



**RECORDING REQUESTED BY:**

Fidelity National Title Agency of Nevada, Inc.  
Escrow No. FT07-FT100029682  
Title Order No.

**When Recorded Mail Document To:**

Judith Ann Curtis  
5838 North 42nd Street  
Phoenix, AZ 85018

APN: 008-061-13

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA  
COUNTY OF LINCOLN

Judith Ann Curtis, being of legal age, and first duly sworn, deposes and says:

1. That H. Starr Curtis aka "Herbert S. Curtis" the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated December 14, 1981 executed by H. Starr Curtis and Judith Ann Curtis, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as APN: 008-061-13, Alamo, NV 89001, which property is described in the deed which was signed by H. Starr Curtis and Judith Ann Curtis as Grantor(s) and recorded as Instrument No. 118761 of Official Records on September 3, 2002. The property is situated in the County of Lincoln, State of Nevada. The legal description of said property is as follows:

That portion of Section 16, Township 7 South, Range 61 East, M.D.M, more particularly described as follows:

Parcel #2B

A Triangular parcel adjoining the One-Quarter Section Line of said Section 16 and a portion of the Southeast Quarter (SE1/4) of the Northwest Quarter (NW 1/4) of said Section 16; described as follows:

Beginning at a point 130 feet West of the center of said Section 16, at the West fence line of U.S. Highway No. 93 and running West 735 feet along the one-quarter section line; thence North 44 degrees 30', a distance of 720 feet to said highway fence, thence South 15 degrees East along said fence line, as distance of 560 feet to the True Point of Beginning

3. I, Judith Ann Curtis am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is till in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.



Sept. 1, 2010

Executed on ~~January 1, 1999~~ at Phoenix, Arizona

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary in and for the State, this 1 day of September, 2010 WITNESS my hand and official seal.

*Judith Ann Curtis Successor trustee*  
Judith Ann Curtis

Signature *Patti A. Ballmann*

(SEAL)



**PATTI A. BALLMANN**  
Notary Public—Arizona  
Maricopa County  
Expires 07/15/2014

COPY



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### 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

## STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File No. 102-2010-020726

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) HERBERT S CURTIS		2. AKA'S (IF ANY)		3. DATE OF DEATH JUNE 07, 2010	
4. SEX MALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH 04-27-1941	7. AGE 69	8. UNDER 1 YEAR 8. MONTHS 9. DAYS	
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) 5838 N 42ND ST		15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH PHOENIX 85018		16. COUNTY OF DEATH MARICOPA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) PARKERSBURG, WEST VIRGINIA		18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) JUDITH BACHMAN	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS 5838 N 42ND ST.		21. CITY AND COUNTY PHOENIX, MARICOPA		22. STATE ARIZONA	23. ZIP CODE 85018
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN		27. IF AMERICAN INDIAN, OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION GEOLOGIST		30. MOTHER'S NAME (FIRST, MIDDLE & LAST NAME PRIOR TO FIRST MARRIAGE) VIOLET BROWN		31. FATHER'S NAME (FIRST, MIDDLE, LAST) HENRY CURTIS	
31. INFORMANT'S NAME JUDITH CURTIS		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS 5838 N 42ND ST, PHOENIX, ARIZONA 85018	
34. NAME AND ADDRESS OF FUNERAL FACILITY BEST FUNERAL SERVICES - NORTH CENTRAL CHAPEL 601 EAST DUNLAP PHOENIX, AZ		36. FUNERAL DIRECTOR DIANA L SATTELBERG, FUNERAL DIRECTOR		38. LICENSE NUMBER F1241	
37. METHOD(S) OF DISPOSITION CREMATION		39. NAME AND LOCATION OF 1st DISPOSITION FACILITY BEST FUNERAL SERVICES, PEORIA, ARIZONA		35. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE	
IMMEDIATE CAUSE OF DEATH 40. A. MYOCARDIAL INFARCTION		41. APPROXIMATE INTERVAL UNKNOWN		42. B. DUE TO OR AS A CONSEQUENCE OF: HYPOVOLEMIA DUE TO OVEREXERTION	
43. APPROXIMATE INTERVAL UNKNOWN		44. C. DUE TO OR AS A CONSEQUENCE OF:		45. APPROXIMATE INTERVAL	
46. D. DUE TO OR AS A CONSEQUENCE OF:		47. APPROXIMATE INTERVAL		48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE(S) GIVEN ABOVE	
49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH	
52. TIME OF DEATH 0805		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
57. CERTIFIER'S ADDRESS 3501 N. SCOTTSDALE ROAD #137 SCOTTSDALE, AZ 85251		55. NAME OF PERSON COMPLETING CAUSE OF DEATH JENNIFER A. KING, M.D.		56. DATE CERTIFIED 06-11-2010	
		58. NAME OF REGISTRAR MICHELE CASTANEDA-MARTINEZ		59. DATE REGISTERED 06-15-2010	

Date Issued: 06-17-2010



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:

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

*Patricia Adams*

PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

