DOC # 0136130

07/16/2010

03.41 PM

Official
Recording requested By
FIRST AMERICAN TITLE

Record

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$42.00

Recorded By: DP Book- 257 Page- 0097 Page 1

RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Dean L. Pickett Successor Trustee 1270 So Cedar Bluff Cedar City UT;84720

penalty of perjury under the laws of the State of Nevada:

Space Above This Line for Recorder's Use Only

A.P.N. 004-031-05

File No.: 101-2397534 (CAC)

Affidavit - Death of Trustee

State of

)ss.

County of

Dean L. Pickett ("Declarant") is of legal age, being first duly sworn, deposes and states under

- Eugene L. Pickett and Margaret O. Pickett ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on July 9, 2006 and August 12, 2006 at Las Vegas, NV (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated May 25, 1999 executed by Eugene L. Pickett and Margaret O. Pickett as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain Sale Deed Creating Trust dated May 25, 1999 which was recorded as Instrument No. 112966 in Book 142, Page , 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

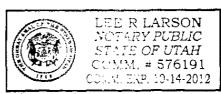
Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 7/12/2010

DECLARANT:

Dean L. Pickett Successor Trustee

State of	Utah)			1 1	
County of	Iron)ss)))	
SUBSCRIB	ED AND SWORN T	O (or affirme	d) before	ne the unde	ersigned, a Nota	ary Public in and
for said Co	unty <u> </u>	ηand	State	utal	, this	
	242	day of	Tula		.20 10	bv
Dean L	Pickett		, per	sonally know	to me or prov	ed to me on the
basis of sa	tisfactory evidence	to be the pe	erson(s) wi	no appeared	before me	
	/ /		· ·	. \		
WITNESS 1	ny hand and offici	al seal.		7.	his area for off	icial notarial seal
Signature_		ouso		/		
My Commi:	ssion Expires:/	0-14-2	0/2	7-1		
Notary Nar	ne: Lee R.L	arson	Nota	ry Phone:	435-586-	4476
Notani Dec	ictration Numbers	526191	Cour	in of Princip	al Diace of Bus	inoce Fron



