

Official Record

Recording requested By
BARNEY MCKENNA & OLMSTEAD

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 259 Page- 0484

WHEN RECORDED MAIL TO:
Jeffery J. McKenna, Esq.
Barney McKenna & Olmstead, P.C.
P. O. Box 2710
St. George, UT 84771-2710



0136744

MAIL TAX NOTICE TO:
Ronald Ray Haggard
2221 Camel Street
Las Vegas, NV 89115

Parcel No: 00304706

AFFIDAVIT OF SUCCESSOR TRUSTEE

RE: DEATH OF TRUSTEE

STATE OF NEVADA)
)ss.
COUNTY OF LINCOLN)

Ronald Ray Haggard, Successor Trustee of The Marie Elizabeth Haggard Widdifield Living Trust dated April 21, 2004, as amended October 26, 2009, of legal age, being first duly sworn, declares as follows:

That Marie Elizabeth Widdifield, the decedent mentioned in the attached certified copy of Certificate of Death, who died February 23, 2010 is the same person as Marie Elizabeth Haggard Widdifield, Trustee of The Marie Elizabeth Haggard Widdifield Living Trust dated April 21, 2004, as amended October 26, 2009, named as the owner of the following described property situated in the County of Lincoln, State of Nevada:

Lots One (1), Two (2), and Three (3) in Block Thirty-three (33), in the City of Caliente, County of Lincoln, State of Nevada.
APN 00304706

TOGETHER with all and singular tenements, hereditaments, and appurtenances thereunto and in anywise appertaining, and the reversion and reversions, remainder and remainders, rents issues, and profits thereof



TO HAVE AND TO HOLD ALL AND SINGULAR, the said premises together with the appurtenances, unto the part of the second part and to their heirs and assigns forever.

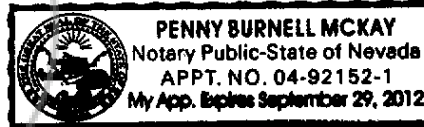
Affiant is the Successor Trustee named in The Marie Elizabeth Haggard Widdifield Living Trust dated April 21, 2004, as amended October 26, 2009, and as such has full authority to act as Trustee in all respects. Affiant is now the acting Trustee of the trust.

Dated: ~~October~~ ^{November} 2, 2010.
rust

Ronald Ray Haggard
RONALD RAY HAGGARD, Trustee

SUBSCRIBED AND SWORN to before me this 2nd day of ~~October~~ ^{November}, 2010, by Ronald Ray Haggard whose identity is personally known to me or proved to me on the basis of satisfactory evidence, and who, being by me duly sworn (or affirmed), did say that he is the Successor Trustee of The Marie Elizabeth Haggard Widdifield Living Trust dated April 21, 2004, as amended October 26, 2010 and that the foregoing instrument was signed by proper authority, in the capacity and for the purposes stated in it.

Penny Burnell McKay
NOTARY PUBLIC
Address:
My Commission Expires September 29, 2012





STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — VITAL STATISTICS

02105

CERTIFICATE OF DEATH

2010002727
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Marte Elizabeth WIDDIFIELD		2. DATE OF DEATH (Mo/Day/Year) February 23, 2010		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 2221 Camel Street		3d. If Hosp. or Inst. indicate DOA, O/Emer. Rm. Inpatient (Specify) Home	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 16, 1923		9a. STATE OF BIRTH (if not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
ISPOSITION	15d. STREET AND NUMBER 2221 Camel Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Clarence SIMPSON	
	17. MOTHER - NAME (First Middle Last Suffix) Maud PHILLIPS		18a. INFORMANT - NAME (Type or Print) Ronald R HAGGARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2221 Camel Street Las Vegas, Nevada 89115	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Caliente Veterans Cemetery		19c. LOCATION City or Town State Caliente Nevada	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WARREN WHEELER M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 25, 2010		21c. HOUR OF DEATH 23:53	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119		23b. LICENSE NUMBER 11795		24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 2010		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) Multiple myeloma DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II		26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
	28d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28e. INJURY AT WORK (Specify Yes or No)		28f. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

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 Southern Nevada 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 SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
 Registrar of Vital Statistics

By: *CM*

Date Issued: OCT 04 2010