DOC # 0141716

02:08 PM

Official Record Recording requested By FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder Page 1 of 3 Recorded By: LB Fee: \$16.00 RPTT:



Book- 273 Page- 0003



RECORDING REQUESTED BY:

Fidelity National Title Agency of Nevada, Inc.

APN: 04-132-09

ESCROW NO: 00006265-007-EA

First American Title Order No.: 9015-2428497 When Recorded Mail Tax Statement To: DONALD E FIDLER

P.O. BOX 426 **ALAMO, NV 89001**

AFFIDAVIT - DEATH OF TRUSTEE

STATE (OF N	EVADA
COUNT	Y OF	Lincoin

C	OUNTY OF Lincoln	SS:					
<u>Dor</u>	nald E. Fidler s:	being of legal age, being duly sworn, deposes and					
1.		the decedent mentioned in the attached person named as Trustee in that certain Declaration y Donald E. Fidler and Darlene A. Fidler as					
2.	Property commonly known as 255 Theresa Lane, Alamo, NV 89001, which property is described in the deed which was signed by <u>Donald E. Fidler and Darlene A.Fidler</u>						
	as Grantor(s) and recorded as Instrument No. <u>1154</u> 2000. The property is situated in the County of L property is as follows:	73 , of Official Records on October 30, incoln , State of Nevada. The legal description of said					
and the last of	SEE EXHIBIT "A" ATTACHED HERET	O AND MADE A PART HEREOF.					
3.		am the named Successor Trustee under the at the time of the death of the Decedent mentioned in force and effect and has not been revoked, amended or tessor Trustee.					
4.	There is no Federal Estate Tax due as the reabove.	sult of death of the decedent mentioned in paragraph 1					
I de Exe	clare under penalty of perjury, under the laws of the cuted on July 13 2012 at <u>AlBa</u>	State of Nevada that the foregoing is true and correct.					
SUI und	BSCRIBED AND SWORN TO before me, the ersigned, a Notary in and for the State, this day of Auby 2012	Donald & Fidler Trustee					
WI.	TNESS my hand and cal.						
Sign	nature Win El Simmous						
Andreas Printer		ROBIN E. SIMMERS					

Notary Public State of Nevada

No. 02-78907-11 My appt. exp. Nov. 6, 2014 NVAFFDTR

EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Lincoln, State of Nevada and is described as follows:

LOT TWENTY-SEVEN (27) IN ALAMO SOUTH SUBDIVISION TRACT NO. 1, UNIT NO. 1, IN THE TOWN OF ALAMO, COUNTY OF LINCOLN, STATE OF NEVADA.



