DOC # 0139980

Official Record

Recording requested By LAVETTE MARIE LEE

Lincoln County - NV Leslie Boucher - Recorder

Page 1 of 4 Fee. \$17.00 Recorded By AE RPTT Book- 268 Page- 0172

Space Above This Line for Recorder's Use Only

A.P.N. 13-140-11

Affidavit - Death of Trustee

State of

Nevada

RECORDING REQUESTED BY

Lavette Marie Lee

Caliente, NV 89008

STATEMENTS TO: Lavette Marie Lee P.O Box 336 Caliente, NV 89008

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

P.O Box 336

\55.

County of

Lincoln

Lavette Marie Lee, successor Trustee ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Charile Richard Lee ("Decedent") is the person referenced in the attached certified 1. copy of the Certificate of Death who died on 08/24/2011 at Preston Nevada (City and state of death).
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated June 13, 1998 executed by Charlie Richard Lee and Lavette Marie Lee as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain 3. Quitclaim Deed dated March 11, 2001 which was recorded as Instrument No. 116097 in Book 154, Page 22-23, of Official Records of Lincoln County, Nevada as legally described as follows:

- Orati

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: **DECLARANT:** State of Nevada)55 County of Lincoln SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevice this by , personally know to me or proved to me on the Cavette Marie basis of satisfactory evidence to be the person(s) who appeared before me... This area for official notarial seal WITNESS my hand and official seal. Signature My Commission Expires: NOV. Notary Phone: 175-7210-3135 Notary Name: Elisha Baker Notary Registration Number: 04-92808-11 County of Principal Place of Business Lincoln

EXHIBIT "A"

That portion of the South Half (81/2) of the Southeast Quarter (SEL/4) of Suction One (1) and the Borth Half (EL/3) of the Borthsent Quarter (SEL/4) of Section Sector (12), Southing a South, Range 66 East, M.D.R.off, Lincoln County, Errodz mare particularly described as Follows:

Fercel 3 of that certain map orded January 5, 1939 in the Office of the County Monorder of Lincoln County in Book "B" of Flats, yage 178 as Plie No. 112122, Lincoln County, Novada records.

Together with any and all essents for public stility and account rights of impress and egress upon and heisting on Parael 1 of the aforemaid parcel map and further granted by a food recorded April 8, 1998 in Book 141 of Official Records, page 159 as File Po. 112585, Lincoln County, Econds records.

