

Official Record

Recording requested By
CHAD LEAVITT

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 286 Page- 0380



0145252

After recording please return to:)
Name: CHAD LEAVITT)
Address: PO Box 397)
City, State, Zip: MOAPA, NV 89025)
Phone: 702-378-9260)
Assessor's)
Parcel Number 005-021-02)

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AFFIDAVIT OF DEATH OF TRUSTEE

Pursuant to NRS 111.312

STATE OF Nevada)
COUNTY OF Clark)^{ss}

Kim Marshall, of legal age, being first duly sworn, deposes and says:

1. RICHARD C. LEWIS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RICHARD C. LEWIS named as Trustee in the Declaration of Trustee dated September 24, 1991 and executed by Richard C. Lewis and Kim Lewis (now known as Kim Marshall) as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as Haggerty Ranch, which property is described in a Deed which was executed by LOUISE OUIDA WHIPPLE AICHER; KEITH MURRY WHIPPLE; GWENDOLYN WHIPPLE as Grantor(s) on May 22, 1978 and recorded as Instrument No. 61931, in Book/Reel 25, Page/Image 406, of Official Records of Lincoln County, Nevada.
3. The legal description of said property is as follows:

LOCATED WITHIN TOWNSHIP 9 NORTH, RANGE 63 EAST, OF THE MOUNT DIABLO BASE AND MERIDIAN, LINCOLN COUNTY, NEVADA

SECTION 3: The Southwest Quarter of the Southeast Quarter (SW1/4 of SE1/4) and the Southeast Quarter of the Southwest Quarter (SE1/4 of SW1/4), and the West Half of the Southwest Quarter (W1/2 of SW1/4).

SECTION 4: The North Half of the Southeast Quarter (N1/2 of SE1/4).

SECTION 10: The North Half of the Northeast Quarter (N1/2 of NE1/4) and the Southeast Quarter of the Northeast Quarter (SE1/4 of NE1/4).

SECTION 11: The Southwest Quarter of the Northwest Quarter (SW1/4 of NW1/4); the East Half of the Southeast Quarter (E1/2 of SE1/4); the Southeast Quarter of the Northeast Quarter (SE1/4



of NE1/4); the Northwest Quarter of the Northwest Quarter (NW1/4 of NW1/4); the Southeast Quarter of the Northwest Quarter (SE1/4 of NW1/4); the Northwest Quarter of the Southeast Quarter (NW1/4 of SE1/4).

- 4. I 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

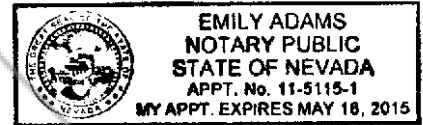
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated February 23, 2014 Kim Marshall
SIGNATURE

State of Nevada

County of Clark

NOTARY SEAL



Subscribed and sworn to (or affirmed) before me on this 23 day of February, 2014, by Kim Marshall, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Date: February 23, 2014 Emily Adams
Notary Signature



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

005123

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Richard Clarence LEWIS			2. August 15, 1994		
	CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
	3b. Las Vegas			3c. Valley Hospital Medical Center		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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		
	5. White			6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. Paul Condie Lewis			17. LouJeane Barlow		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
	19a. Burial			19b. Logandale Cemetery		
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		
	20a. <i>Brian Reiman</i>			20b. 49		
CAUSE OF DEATH	FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY			NAME AND ADDRESS OF FACILITY		
	20c. METCALF MORTUARY, Box 797, Logandale, NV 89021			20c. METCALF MORTUARY, Box 797, Logandale, NV 89021		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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.		
	21b. <i>8/16/94</i>			22b. <i>8/16/94</i>		
CAUSE OF DEATH	21c. <i>11:20 PM</i>			22c. <i>11:20 PM</i>		
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.)			22d. ON <input type="checkbox"/> AT <input checked="" type="checkbox"/>		
CAUSE OF DEATH	23a. Eunmi Park, M.D., 2020 Goldring, Las Vegas, NV 89106			23b. 9423		
	24a. REGISTRAR (Signature) <i>Jan Briski</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 16 1994		
CAUSE OF DEATH	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death		
CAUSE OF DEATH	PART I (a) Malignant Glioblastoma Multiforme			8 Years		
	(b) Severe dsoids			Interval between onset and death		
CAUSE OF 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)		
	26. NO			27. NO		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
	28a.			28b.		
CAUSE OF DEATH	HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED		
	28c.			28d.		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
	28e.			28f.		
CAUSE OF DEATH	LOCATION.			STREET OR R.F.D. No.		
	28g.			28g.		

No. 058497

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 Clark County 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 CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: *DM*
Date Issued:

JUN 02 2005

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573