DEPARTMENT OF HUMAN RESOURCES

7H --- SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

•	LOCAL FILE NUMBER	1			1	STATE FILE NUMBER		
TYPE	DECEASED—NAME First	Middle	Last	DATE OF	DEATH (Month, Day, Year)	COUNTY OF DEATH		
OR PRINT IN PERMANENT	t Darlen	e Anna	FIDLER	2. Au	gust 4, 2005	3a Clark		
BLACK INK	CITY, TOWN OR LOCATION OF D	EATH HOSPITAL OR OTHER	INSTITUTION Name (If not	ilher, give street and nu	mber) If Hosp, or Inst, Indicat Rm: Inpelient (Specify)	e DOA, OP/Emer. SEX		
DECEDENT	». Las Vegas		Mospital And		nter so. Inpatio	ent (Female		
STREET	RACE—(e.g., White, Black, Americ Indian, etc.) (Specify)	an Was Decedent of Hispanic Origin specify Mexican, Guban, Puerto	n? Specify 🗋 yes 🙀 no il yes, Riican, etc.	AGE—LastU Birthday (Years) h	NOTER 1 YEAR ON DER'T DAYS HOURS MI			
	⊾ White	6.		7a. 73 7b.		sMarch 21, 1932		
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Sp grade completed.	ecity highest MARIFIII WIDOW	ED, NEVER MARRIED, VED, DIVORCED	SURVIVING SPOUSE (If wite, give midden mene)		
INSTITUTION SEE HANDBOOK	9a Kansas SOCIAL SECURITY NUMBER	9b. USA	jia B		" Married	12 Donald Fidler		
RESARDING COMPLETION OF RESIDENCE ITEMS	13.	Working Life, Even # Flettred	USUAL OCCUPATION (Give Kind of Work Dane During Most of Working Life, Even II Retired) 14e. Elder Care Provider 14b. Healthcare		\			
resultant lithio	RESIDENCE—STATE	COUNTY PICIBL COL	CITY, TOWN, OR LOCATIO	14b.	Healthcare	INSIDE CITY LIMITS		
 	¹5≋ Nevada	15b. Lincoln	15c. Alamo		ı⊠27 Danielle	(Specify Yes or No)		
	FATHER-NAME First	Middle		HER MAIDEN HAME		Middle Last		
PARENTS	16 Floyd	P€	erfect 17.	1	Eva	Popelton		
	INFORMANT—NAME (Type or Pris	n)	MAILING ADDRESS	(8	treet or R.F.D. No., City or Town,	State, Zlp)		
	188 Donald Fidle			ielle St.,	Alamo, NV 890	01 \		
	BURIAL, CREMATION, REMOVAL,	, OTHER (Speally) CEMETERY	OR CHEMATORY—NAME	Southern New	LOCATION	City or Town State		
DISPOSITION	19a. Burial		erans Memoria	ıl Cemetery	7 isa Bould	ler City, NV		
4	(Or Patson Acting as Such)	LICENSE N	DIRECTOR NAME AND AD	DRESS OF FACILITY	Boulder City Fa	amily Mortuary		
	20a Saula	dedge, depth occurred at the firms, date				er City, NV 89005		
· .	≥ S OUE TO THE COUSE(S) etail			at the	e passe of electricination endominates to t	etigation, in my epinion death occurred the cause(s) and mainter stated.		
. ".	SE DATE SIGNED PAGE D		P Mot	TO (Signature		HOUR OF DEATH		
	\$ 21b. 8/0.		910	DATE SIG	- N	220.		
CERTIFIER		PHYSICIAN IF OTHER THAN CERTIF		28 PRONOUN		PRONOUNCED DEAD (Hour)		
)			22d ON	\ ' \	129. AT		
	NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATTEND	ING PHYSICIAN, MEDICAL E			LICENSE NUMBER		
· \	23a Karl Faz	ekas MD, 3163 S.	Eastern Ave.	, Las Vega	s, NV 89109	286. 51-72		
CONDITIONS	REGISTRAR	A 00 0	75.		Ao., Day, Yr.) DEATH DUE TO C	DIMMUNICABLE DISEASE		
WHICH SAVE	24a. (Signature)	Live House and	CTT 12 240 P	WE 08 200	24c. YES[]	NOLE		
MMEDIATE CAUSE	25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE PHILLINE FO	PAYON, (O) ARED (C).)	1200	Cu mater	interval between criset and death		
STATING THE UNDERLYING CAUSE LAST	PART (a)	uncery fell	we, c	$\mathcal{M} \mathcal{D} \mathcal{G}$	Sportwort	2. 2 SOUDHER		
	DUE TO, OF AS A	WALL O SAMME	eli Biate	Mount	was tead	Intages between onset and death		
- →	DUE TO OF AS A	Chinsequence of:		- Total	1	intential information property street clearth		
	Mod	Juncoron,	7920124	ibelow	nol brack	- 6 months		
CAUSE OF	PART Of Mark Sicher Annual Continues commented to cease betweet real fine underlying cause given in Part 1. AUTOPSY (Specify WAS CASE REFERRED TO Yes or No.) CORONER (Specify Yes or No.)							
	ACC., SUICIDE, HOM., UNDET.	DATE OF INJUSTY (Mo., Day, Vr.) HOUS		BBE HOW INJURY OCC	28. NO	27. No		
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. 28c.	M 28d.					
	INJURY AT WORK (Specify Yea or No)	PLACE OF INJURY—At home, farm, a building, etc. (Spe	street, factory, office LOCAT	ION. STRE	ET OR R.F.D. No. Cf	TY OR TOWN STATE		
the C	28e.	281.	28g.					

STATE REGISTRAR

No. 281070

"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 Clark County 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 CLARK HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

AUG 08 2005

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573