

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

The Robert D. Thomas and  
Margaret H. Thomas Revocable  
Living Trust  
1310 Marita Drive  
Boulder City, NV 89005



Space Above This Line for  
Recorder's Use Only

**A.P.N. 003-144-01**

File No.: 106-2415323 (CV)

**Affidavit - Death of Trustee**

State of Nevada )  
)ss.  
County of Clark )

**Howard W. Tindall** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Margaret H. Thomas** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **March 21, 2011** at **Caliente, Nv** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **12/10/1999** executed by **Margaret H. Thomas** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **1/9/2004** which was recorded as Instrument No. **121622** in Book **182**, Page **103-104**, 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**

4. 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 11/08/2011

**DECLARANT:**

*Howard W. Tindall* - SECRETARY  
Boulder City, NV Elks 1682, Successor Trustee  
Howard W. Tindall, Secretary

State of Nevada )  
 )ss  
County of Clark )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada, this 17th day of November, 20 11 by \_\_\_\_\_, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

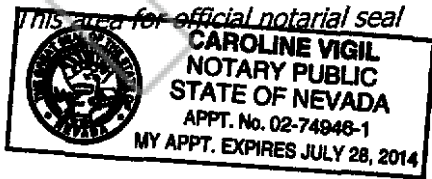
WITNESS my hand and official seal.

Signature *[Signature]*

My Commission Expires: 7/20/2014

Notary Name: Caroline Vigil Notary Phone: 702-731 4131

Notary Registration Number: 02-74946-1 County of Principal Place of Business Clark



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Book 268  
Page 66

11/21/2011  
Page 3 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

2011004262  
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  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Margaret Helen THOMAS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 21, 2011</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>265 2nd Street</b>		3e. If Hosp. or Inst. Indicate DOA,OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 29, 1928</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Assessor Office</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Clark County</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>265 2nd Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Carroll R SCHNADER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Inez BROWNRIGG</b>		
18a. INFORMANT - NAME (Type or Print) <b>Lura BESHERS</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>PO Box 612 Caliente, Nevada 89008</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Caliente Conway Veterans Cemetery</b>		19c. LOCATION City or Town State <b>Caliente Nevada 89008</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>	
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) <b>TIM UMINA</b> <i>SIGNATURE AUTHENTICATED</i>			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) <b>TIM UMINA</b> <i>SIGNATURE AUTHENTICATED</i>		
21b. DATE SIGNED (Mo/Day/Yr) <b>March 21, 2011</b>		21c. HOUR OF DEATH <b>16:02</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>March 21, 2011</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>16:02</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>March 21, 2011</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>16:02</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043</b>			
23b. LICENSE NUMBER <b>P033</b>				24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 24, 2011</b>				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) <b>Arteriosclerotic Heart Disease</b>				Interval between onset and death <b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Thyroid Disease</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>				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

378530

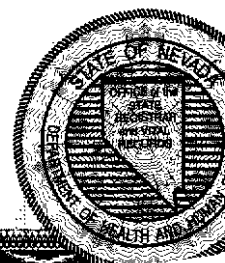
CERTIFIED COPY OF VITAL RECORDS

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: 03/25/2011

*R. D. White*  
SIGNATURE AUTHENTICATED

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



VRS-Rev-20110104