

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 284 Page- 0103



0144681

RECORDING REQUESTED BY:

Fidelity National Title Agency of Nevada, Inc.

APN: 004-07-104 *004-071-04*

ESCROW NO: 00019346-007-EA

Title Order No.: 9015-2451083

When Recorded Mail Tax Statement To:

PERKINS FAMILY LIVING TRUST

P.O. BOX 201

ALAMO, NV 89001

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF Lincoln

} SS:

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

1. That Marion Laurel Perkins aka Marion L Perkins the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in that certain Declaration of Trust dated April 30th, 1996 executed by Marion L Perkins and Margaret T Perkins, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as APN 004-071-04, which property is described in the deed which was signed by Margaret T Perkins, Margaret T Perkins as Trustee, and Charles M. Herring as Trustee as Grantor(s) and recorded as Instrument No. 0135427, of Official Records on 02/22/2010. The property is situated in the County of Lincoln, State of Nevada. The legal description of said property is as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

3. I, Charles M Herring aka "Charles Marvin Herring" am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

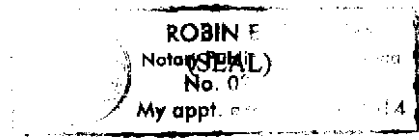
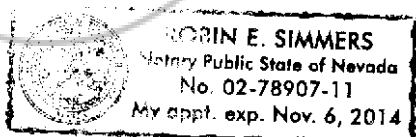
I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.

Executed on 10-24-13 at Lincoln County, NV.

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary in and for the State, this 24 day of October, 2013
WITNESS my hand and seal.

