**±** 0135692

Record icial

EFFREY BURR LTD

Lincoln County - NV - Recorder Leslie Boucher

of 4

Page 1 Fee: \$17.00 Recorded By: AE Book- 255 Page- 0141

APN: 04-11-03

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

Mail Tax Statements to: Shana Marie Loveday PO Box 296 Alamo, NV 89001

### AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA ) SS: COUNTY OF CLARK

SHANA MARIE LOVEDAY, being first duly sworn, deposes and says as follows:

- 1. That LAWRENCE P. DILLINGHAM and MARLENE DILLINGHAM created the "DILLINGHAM FAMILY TRUST" dated July 20, 2000, wherein LAWRENCE P. DILLINGHAM and MARLENE DILLINGHAM were designated as the original Trustors of the trust.
- That MARLENE DILLINGHAM died March 22, 2008. A certified copy of the Death Certificate is attached hereto as Exhibit "1" and by this reference incorporated herein.
- That LAWRENCE P. DILLINGHAM died October 10, 2009. A certified copy of 3. the Death Certificate is attached hereto as Exhibit "2" and by this reference incorporated herein.
- SHANA MARIE LOVEDAY is named in the trust instrument to serve as the Successor Trustee in the event of the death of both original Trustors, and, pursuant to the provisions in the trust agreement now becomes the Successor Trustee of the "DILLINGHAM FAMILY TRUST" dated July 20, 2000.

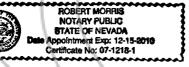
- 5. SHANA MARIE LOVEDAY hereby files this Affidavit and accepts the office of the Successor Trustee of the "DILLINGHAM FAMILY TRUST" dated July 20, 2000.
- 6. The following parcel of real property conveyed to the "DILLINGHAM FAMILY TRUST" dated July 20, 2000 is situated in the County of Lincoln, State of Nevada, and bounded and described in Exhibit "3".

Dated: October <u>33</u>, 2009.

Shana Marie Lavedan SHANA MARIE LOVEDAY, Successor Trustee

SUBSCRIBED and SWORN to before me this 10/23 day of October, 2009.

NOTARY PUBLIC



0135692 Book 255

03/16/2010

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH** VITAL STATISTICS CERTIFICATE OF DEATH

2009014973

STATE FILE NUMBER a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) 3a, COUNTY OF DEATH 2. DATE OF DEATH (Mo/Day/Year) PRINT IN DILLINGHAM October 10, 2009 Clark Lawrence Paul BLACK INK 3b, CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street [3e.If Hosp. or inst. indicate DOA, OP/Emer. Rm. and number Inpatient(Specify) Intensive Care Unit (ICU) Centennial Hills Hospital Medical Center Male Las Vegas DECEDENT 5. RACE White 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) 6. Hispanic Origin? Specify 7a AGE-Last No - Non-Hispanic birthday (Years) (Specify) MOS I DAYS HOURS 1 MINS November 01, 1937 IF DEATH OCCURRED IN INSTITUTION SEE 9a, STATE OF BIRTH (If not U.S.A., 9b. CITIZEN OF WHAT COUNTRY 10. EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED. 12. SURVIVING SPOUSE (if wife, give DIVORCED (Specify) Widowed name country) maiden name) Utah **United States** 6: : \*\* 13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of HANDBOOK REGARDING OMPLETION OF 14b, KIND OF BUSINESS OR INDUSTRY Ever in US Armed Working Life, Even If Retired) Forces? No **Business Owner** Painting Contractor 15e INSIDE CIT RESIDENCE 15a. RESIDENCE - STATE 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER ITEMS LIMITS (Specify Yes of No) Yes North Las Vegas 8132 Meadow Pasture St Nevada Clark 16. FATHER - NAME (First Middle Last Suffix) 17 MOTHER - NAME (First Middle Last Suffix) PARENTS Janice DAVIS Harold DILLINGHAM 18a. INFORMANT- NAME (Type or Print) (Street of R.F.D. No, City or Town; State, Zip) Martin DILLINGHAM 8132 Meadow Pasture St. North Las Vegas, Nevada 89085 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c, LOCATION City or Town DISPOSITION Bunker's Memory Gardens Las Vegas Nevada 89129 20c. NAME AND ADDRESS OF FACILITY 205. FUNERAL DIRECTOR LICENSE 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) Bunker's Mortuary RICHARD C BOBO 69 925 N Las Vegas Blvd Las Vegas NV 89101 SIGNATURE AUTHENTICATED RADE CALL 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 & Tifle) SIGNATURE AUTHENTICATED 22a. On the basis of examination and/or investigation, in my opinion, death occurred at time, date and place and due to the cause(s) stated. (Signature & Title) MARIA MANALO MD CERTIFIER 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH October 15, 2009 15:51 22e. PRONOUNCED DEAD AT (Hour) 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d, PRONOUNCED DEAD (Mo/Day/Yr) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)
MARIA MANALO MD 8775 W. Deer Springs Las Vegas, NV 89149 23b. LICENSE NUMBER 11659 24b, DATE RECEIVED BY REGISTRAR. 24c. DEATH DUE TO COMMUNICABLE DISEAS NINETTE HARRINGTON (Mo/Day/Yr) X October 16, 2009 YES NO SIGNATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE FOR (8), (b), AND (c).) CAUSE OF Multiorgan failure leading to cardiorespiratory arrest DEATH DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Sepsis CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death CAUSE STATING THE DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death UNDERLYING CAUSE LAST OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26.: AUTOPSY 27. WAS CASE REFERRED Malnutrition, end-stage rerial disease on hemodialysis, pancreatitis Nα 28a ACC., SUICIDE, HOM., UNDET, OF 28b. DATE OF INJURY (Mo/Day/Yr) 28d. DESCRIBE HOW INJURY OCCURRED 28c. HOUR OF INJURY 28e. INJURY AT WORK (Specify CITY OR TOWN 28f. PLACE OF INJURY- At home, farm, street, factory, office STATE 28g. LOCATION

STATE REGISTRAR

VRS-Rev-20090602



### CERTIFIED COP Y OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: NOV 2 5 2009

building, etc. (Specify)





This copy is not yalld unless prepared on engraved border displaying date, seal and signature of Registrar.

# Exhibit "3" Legal Description

Parcel No. 1 as shown on that certain parcel map of Serena Parker, a portion of Block 65 of the town of Alamo, Nevada, in the Northeast Quarter (NE ¼) of the Northwest Quarter (NW ¼) of Section 8, Township 7 south, Range 61 East, M.D.B. & M., said map being recorded in the Office of the County Recorder of Lincoln County, Nevada in Book "1-A" of Plats at Page 237.

