## DOC # 0143533

B6/13/2013

03:05 PM

Official Record

Recording requested By FIRST AMERICAN TITLE COMPANY Lincoln County - NV

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: Recorded By: AE
Book-279 Page0489

THE WEST HERE STATE THE BUILD WAS THE

0143533

APN NO.: 004-071-03

RECORDING REQUESTED BY:
EQUITY TITLE OF NEVADA
WHEN RECORDED MAIL TO:
PERKINS FAMILY LIVING TRUST
PORT TO:
ALANYMO MONON
MAIL TAX STATEMENTS TO:
SAME AS ABOVE

ESCROW NO.: 13480299 SL1

## **AFFIDAVIT - DEATH OF TRUSTEE**

Charles Marvin Herring, being of legal age, and being first duly sworn, deposes and says:

- 1. That the decedent mentioned in the attached certified copy of the Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated April 30, 1996 executed by, Marion L. Perkins, as Trustor (s).
- 2. That I, Charles Marvin Herring, am named and appointed as "Successor Trustee" under the terms of the above referenced Trust, which Trust was in effect at the time of the death of the Decedent set out herein, and which Trust is still in full force and effect, having not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
- 3. That there is no outstanding, unpaid Federal Estate Tax as a result of death of the said decedent.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

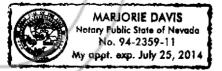
Executed on S Jue 2013 at Alamo, Nevada

Charles Marvin Herring, Successor Trustee

STATE OF Nevada }ss:

This instrument was acknowledged before me on June 3 2013

by Po Charles Maryin Herring



(Notary Seal)

Notary Public

My commission expires: July 25, 2014

	0143533 Book 279	06/13/2013						7
16 B. B. B. B. J. S. B.		Page: 25f2		RTMENT OF				
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ı	LOCAL FILE NUMBER		OCITION ION	0, 00.		l	STATE CR	E NUMBER
TYPE OR PRINT	DECEASED-NAME First	Middle	la	67	DATÉ OF DEATH	(Month. Day, Year)		NTY OF DEATH
IN PERMANENT BLACK INK	1 Marion CITY, FOWN OR LOCATION OF DEATH	Laurel Hospital on other in	PERKINS			0, 2001	3m.	Clark
BLAUK IMK		3c. Nathan Ad			erang number)	If Hosp, or Inst. Indica Rm. Inpatient (Specifi 3e. Inpati	0 /	<i>sex</i> ₄Male
DECEDENT	LAR VEGER	Decedent of Hispanic Origin? Lify Mexican, Cuban, Puerte Ri			UNDER 13	YEAR   UNICER 1	MY DATE OF E	BIRTH (Mo., Day, Yr.)
	<sup>5</sup> White   <sup>6</sup>			7a B3	7b.	7c	a July	z 30, 1917
F DEATH OCCURRED W	(If not U.S.A., name country)	CITIZEN OF WHAT COUN- TRY	Decedent's Education grade completed	•	MARRIED, NEVE WIDOWED, DIVO	RCED	SURVIVING SPOL	SE (If wife, give maider name)
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PARENTS	16. Fay		erkins	_	nnie	Mav		√itt
`	INFORMANT - NAME (Type or Print)		MAILING ADDE	= ==		F.D. No. City or Town		
	180 Margaret Perkins	- Wife	180 PO B	ox 171, A	lamo, Ne		The state of the s	
	BURIAL CREMATION, REMOVAL OTHER (S		OR CREMATORY—NA	AND THE RESERVE OF THE PARTY OF	The state of the s	LOCATION	Crity or Town	State
DISPOSITION	FUNERAL DIRECTOR SIGNATURE	FUNERAL OF	Alamo Cemetery 196 Alamo Nevada					
Į	20a Document C. Kultur	LICENSE NUM				ox 797, Lo		
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{	223. On the basis of interviewing control at the finds, data per paging and due to the cause(s) said and place and due to the cause(s) and manner stated.  223. On the basis of interviewing and interviewing and on the basis of externation and/or interviewing and in the finds date and place and due to the cause(s) and manner stated.  224. On the basis of externation and/or interviewing and in the finds of externation and or interviewing and in the finds of externation and or interviewing and in the finds of externation and or interviewing and in the finds of externation and or interviewing and in the finds of externation and or interviewing and in the finds of externation and or interviewing and in the finds of externation and or interviewing and interview and finds of externation and or interviewing and interview and interview and finds of externation and or interview and interview and finds or interview and finds of externation and or interview and finds or interv							
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UNDERLYING CAUSE LAST	PART (3) ENG STAGE C	ENCE OF:	ar vascur	ar viccios	TIE		Interval bet	ween onset and death
	(b)						<u>:</u>	
	DUE TO OR AS A CONSEQU	ENCE OF	1	. \	"		interval bet	ween onset and death
CAUSE OF DEATH	PART OTHER SIGNIFICANT CONDITION	5-Condulans committuding to a	death but not resulting	in the underlying cau	ise given in Part I.	AUTOPSV (Sp	ecity WAS CASE	REFERRED TO 2 (Specify Yes of No)
DEATH						26 No	27. Ye	8
	OR PENDING INVEST.	NURY (Mo., Day, Yr.) HOUR C	}	ESCRIBE HOW INJU	JRY OCCURRED			
	(Specify) 286 INJURY AT WORK PLACE OF	28c INJURY—At home, larm, stre	et lactory office   Li	BIL. OCATION	STREET OR R.F	D. No. CI	TY OR TOWN	STATE
	(Specify Yes or No) 28e, 281	building, etc. (Specif)	'l }	8a. /				
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/		The state of the s	STATE REGI	STRAR				

"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 Southern Nevada 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 SOUTHERN NEVADA HEALTH DISTRICT John Middaugh, M.D.

Registrar of Wital Statistics

By:

Date Issued:

MAY 02 2013