



0145208

APN: 001-191-10

Prepared By/ When Recorded, Mail to:
Jeffrey Burr, Ltd.
2600 Paseo Verde Parkway
Henderson, NV 89074

Mail Tax Statements to:
Troi Alta Nelson
P.O. Box 2087
Walnut Creek, California 94595

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) SS:
COUNTY OF CLARK)

TROI ALTA NELSON, being first duly sworn, deposes and says as follows:

1. REYNOLD U. JONES created the JONES FAMILY TRUST dated January 25, 2010, wherein REYNOLD U. JONES was designated as the Trustor and the original Trustee of the trust.
2. REYNOLD U. JONES died November 26, 2013. A certified copy of the Death Certificate is attached hereto as Exhibit "1".
3. TROI ALTA NELSON is named in the trust instrument to serve as the Trustee of the JONES FAMILY TRUST dated January 25, 2010, and agrees to serve as Successor Trustee of the JONES FAMILY TRUST dated January 25, 2010.
4. TROI ALTA NELSON hereby files this Affidavit and accepts the office of the Successor Trustee of the JONES FAMILY TRUST dated January 25, 2010.
5. Real property located in the County of Lincoln, State of Nevada, more particularly described in Exhibit "2" was conveyed to the JONES FAMILY TRUST dated January 25, 2010.



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

Dated this 2 day of December, 2013.

Troi Alta Nelson
TROI ALTA NELSON, Successor Trustee

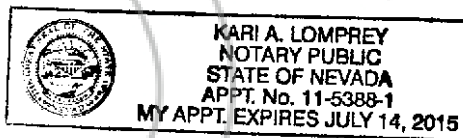
STATE OF NEVADA)
) ss
COUNTY OF CLARK)

Subscribed and sworn to (or affirmed) before me this 2 day of December, 2013, by TROI ALTA NELSON, Successor Trustee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

I certify under penalty of perjury under the laws of this State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Kari A. Lomprey
Notary Public





NEVADA
OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2013019580
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Reynold JONES		2. DATE OF DEATH (Mo/Day/Year) November 26, 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) 5204 Padua Way		3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify): Home	
4 SEX Male		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 19, 1935		9a. STATE OF BIRTH (if not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Federal	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 5204 Padua Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Uther JONES	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pearle OLINGHOUSE		18a. INFORMANT - NAME (Type or Print) Troi NELSON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 2087 Walnut Creek, California 94595	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Memory Gardens Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89129	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD C BOBO		20b. FUNERAL DIRECTOR LICENSE 252		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LARY SIMMS DO, MPH		21b. DATE SIGNED (Mo/Day/Yr) December 04, 2013		21c. HOUR OF DEATH 12:30	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) November 26, 2013		22b. PRONOUNCED DEAD AT (Hour) 12:30	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lary Simms DO, MPH 1704 Pinto Lane Las Vegas, NV 89106		23b. LICENSE NUMBER 880		24a. REGISTRAR (Signature) PAMELA THOMAS	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 05, 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).) Arteriosclerotic cardiovascular disease	
25. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
25. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27b. DATE OF INJURY (Mo/Day/Yr)	
25. IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27c. HOUR OF INJURY	
25. IMMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27d. DESCRIBE HOW INJURY OCCURRED	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		28. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. 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

VRS-Rev-20120523a

"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 authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **DEC 09 2013**

Registrar of Vital Statistics
 By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
 SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573





Exhibit "2"
Legal Description

APN: 001-191-10

Parcel Number 001-191-10
District 1.0
Roll Number 003081
Par 14 of Franks Parcel Map, Pioche

