

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: AE
Book- 286 Page- 0138

RECORDING REQUESTED BY
First American Title Insurance
Company National Commercial
Services of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Susanne C. Wilkin Revocable Living
Trust
PO Box 631
Panaca, NV 89042



Space Above This Line for
Recorder's Use Only

A.P.N. 012-170-02

File No.: NCS-648382-HHLV (MS)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Lincoln)

Anna Rippetoe ("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. **Susanne C. Wilkin** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 2, 1998** at **Panaca, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 20, 1998** executed by **Susanne C. Wilkin** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **March 20, 1998** which was recorded as Instrument No. **110938** in Book **134**, Page **297**, of Official Records of **Lincoln** County, Nevada as legally described as follows:

A PARCEL OF LAND SITUATE IN THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER AND THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 8, TOWNSHIP 2 SOUTH, RANGE 68 EAST, M.D.B.& M., BEING FURTHER DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER (1) FROM WHICH THE QUARTER (1/4) CORNER COMMON TO SECTIONS 7 AND 8 OF SAID SUBDIVISION BEARS SOUTH 0° 22' 12" EAST A DISTANCE OF 237 FEET;



**THENCE SOUTH 85° 35' 42" EAST TO THE NORTHEAST CORNER (2) 113 FEET;
THENCE ALONG THE RIGHT OF WAY OF NEVADA STATE HIGHWAY 93, BEARING
SOUTH 2° 58' 30" WEST (BEARING ESTABLISHED FROM HIGHWAY DEPT. MAP) TO
THE SOUTHEAST CORNER (3) A DISTANCE OF 392 FEET;
THENCE SOUTH 89° 53' 36" WEST TO THE SOUTHWEST CORNER (4) A DISTANCE OF
89 FEET;
THENCE NORTH 0° 22' 12" WEST TO THE POINT OF BEGINNING A DISTANCE OF 400
FEET.**

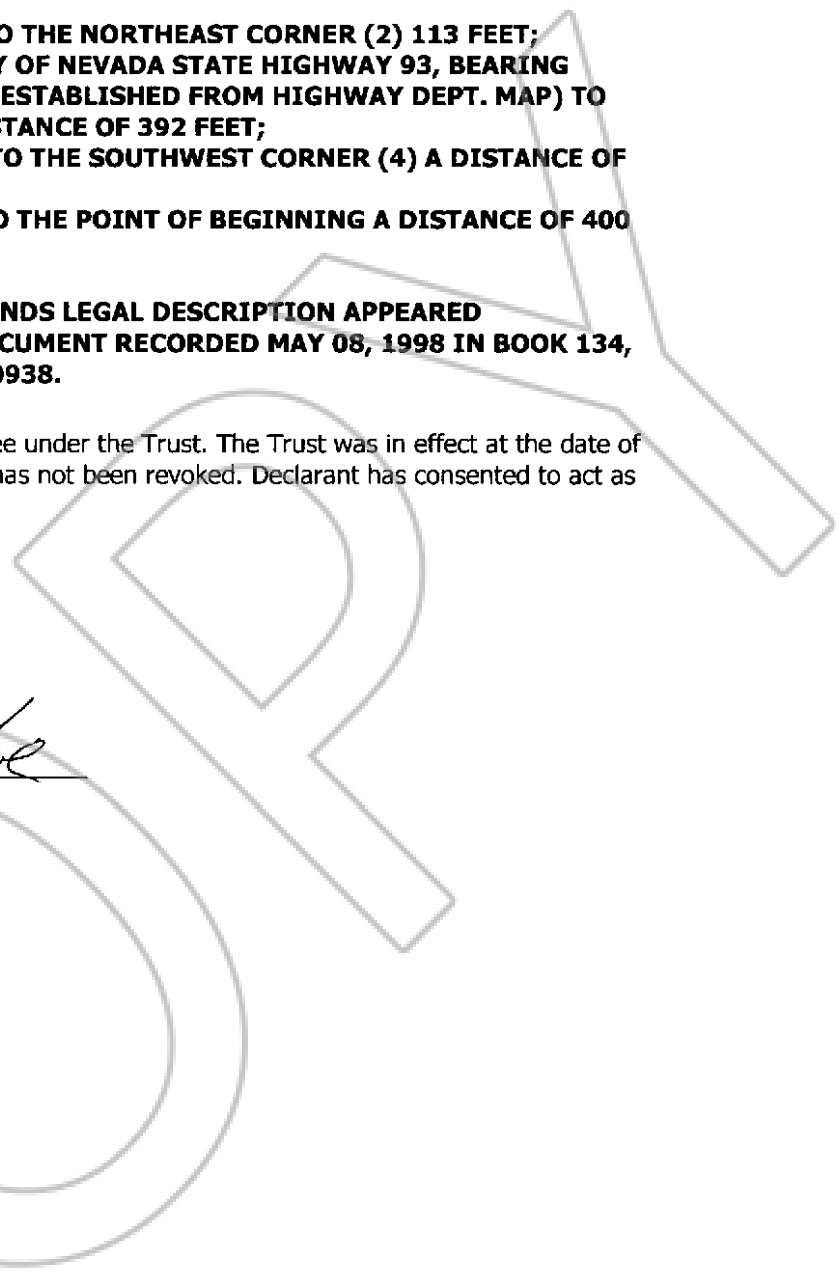
**NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED
PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED MAY 08, 1998 IN BOOK 134,
PAGE 297 AS INSTRUMENT NO. 110938.**

