Record Official

Recording requested By FIRST AMERICAN TITLE COMPANY

Lincoln County - NV - Recorder Leslie Boucher

Page 1 Fee: \$16.00 of 3 Recorded By: AE RPTT . Book- 284 Page-

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 O	F Lincoln							

SS:

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

- 1. That Margaret Tanner Perkins aka "Margaret T 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 Vacant Land, , NV, 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.

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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.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

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

Executed on 16 24-13 at Sincetin Count 10

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary in and for the State, this

24 day of <u>October 2013</u> WITNESS my hand and seal.

Chail Millering

Signature

ROBIN E. SIMMERS Notary Public State of Nevada No. 02-78907-11 My appt. exp. Nov. 6, 2014 Escrow No.: 00019346-007-EA Title Order No.: 9015-2451083

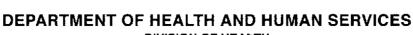
EXHIBIT "A" Legal Description

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.







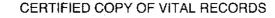
DIVISION OF HEALTH VITAL STATISTICS

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PRINT IN PERMANENT	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)					2. DATE OF DEATH (Mo/Day/Year)				3a. COUNTY OF DEATH						
BLACKINK	Margaret Tanner PERKINS June 13, 20 3b. CITY, TOWN, OR LOCATION OF DEATH [3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e.if Hosp. or									Linco						
	35. CITY, TOWN, OR LOCATION	ON OF DEATH	and number)	OR OTHER I	NSTITUTION -	Name(If r	not either, giv	e street	3e.lf Hosp. Inpatient(Sp		xdicate DO	A, OP/Eme	r. Rm.	4. SEX		
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1	(Specify)		No -	Non-Hispan	iic	birthday	(Years) 86	MOS	DAYS	HOURS	MINS	l M	larch 10	1924		
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REGARDING COMPLETION OF		Wor	tking Life, Even If	Retired)	Homem	aker		The Real Property lies, the Post of the Po		Own He	Home Forces? No					
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	18a. INFORMANT- NAME (Type	e or Print)		18b.	MAILING ADD	RESS	(Street or R.	F.D. No, (ity or Town	State, Z	ip)		1	-		
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	19a. BURIAL, CREMATION, RE	MOVAL, OTH	ER (Specify) 19b	CEMETER	Y OR CREMAT	ORY - N	AME	7	11.	19c. LC	CATION	City or T	own S	itate		
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	20a. FUNERAL DIRECTOR - S	IGNATURE (O	r Person Acting a		Ob. FUNERAL		20c. NAM	/IE AND A	DDRESS OF	FAÇILI	ſΥ					
	TOE	D BOYE	R][DIRECTOR LIC	7%	1	/			levada N					
			ENTICATED		807	74		_/	730 Fron	nt Street	Caliente	e NV 8	9008			
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CERTIFIER	을 표 21b. DATE SIGNED (Me			R OF DEATH	The state of the s	Completed by	22b. DAT	E SIGNED	(Mo/Day/Yr)	22c.	HOUR OF	DEATH			
	ੈ ਤੂੰ June 14, 2010		per .	05:00	The same of the sa	ઙૢ૿ ૻૄ		74								
	21d. NAME OF ATTENE	DING PHYSICI	IAN IF OTHER TH	IAN CERTIFI	ER	To Be	22d. PRO	NOUNCE	D DEAD (M	yDay/Yr)	22e.	PRONOU	ICED DEA	ND AT (Hour)		
	C (Type of Tills)	/			W	7%			1							
	23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICEN Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008						SE NUMB 10509									
	24a. REGISTRAR (Signature)				DOX TOTO		TE RECEIVE		SISTRAR	124c	DEATH D	IF TO CO		BLE DISEASE		
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//	PART II		The Real Property lies			· /					(Specify Ye	esorNo}	TO CORO	NER (Specify Yes		
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	28e. INJURY AT WORK (Speci	fu 28f Dt AC	E OF INJURY- At	home form	ingel factor	office 12	8g. LOCATIO	N	STREET OR	DEN	lo CIT	Y OR TOV	A/NI	STATE		
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STATE REGISTRAR

VRS-Rev-20090602



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:

06/23/2010

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

