

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 283 Page-

0062

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

Mark Sawicki
1049 East Calaveras Street
Altadena, CA 91011



0144217

Space Above This Line for
Recorder's Use Only

A.P.N. 013-150-02

File No.: 119-2453502 (EDH)

Affidavit - Death of Trustee

State of NEVADA)
)ss.
County of LINCOLN)

MARK SAWICKI ("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. HENRY EDWARD SAWICKI ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **JULY 24, 2013** at **LAS VEGAS** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **DECEMBER 18, 2002** executed by **HENRY E. SAWICKI** 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, SALE DEED** dated **APRIL 12, 2007** which was recorded as Instrument No. **0128723** in Book **230**, Page **0302**, of Official Records of **LINCOLN** County, Nevada as legally described as follows:

BEING A PORTION OF SECTION 10, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B.& M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 3 OF THAT CERTAIN PARCEL MAP RECORDED SEPTEMBER 27, 1996 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK A OF PLATS, PAGE 498 A-B AS FILE NO. 106004, LINCOLN COUNTY, NEVADA RECORDS.

STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH—VITAL STATISTICS

CERTIFICATE OF DEATH

2013012697
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Henry Edward SAWICKI		2. DATE OF DEATH (Mo/Day/Year) July 24, 2013		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Creekside Hospice		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 94		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Aviation Design Engineer		14b. KIND OF BUSINESS OR INDUSTRY Helicopter		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
DISPOSITION	15d. STREET AND NUMBER 3993 Skyline Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph SAWICKI	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Valeria WITT		18a. INFORMANT- NAME (Type or Print) Mark SAWICKI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1049 E Calaveras St Altadena, California 91001	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME McDermott Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89102	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTOPHER MCDERMOTT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 605		20c. NAME AND ADDRESS OF FACILITY McDermott Funeral Home 2121 Western Ave A-3 Las Vegas NV 89102	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) UPINDER SINGH MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) August 01, 2013		21c. HOUR OF DEATH 05:05	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) UPINDER SINGH MD 7230 Gagnier Rd Las Vegas, NV 89138		23b. LICENSE NUMBER 10815			
CAUSE OF DEATH	24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 02, 2013		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 Dementia		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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 1. Atrial fibrillation, seizures		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC, SUICIDE, HCM, 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

"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 Vital Statistics
 By: JB

Date Issued: **AUG 06 2013**