- 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: February, 2014

DECLARANT:

Anna Rippetoe
Anna Rippetoe



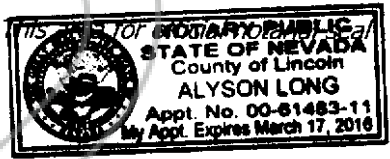


State of Nevada)
)ss
County of Lincoln)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevada this 11th day of March, 2014 by Anna Rippetoe, 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.

Signature Alyson Long



My Commission Expires: March 17, 2016

Notary Name: Alyson Long Notary Phone: 775-962-5834
Notary Registration Number: 00-61483-11 County of Principal Place of Business: Lincoln
00-61483-11



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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

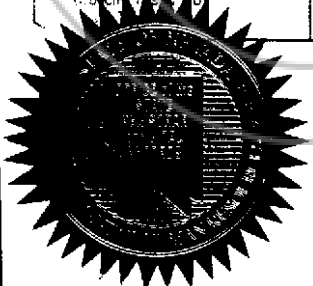
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Susanne Birthe WILKIN		DATE OF DEATH (Month, Day, Year) 2. December 2, 1998	COUNTY OF DEATH 3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH 3b. Panaca		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. 208 Main Street	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 37	UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. April 9, 1961
STATE OF BIRTH (If not U.S.A., name country) 9a. Utah	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed
SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Housewife	KIND OF BUSINESS OR INDUSTRY 14b. Homemaker	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Panaca	STREET AND NUMBER 15d. 208 Main Street
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		FATHER—NAME First Middle Last 16. Robert Thomas Clay	
MOTHER—MAIDEN NAME First Middle Last 17. Birthe Thomsen		INFORMANT—NAME (Type or Print) 18a. Anna Marie Rippetoe	
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 631 Panaca, Nevada 89042		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	
CEMETERY OR CREMATORY—NAME 19b. Pioche Cemetery		LOCATION City or Town State 19c. Pioche, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY 20c. Wiscombe Funeral Home, Inc. P.O. Box 994 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. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 12-24-98		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] DATE SIGNED (Mo., Day, Yr.) 22b. 12-24-98	
HOUR OF DEATH 21c. Before 1524		HOUR OF DEATH 22c. Before 1524	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 12-2-98	
PRONOUNCED DEAD (Hour) 22e. AT 1524		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Gary Davis; P.O. Box 390 Alamo, Nevada 89001	
LICENSE NUMBER 23b.		REGISTRAR 24a. [Signature]	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 12-24-98		DEATH DUE TO COMMUNICABLE DISEASE 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 (a) Acute Drug Intoxication		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART (b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART (c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II		AUTOPSY (Specify Yes or No) 26. Yes	
WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident	
DATE OF INJURY (Mo., Day, Yr.) 28b. 12-2-98		HOUR OF INJURY 28c. Before 1524	
DESCRIBE HOW INJURY OCCURRED 28d. Oral injection of prescription drug (Phentermine)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. Residence	
LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. 208 Main Street Panaca, Nevada			



STATE REGISTRAR

No. 135636

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva

Date Issued: DEC 30 1998

State Registrar