Charles M Herring
Charles M. Herring, Successor Trustee

Signature Robin E. Simmers



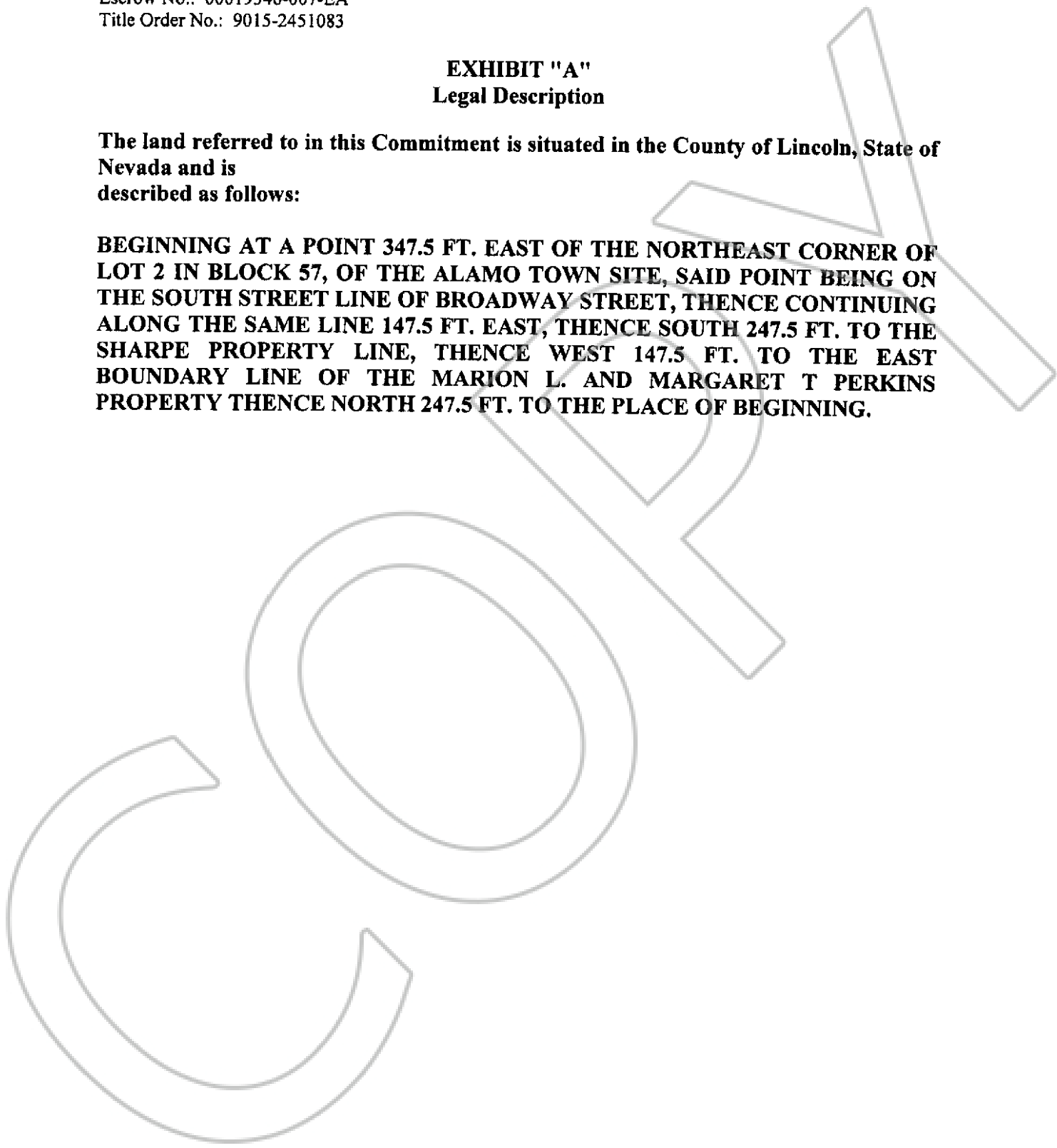


Escrow No.: 00019346-007-EA
Title Order No.: 9015-2451083

EXHIBIT "A"
Legal Description

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

BEGINNING AT A POINT 347.5 FT. EAST OF THE NORTHEAST CORNER OF LOT 2 IN BLOCK 57, OF THE ALAMO TOWN SITE, SAID POINT BEING ON THE SOUTH STREET LINE OF BROADWAY STREET, THENCE CONTINUING ALONG THE SAME LINE 147.5 FT. EAST, THENCE SOUTH 247.5 FT. TO THE SHARPE PROPERTY LINE, THENCE WEST 147.5 FT. TO THE EAST BOUNDARY LINE OF THE MARION L. AND MARGARET T PERKINS PROPERTY THENCE NORTH 247.5 FT. TO THE PLACE OF BEGINNING.



DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

005943

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1		2		3a		3b	
DECEDENT	1		2		3a		3b	
	1		2		3a		3b	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ISSUES	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP, Emer (Specify)		SEX	
	3b		3c		3a		4	
FATHER—NAME First Middle Last	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		DATE OF BIRTH (Mo., Day, Yr.)			
	7a		7b		7c		8	
MOTHER—MAIDEN NAME First Middle Last	CITIZEN OF WHAT COUNTRY		Decedent's Education Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
	9a		10		11		12	
MARRING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
	13		14a		14b			
FATHER—NAME First Middle Last	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a		15b		15c		15d	
MOTHER—MAIDEN NAME First Middle Last	INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
	15e		16		17			
MARRING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	INFORMANT—NAME (Type or Print)		MARRING ADDRESS		MARRING ADDRESS			
	18a		18b		18c			
BURIAL, CREMATION, REMOVAL OTHER (Specify)	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	19a		19b		24b		24c	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	20a		20b		21a		21b	
To be Completed by Certifier/MD/Physician	To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21a		21b		21c		21d	
To be Completed by Certifier/MD/Physician	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER), (Type or Print)		LICENSE NUMBER		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	23a		23b		24b		24c	
REGISTRAR	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	25		26		27		28	
ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
	28a		28b		28c		28d	
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	
	28e		28f		28g		28h	

No. 170571

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: *[Signature]*

Date Issued: MAY 02 2013