Lee R. Larson #:576191 Exp: 10/14/2012

STATE OF NEVADA DEPARTMENT OF HUMAN RESOUR	CE
DIVISION OF HEALTH — SECTION OF VITAL STATISTIC	S
CERTIFICATE OF DEATH	Г

	- 084	93		CERTIFIC	CATE	OF DEA	TH					
	LOCAL FILE NUM							·		STATE	FILE NUMBER	
OF PRINT	DECEASED_NAME. Fin		Middle	Yaumm	Last	[-		EATH (Month,	•		OUNTY OF DEATH	
PERMANENT BLACK INK	1. Margaret	O. DEDEATH TH	I OSPITAL OR OTHER I	ICKETT	na /// ont alt	tor oles etmo			4, 200		. Clark	
BD TON III	3b. Las Vegas	I	. Plaza Reg		LMS (IL LYCTI ONL)	ner, yrre saven	MAN STREET		petient (Specif Inpatio	ate DOA, OP/En y)	.Femal	1
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	Indian, etc.) (Specity) 5. White	specify M 6.	exican, Cubert, Puerto F	ilcen, etc.	, , , , , , ,	Birthday (Year 7a. 85	ra) MOS 7b.	DAYS	HOURS 1		v 14, 1920	
IF DEATH OCCUPPED IN	STATE OF BIRTH (If not U.S.A., name country)		EN OF WHAT COUN-	Decedent's Educ	ation. Spec			, NEVER MAR D, DIVORCED	PED,		POUSE (II wife, give maid	
ASTITUTION	∞ Montana	96. U	.U. S. A. 10. 9				(Sooth Widoved 12.					
SEE HANDSOOK REGARDING CONFLETION OF	SOCIAL SECURITY NUMBER	USUA Worki	L OCCUPATION (Give	TION (Give Kind of Work Done During Most of KIN				KIND OF BUSINESS OR INDUSTRY				
RESIDENCE ITEMS	13.	14a,	Homemaker					Own Ho				
لحا	RESIDENCE-STATE	COUNTY		CITY, TOWN, OR				STREET AND		\ i	INSIDE CITY LIMITS (Specify Yes or No)	
	> 15a. Nevada First	15b. Clar	K Middle	15c. Las \		ER-MAIDEN		15d. 100 First	Tighe	Way	150. Yes	
PARENTS									-11-	T 1.	_	
	16. Otto	r Printi	Nevt	MARING A	17. DORESS	Vernie			elle		ilson	
	18s. Dean L. Pi	,	ion			Cowar	·=·				a 89108	
_	BURIAL, CREMATION, REMO			OR CREMATORY-		GUVAL	L AUG		A ER GER	City or Town	State	
	196. Burial	21	190. Palm	Memorial Pari	t-Northwe	et		19c.	Lag Ve	egas. N	evada	
DISPOSITION	FUNERAL DIBERTOR SIGN	WE !	FUNERAL DI		AND ADD	HESS OF FAC	ILITY Pa	la Hortuar	y - Northe	est		
Ļ	204 > XALT X	MIO -	20b. C) O 20c.		Jones, Las	Tegas,	Nevada 89	131		\	
	Z 218. To the lifest of my	knowledge, death occ) styled.	urred at the time, date a	nd place and					etion and/or in lece and due to	estigation, in m the cause(a) a	y opinion death occurre nd manner stated.	d
	21a. So the blast of my country of the blast of the	7	HOUR OF DEAT		-		gneture an	d Title) ➤	<i>-</i>	HOUR OF DEA		
	ST DATE SIGNED IN	8-16-06				185		D (Mo., Day, 1	7.3			h.,
CERTIFIER	이를 21b. NAME OF ATTEN		21c. 11	:45 PM				ED DEAD (Mo.	Dev. Yr.)	22c. PRONOUNCE	DEAD (Hour)	<u> </u>
	우분 등 21d.					-	- 3		,,,,		111/	- 1
		ESS OF CERTIFIER	(PHYSICIAN, ATTENDI	NG PHYSICIAN, M	EDICAL EX		d. ON ORONER).	. (Type or Prin	t.)	220. AT	NSE NUMBER	\mathcal{T}
Į	23a, Gopal	akrishna 1	Leela MD 6	53 Town	Cente	r Dr.	Las V	egas N	N 8914	4 236.	11458	W
CONDITIONS	REGISTRAR	- 12-	\sim	DA	796					COMMUNICABL		
WHICH GAVE	24a. (Signeture)	usanza		Philip 24	AUG	172	2006	244	. YES 🗀	NOR		_
IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. MMEDIATE CAUSE	(ENTER ONLY ONE	CAUSE PER LINE FOR	(a), (b), AND (c).)		1	/			• Interva	between onset and de	ath
STATING THE UNDERLYING		nd &	tage,	Alzhei	mer	20	<u> Live</u>	are		<u>:</u>		
CAUSEDASI	DUE TO, OR .	AS A CONSEQUENCE	E OF:	The state of the s		1				interve	between onest and de	ath
\rightarrow	(b)	S A CONSEQUENCE	OF:	7		__		<u> </u>		• Interve	between onset and de	eth
	(, , , , , , , , , , , , , , , , , , ,			The same of the sa	N	1	V	1		:	•	
CAUSE OF	PART OTHER SIGNIFIC	ANT CONDITIONS-C	Conditions contributing to	death but not recu	iting in the (anderlying caus	e given in	Part 1. AUTO	PSY (S	pecify WAS C	ASE REFERRED TO LER (Specify 1968 of the	12
DEATH	•	/ /		1	,	V	- 1	26.	%	r No) CORON 27.	Yes	حسالا
	ACC., SUICIDE, HOM., UNDE OR PENDING INVEST.	T., DATE OF INJURY	((Mo., Day, Yr.) HOUR	OF INJURY	DESCR	BE HOW INJU	RY OCCUP					
	(Specify) 26a.	290.	28c.		4 28d.	1		\/	r			
	INJURY AT WORK (Specify Yes or No)	PLACE OF INA	JRY—At home, farm, sta building, etc. (Speci	reel, factory, office ly)	LOCATIO	W.	STREET	OR FLF.D. No		ITY OR TOWN	STATE	
Ļ	28e.	261.			28g.							
		/ /							N	In. 34	19379	
		/ /	STATE REC	SISTRAR	- /	- 1			•	. . ~	. 55 / 5	