ANGESSUR'S PARCIE MINUS 200 - 2001: 13-140-11

12/07/2011 Page: 4of4

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CERTIMIAL STATISTICS. TH

| TYPE OR | OLK I TO ALL OF BEATT | | | | | | | | STATE FILE NUMBER | | | | | | |
|---|--|------------------------|--|---|-------------------------------|---|--|--|--|-----------------------------------|----------------|--|--------------------------|--------------|--|
| PRINT IN PERMANENT | 10 DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) | | | | | | | 2. | 2. DATE OF DEATH (Mo/Dey/Year) 3a. COUNTY OF DEATH | | | | | | |
| BLACK INK | Charlie | | LEE | A. LINASSPAL | AA AM (FA II) | HER INSTITUTION -Name (If not either, gir | | | August 24, 2011 | | | White Pine ate DOA, OP/Emer. Rm. 4. SEX | | | |
| | 30.\CHY, IOW | | N OF DEATH | and number) | | | | = | | losp. or Inst. ii ent(Specify) | ndicate DO/ | A,OP/Emer. | Rm 4 | SEX | |
| DECEDENT | 5. RACE Whi | Preston | الــــــــــــــــــــــــــــــــــــ | | Park at Lan | | Stop, High 17a. AGE-La | | 1 | C | amp Tra | | | Male | |
| | (Specify) | | : : | No - | spanic Origin? Non-Hispani | ic. | birthday (Ye | ars) 67 | MOS DAY | rs Hours | MINS | l . | FBIRTH (M Ualry 17, | | |
| IF DEATH OCCURRED IN | 9a, STATE OF name country) | | 9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11, MARRIED, NE United States 14 DIVORCED (Spec | | | | | VER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if:wife, give high maken name) Lavette Marie ROM | | | | | | | |
| INSTITUTION SEE HANDBOOK REGARDING | 13. SOCIAL SECURITY NUMBER | | R 146. | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | | | | | | | | | | |
| COMPLETION OF | 15e RESIDEN | 0C CT.T | | | | Own | | | | Contract T | rucking | \ | Forces? | | |
| ITEMS | | | 15b. COUNTY | | 15C CITY | TOWN OR LO | | | REET AND NU | | 7 | . \ | 15e. INSID LIMITS (Sp | secily Yes | |
| | | /ada RENT - NAME | | coin ast Suffer | | Caliente | | | iffhouse D | | | | or No) | No | |
| PARENTS | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Charlie LEE 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elsie SCHAUER | | | | | | | | | | | | | | |
| | 18a. INFORMANT- NAME (Type or Print) 18b. MARLING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) | | | | | | | | | | | | | | |
| ! | 40- 00-00- | | te M LEE | er en | | e projekter (v | | | x 336 Cali | | | | | | |
| ISPOSITION | TIBB. BUKIAL, C | REMATION, RE Cremat | | K (Specify) 19 | D. CEMETERY | | TORY - NAME The Garde | | W. | 19c. L. | CATION | City or To | | | |
| | 20a. FUNERAL | DIRECTOR - SI | GNATURE (Or | Person Acting | as Such) 20 | 05 FUNERAL | | | AND ADDRES | S OF FACILI | | on Nevad | a 89406 | / | |
| | İ | | ?D J S HIE | Notes - | D | IRECTOR LIC | ENSE | 17 1 2 <u>4.</u> 3 | W | Mt. V | sta Char | | | | |
| RADE CALL | TRACE CALL | | TURE AUTHE | MTTCATED | بلبنت | 12 | | | P | D BOX 151 | 707 Ely | NV 8931 | 5 | <u> </u> | |
| NOUE CALL | | the best of my kr | | occurred at th | e time date do | d place and | 13 3 | Co. On the h | esis of executi | | | la ani katat | do-th- | | |
| - 1 | | ne cause(s) state | | | | ia biasé and | { | e time, date | and place and | tome to the c | inse(s) etav | i, in my opini od: (Signatu | on deam o + & Titte) | CCUITED BIL | |
| CERTIFIER | 21b. DA | TE SIGNED (MO | DaviYo | 21c HOU | R OF DEATH | | | UKE SH | GNED (MOD | au Vei | 1220 4 | IOUR OF DE | E AUTHE | TTICATE | |
| | [දිණි | | .: | 2 | | | 3 5 | | gust 26, 2 | | | / J | 19:06 | | |
| | 21d NA | ME OF ATTEND | ING PHYSICIA | NIF OTHER T | HAN CERTIFIE | R | - BB 000 | | UNCED DEAL | | , 22e. F | RONOUNC | | T (Hour) | |
| | 23a. NAME ANI | | CERTIFIER (P | YSICIAN AT | TENDING PHY | STOLAN MED | CA EXAM | AL DER OR CO | Igust 24, 2 | 011 | <u>* 15a</u> | b. LICENSE | 19:06 | | |
| | | Ð | eputy Coror | ier Luko Sh | ady 1785 | Great Bas | sin Blvd E | ly, NV 89 | 301 | | | D. LIVETOR | 218 | | |
| REGISTRAR | 24a. REGISTRA | R (Signature) | | | BRIFFITH | .# V##* | 24b, DATE ((Mo/Day/Yr) | | Y REGISTRA | | | E TO COM | | DISEASE | |
| 041105.05 | 25. IMMEDIATE |) PALIBE | | TURE AUTH | | 35 (4) (3) 11 | \ I | Augu | st 29, 201 | 1 👾 . 👫 | YES | | NO X | <u>. 133</u> | |
| CAUSE OF DEATH | PART | | ronary Di | S ease | E PER LINE F(| JAY (A), (D), AN | AD (c).) | History | | *. | ļ | interval bet | w aa n onset | and death | |
| J | | | SACONSEQU | | V | | | <u> </u> | | AV. | - | interval bet | imari angat | and death | |
| CONDITIONS IF | (b) | Heart Dis | sease, Dia | abetes an | id High B | lood Pre | ssure | | | 77 | | mitor (al oper | moon onest | ON MORE | |
| GAVE RISE TO | - | DUE TO, OR | S A COMSEQU | ENCE OF: | | | | 7 | · · · · · · · · · · · · · · · · · · · | | | Interval beh | ween onset | and death | |
| CAUSE -> | <u>{c</u> } | DI 10 80 00 1 | | | iy my | A STATE | | | | | | <u> </u> | | | |
| UNDERLYING CAUSE LAST | | DUE TO, OR A | S A CONSEQU | ENCE OF | | 4 | | | | | | Interval bet | ween onset | and death | |
| / | PART II OTHE | R SIGNIFICANT | CONDITIONS | Conditions con | tributing to des | th but not res | ulting to the u | malerhaina ca | utión misson im C | Port 1 . G | <u> </u> | - I | | | |
| / | DAM III - W- | | | 2 | : 77 | A Lane Line Low | The state of the s | rivaislaiA Ch | erden Alacan III. L | ent I | Specify Yes | or No) | VAS CASE CORONER | (Specify Yes | |
| - / | 289. ACC., SUICIE OR PENDING INV | E, HOM., UNDET. | 286. DATE OF | NJURY (Mo/Day/ | Yr) 26c. | HOUR OF BUILD | RY 28d D | SCRIBE HOW | V INJURY OCCU | | | 140 | No) | Yes | |
| | | | | | | () | | | | | F. C. | | ** . * | | |
| \ | 28e. INJURY AT Yes or No) | WORK (Specify | 28f. PLACE C | F INJURY- At | home, fami, str | reet, factory, o | office 28g. l | OCATION | STREET | OR R.F.D. N | o. CITY | OR TOWN | | STATE | |
| ω <u>=</u> \ | 1 00 01 140) | | Summing, etc. | (checity) | | ···· · · · · · · · · · · · · · · · · · | ` , | | | | i. | | | , , | |
| 6 *** | | | | 7 | 7 | STATE | REGISTE | RAR | · · · · · · · · · · · · · · · · · · · | | | -1 - 1 - | ** · | * . * · · · | |
| ω 7 | | ; | `* - * <u>-</u> - | _/_ / | / | | | | - | ,11 | | 47 | | 1 to 1 | |

RS-Rev-20110104



CERTIFIED COPY OF VITAL RECORDS

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

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.

09/02/2011

SIGNATURE AUTHERY

