

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Carlinda Williamson  
429 Ash Street  
Boulder City, NV 89005



0144786

Space Above This Line for  
Recorder's Use Only

A.P.N. 003-173-05

File No.: 119-2458310 (EDH)

**Affidavit - Death of Trustee**

State of NV )  
County of Clark ) ss.  
                  Clark County )

**Carlinda Williamson and Carlene Southworth** ("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. **Carl Coyner Brown, Jr.** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **6-14-04** at **Caliente, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **1-29-02** executed by **Carl Coyner Brown, Jr.** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **May 20, 2004** which was recorded as Instrument No. **122377** in Book **186**, Page **420**, of Official Records of **Lincoln County**, Nevada as legally described as follows:

**ACRES: .195**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 12-30-13

**DECLARANT:**

Carlanda Williamson  
**Carlanda Williamson**

Signed in Counterpart  
Carlene Southworth

State of Nevada )  
 )ss  
County of Clark )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County CLARK and State NV, this 30th day of December, 2013 by CARLANDA WILLIAMSON, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

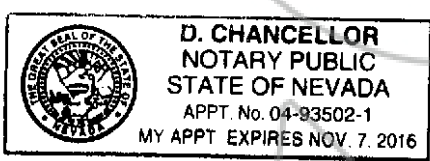
WITNESS my hand and official seal.

*This area for official notarial seal*

Signature D. Chancellor  
Notary Public

My Commission Expires: 11-7-16

Notary Name: D. Chancellor Notary Phone: 702-240-4220  
Notary Registration Number: 04-93502-1 County of Principal Place of Business Clark



D. Chancellor  
# 04-93502-1  
exp 11/7/16



0144786

Dated: 12-30-13

**DECLARANT:**

Signed in Counterpart  
Carlanda Williamson

Carlene Southworth  
Carlene Southworth

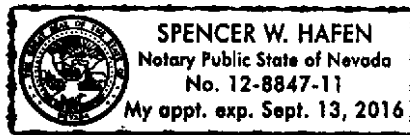
State of Nevada )  
 )ss  
County of Clark LINCOLN )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County LINCOLN and State NEVADA, this 31<sup>st</sup> day of DECEMBER, 2013 by Carlene Southworth, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature [Signature]  
Notary Public  
My Commission Expires: SEPT 13, 2016



Notary Name: SPENCER HAFEN Notary Phone: 775-726-3487  
Notary Registration Number: 12-8847-11 County of Principal Place of Business LINCOLN

Spencer W. Hafen  
# 12-8847-11  
exp. 9/13/16

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS

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

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Carl Coyner BROWN Jr.			2. June 14, 2004		3a. Lincoln
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. Rm. Inpatient (Specify)	
3b. Caliente		3c. 186 Park Avenue		3e. 4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. White		6.		7a. 74	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Texas		9b. U.S.A.		10. 14	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]		14a. Plumber		14b. Construction	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Lincoln	15c. Caliente		15d. 186 Park Avenue
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes			
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
18. Carl Coyner Brown Sr.			17. Margaret		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Carlanda Williamson			18b. 429 Ash Street Boulder City, Nevada 89005		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Cremation Center of St. George		19c. St. George, Utah	
FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 15		20c. 730 Front Street Caliente, Nevada 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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) and manner stated.		
(Signature and Title) [Signature]			(Signature and Title) [Signature]		
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 06-16-04		21c. 1320		22b. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d. [REDACTED]			22c. [REDACTED]		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)				LICENSE NUMBER	
23a. R. William Katschke, MD; P.O. Box 1010 Caliente, Nevada 89008				23b. 10509	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. 06-16-04		24c. 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 (a) Cardio-pulmonary Arrest			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			: Immediate		
(b) Metastatic Squamous Cell Esophageal Cancer			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			: Months		
(c)			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)	
Congestive Heart Failure; COPD				26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes			
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. [REDACTED]		28b. [REDACTED]		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]	
LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN STATE	
28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]	

STATE REGISTRAR

No. 239584

44441

CERTIFIED COPY OF VITAL RECORDS

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:

JUN 22 2004

*Yvonne Saylor*  
STATE REGISTRAR

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