"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

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics



Date Issued: OCT 18 2006

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

	 	10		IENT OF HUMAN RE	-				
Γ	072		CERTIFICATE	•					
TYPE . ~	LOCAL FILE NUME DECEASED—NAME First			Tours or osart	(Month, Day, Year)	TATE FILE NUMBER			
OR PRINT IN PERMANENT	1. Eugene	Leroy	PICKETT		9, 2006	3a Clark			
BLACK INK	3b. Las Vegas	_{3c.} Mount	other institution—Name (# not a ainView Hospital		If Hosp, or Inst. indicate DOA, Rm. Inpatient (Specify) 3e. Inpatient	OP/Emer. SEX 4. Male			
DECEDENT	RACE—(e.g., White, Black, Amindian, etc.) (Specify) 5. White	was Decedent of Hispa specify Mexican, Cuban 6.	nic Origin? Specify □ yed □ no if yes, , Puerto Rican, etc.	AGE—Last UNDER 1 Birthday (Years) MOS 7a. 84 7b.	DAYS HOURS MINS	Feb 16, 1922			
IF DEATH OCCUPRED IN INSTITUTION	STATE OF BIRTH (If not U.S.A., name country) ge Mississipp:		grade completed. 10. 12	(Special ar)	ried 12. No	ing spouse (if wife, give meiden name) argaret Newton			
SEE HANDBOOK RESARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER	USUAL OCCUPATION Working Life, Even in 14a. Uperation	ON (Give Kind of Work Done During M Regined) Regineer / Retired	į.	KIND OF BUSINESS OR INDUSTRY				
L	RESIDENCE—STATE	COUNTY 15b. Clark	15c, Las Vegas		ET AND NUMBER 100 Tighe Way	INSIDE CITY LIMITS (Specify Yes or No) 15a. LES			
PARENTS	FATHER NAME FISH	Middle	Pickett 17.	HER MAIDEN NAME Ethel	First Middle	Sanders			
	INFORMANT—NAME (Type or	ŕ	MAILING ADDRESS 18b. 7208 G	•	R.F.D. No., City or Town, State, Z legas, Nevada (
	BURIAL, CREMATION, REMOR	191	METERY OR CHEMATORY—NAME Palm Hemorial Park- Horth		LOCATION City of				
DISPOSITION	FUNERAL DIRECTOR PIGNA (Or Person Tring as \$4.2)	NURE FU	NERAL PRESCTOR NAME AND AD 200, 6781 L	DRESS OF FACILITY Pale I	ortuury - Northwest ada 89131	\ \			
ſ	21a. To the Best of my to tue to the cause(s)		ne, date and place and	22a. On the basis of at the time, do	of examination and/or investigation atte and place and due to the caus	n, in my opinion death occurred e(s) and manner stated.			
	DATE SIGNED (MO			DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH					
CERTIFIER	NAME OF ATTEND	ING PHYSICIAN IF OTHER THAN	CERTIFIER (Type or Print)	PRONOUNCED DI	EAD (Mo., Day, Yr.) PRONOL 220. AT	INCED DEAD (Hour)			
Į	NAME AND ADDRE	•	ATTENDING PHYSICIAN, MEDICAL E Oldring Las Vega	XAMINER, OR CORONER). (Typ	e or Print.)	LICENSE NUMBER			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE	PEGISTRAR 24a. (Signature)	the Frank	In Costitution	VED BY REGISTRAR (Mo. Dey,	24c. YES□ NA	• — — — — — — — — — — — — — — — — — — —			
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a) ACI	(ENTER ONLY ONE CAUSE PER LA LE MAGE S A CONSEQUENCE OF:		farction	<u>/</u>	nterval between onset and death			
	10 Re	Soite	Failme.			nterval between oneet and death			
CAUSE OF	(c)	S A ODNISEQUENCE OF:				nterval between onest and death			
DEATH	N		fibuting to death but not resulting in the		AUTOPSY (Specify Was or No) 26. NO 21	AS CASE REFERRED TO ORONER (Specify Yes or No) 7. Yes			
	ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify) 28s.	286.	28c. M 28d.	NOE HOW INJURY OCCUPRIED	\mathcal{L}				
Į	INJURY AT WORK (Specify Year or No) 28e.	PLACE OF INJURY—At home building, e 28f.	tarm, street, factory, office LOCAT (Specify) 28g.	ION, STREET OR F	R.F.D. No. CITY OR T	OWN STATE			
		\ \	E DEGISTRAD]]	No.	348937			

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