

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

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

Gary C. Carrigan
1235 MT Hwy 56
Noxon, MT 59853



Space Above This Line for
Recorder's Use Only

A.P.N. 013-030-61

File No.: 151-2415738 (JH)

Affidavit - Death of Trustee

State of)
)ss.
County of)

Gary C. Carrigan ("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. **Gary A. Carrigan** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **July 18, 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 **April 20, 1995** executed by **Gary A. Carrigan** 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 and Sale Deed** dated **12/21/2004** which was recorded as Instrument No. **123589** in Book **195**, Page **215**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:

DECLARANT:

Gary C. Carrigan
Gary C. Carrigan, Successor Trustee

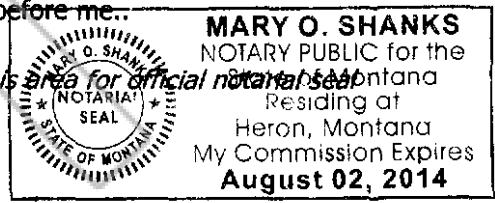
State of MONTANA)
)ss
County of SANDERS)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County SANDERS and State MONTANA, this 2nd day of December, 20 11 by GARY C. CARRIGAN, 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 Mary O. Shanks

My Commission Expires: 8-2-2014



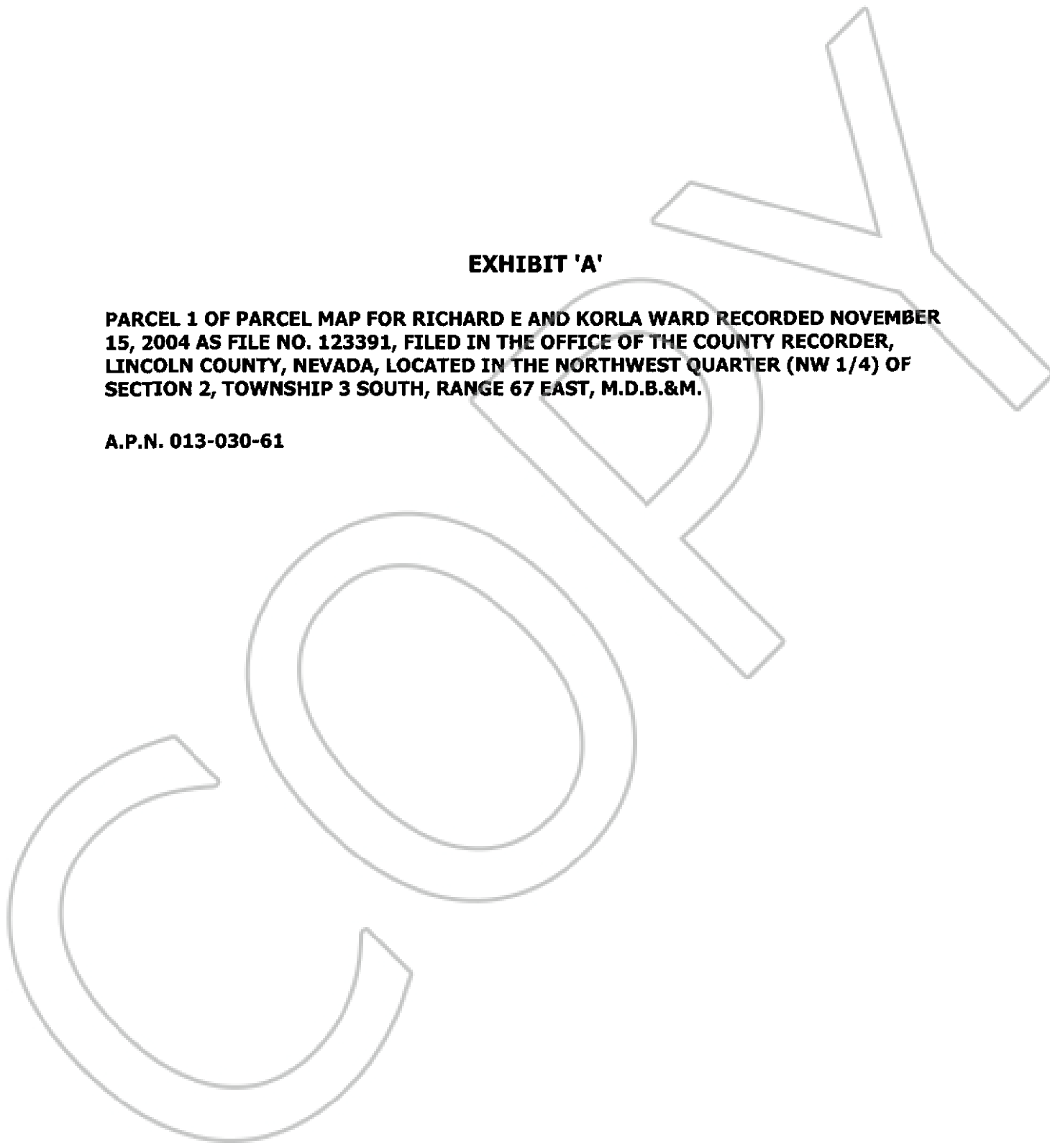
Notary Name: MARY O. SHANKS Notary Phone: 406-947-2557
Notary Registration Number: 326862 County of Principal Place of Business: SANDERS



EXHIBIT 'A'

PARCEL 1 OF PARCEL MAP FOR RICHARD E AND KORLA WARD RECORDED NOVEMBER 15, 2004 AS FILE NO. 123391, FILED IN THE OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, NEVADA, LOCATED IN THE NORTHWEST QUARTER (NW 1/4) OF SECTION 2, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B.&M.

A.P.N. 013-030-61



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

2011011454
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary Arthur CARRIGAN		2. DATE OF DEATH (Mo/Day/Year) July 18, 2011		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 4477 Mustang Ave Caliente NV 89008		3d. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify): Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS 6 DAYS 14 HOURS MINS 		7c. UNDER 1 DAY HOURS MINS 	
8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1938		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Firefighter		14b. KIND OF BUSINESS OR INDUSTRY: Clark County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 4477 Mustang Ave Caliente NV 89008		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Chester Charles CARRIGAN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pauline Irene LUTTIG		18a. INFORMANT- NAME (Type or Print) Gary Chester CARRIGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1235 Mt. Hwy 56 Noxon, Montana 59853	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Odd Fellows		19c. LOCATION City or Town State Pioche Nevada 89043	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TIM UMINA SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) July 19, 2011		21c. HOUR OF DEATH 18:40		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) TIM UMINA SIGNATURE AUTHENTICATED	
22b. DATE SIGNED (Mo/Day/Yr) July 19, 2011		22c. HOUR OF DEATH 18:40		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 18, 2011	
22e. PRONOUNCED DEAD AT (Hour) 18:40		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim Umina 1050 E. SR 322 Pioche, NV 89043		23b. LICENSE NUMBER P033	
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 27, 2011		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 Organ Failure DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOA, 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

VR-Rev-20110104

396816

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: 07/28/2011

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

