

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 268 Page- 0187

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



0139986

Space Above This Line for
Recorder's Use Only

A.P.N. 013-030-03

File No.: 151-2415738 (JH)

Affidavit - Death of Trustee

State of NEVADA)
)ss.
County of LINCOLN)

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:

- 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).
- 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").
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain and Sale Deed dated 10/15/2007 which was recorded as Instrument No. 0130062 in Book 236, Page 0222, of Official Records of Lincoln County, Nevada as legally described as follows:

THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION 2, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B.&M.

- 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 11/28/2011

DECLARANT:

Gary C. Carrigan, Successor Trustee
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 known 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

This area for official notarial seal
MARY O. SHANKS
NOTARY PUBLIC for the State of Montana
Residing at Heron, Montana
My Commission Expires **August 02, 2014**



Notary Name: MARY O. SHANKS Notary Phone: 406 047-2557
Notary Registration Number: 326062 County of Principal Place of Business SANDERS



0139986

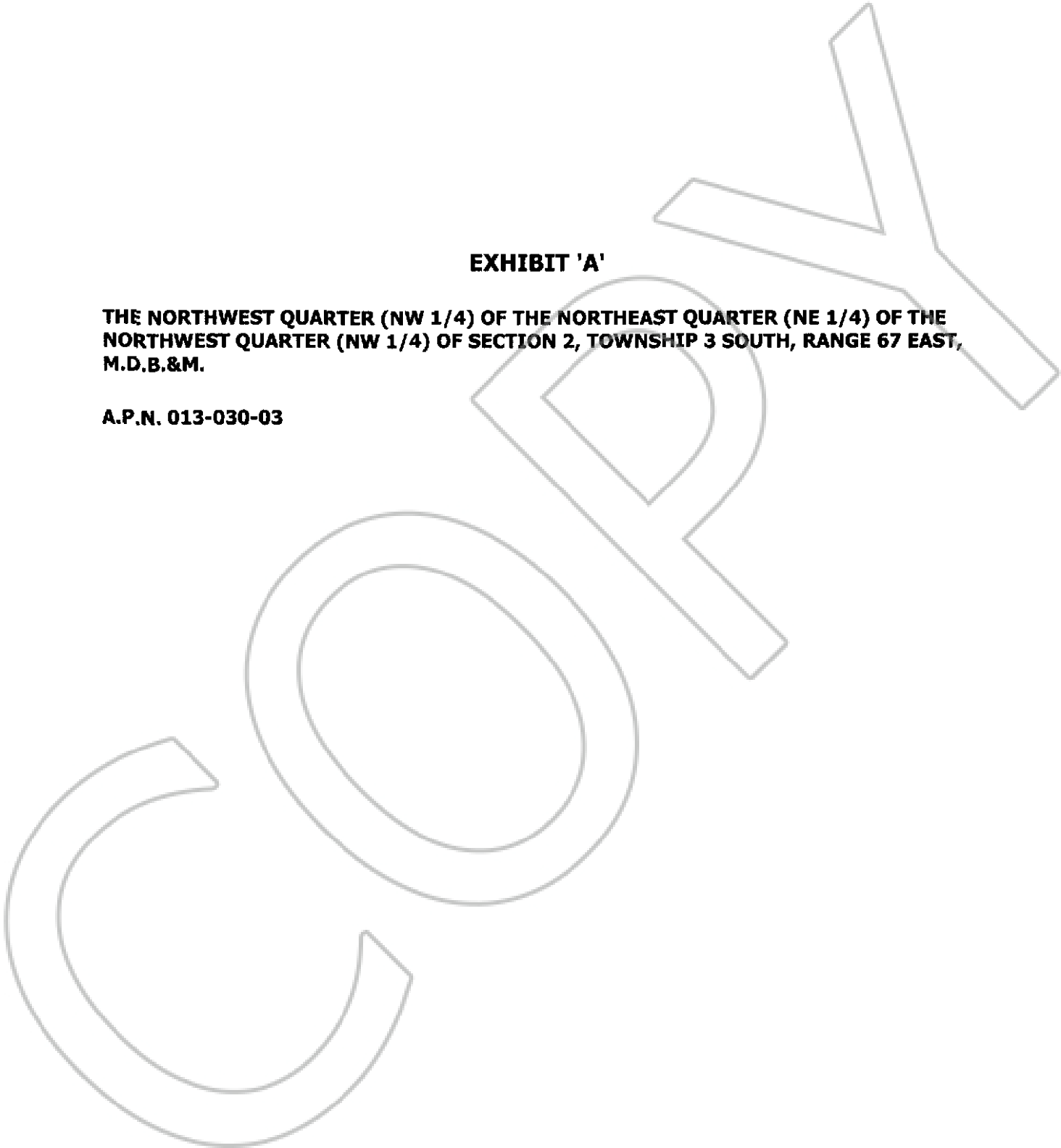
Book 268
Page: 189

12/09/2011
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EXHIBIT 'A'

**THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF THE
NORTHWEST QUARTER (NW 1/4) OF SECTION 2, TOWNSHIP 3 SOUTH, RANGE 67 EAST,
M.D.B.&M.**

A.P.N. 013-030-03





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

DISPOSITION

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		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Home		
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		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	
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		Ever in US Armed Forces? Yes		
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 <i>SIGNATURE AUTHENTICATED</i>			20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008		
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) TIM UMINA <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) TIM UMINA <i>SIGNATURE AUTHENTICATED</i>			
21b. DATE SIGNED (Mo/Day/Yr) July 19, 2011		21c. HOUR OF DEATH 18:40		22b. DATE SIGNED (Mo/Day/Yr) July 19, 2011		22c. HOUR OF DEATH 18:40	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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 522 Pioche, NV 89043						23b. LICENSE NUMBER P033	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>				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						Interval between onset and death Years	
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death Years	
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
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 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

396816



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.

