acknowledged, HOWARD MCCROSKY and LINDA RUTH MCCROSKY, hereby REMISE, RELEASE, AND FOREVER QUITCLAIM TO HOWARD MCCROSKY AND LINDA RUTH MCCROSKY, co-trustees of the HOWARD MCCROSKY FAMILY TRUST U/D/T August 21, 1987 of their right, title and interest in and to the following described real property, including all improvements, in the County of LINCOLN, State of Nevada:

X Beginning at E 4 corner at brass cap in common sections 16 and 21 then N 80°55'00"W 598.72' to point of Beginning at NW corner of Lot, Then S 80° 02' 59"E 259.11'; Then N 6° 05' 11"E 170.98', Then N 44° 02' 18" W 208.79' to center of road; Then S 81° 40' 43" E 32.44', Then S 14° 02' 18" E 201.77', Then S 6° 05' 11" W 180.46'; Then S 6° 19' 42" W 249.57', Then S 5° 19' 19" W 421.13' to SE corner; Then N 83° 27' 24" W 392.62' to SW corner; Then N 14° 19' 46" E 094.49' To Point of Beginning (in NW 1/4 NE 1/2 Sec 21 T1N R99E). Approximately 5.398 acres.

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DATED the 24 day of March, 2005, and witnessed as provided herein.

Howard McCrosky

Linda Ruth McCrosky

State of Nevada
County of Lincoln

On this the 24 day of March, 2005, before me, the undersigned Notary Public, personally appeared Howard McCrosky and Linda Ruth McCrosky personally known to me, to be the person whose name is subscribed to in this instrument, and acknowledged the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Notary's Signature



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0132820

State of Nevada Declaration of Value

1. Assessor Parcel Number(s)
- a) 06-281-04
 - b) _____
 - c) _____
 - d) _____

2. Type of Property
- a) Vacant Land
 - b) Unimproved Land
 - c) Apartment Building
 - d) Agriculture
 - e) Other
- a) Single Family Res.
 - b) Multi-Fam.
 - c) Commercial Indus.
 - d) Mobile Home

FOR RECORDERS' OPTIONAL USE ONLY

Document Number: 124106

Book: 198 Page: 297

Date of Recording: March 24, 2005

3. Total Value (Sales Price or Offer) N/A
4. Description of Property
5. Reason for Transfer transfer to a trust

Signature _____

Signature _____

SELLER/GRANTOR INFORMATION

Name: Howard McCroskey & Linda McCroskey

Address: HC 74 Box 170

City: Pioche

State: NV ZIP: 89043

BUYER/GRANTEE INFORMATION

Name: Howard McCroskey Family Trust

Address: HC 74 Box 170

City: Pioche

State: NV ZIP: 89043

COMPANY PERSON BELIEVES TO BE AGENT

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
VITAL STATISTICS
Reno, Nevada
CERTIFICATE OF DEATH
2007000362
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 STAYING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Howard			1b. MIDDLE MCCROSKY			1c. LAST MCCROSKY			2. DATE OF DEATH (Mo/Day/Year) January 26, 2007			3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno				3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Renown Regional Medical Center				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Male			
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 73			7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) September 01, 1933	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Linda WILSON		
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Rancher				14b. KIND OF BUSINESS OR INDUSTRY Ranching						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks			15d. STREET AND NUMBER 955 Bernice Court			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
16. FATHER - NAME (First Middle Last Suffix) William R MCCROSKY						17. MOTHER - NAME (First Middle Last Suffix) Lena LYTLE								
18a. INFORMANT - NAME (Type or Print) Linda MCCROSKY						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 955 Bernice Court Sparks, Nevada 89436								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				19b. CEMETERY OR CREMATORY - NAME Lytle Cemetery				19c. LOCATION City or Town State Pioche Nevada 89043						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMMY DERMODY SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 09		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane Sparks NV 89431								
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) JOEL M. REYNOLDS SIGNATURE AUTHENTICATED						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)								
21b. DATE SIGNED (Mo/Day/Yr) January 30, 2007			21c. HOUR OF DEATH 16:30			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) JOEL M. REYNOLDS 75 Pringle Way Reno, NV 89502									23b. LICENSE NUMBER 10971					
24a. REGISTRAR (Signature) LAURA DANIELS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 31, 2007			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).)														
PART I (a) Meningitis						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death								
(b) Stint infection						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death								
(c) Normal pressure hydrocephalus						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.									26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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								

STATE REGISTRAR

509440



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

Deputy Registrar: Mary A. Anderson

Date: FEB 02 2007