

RECORDING REQUESTED BY  
First American Title Insurance  
Company of Nevada

AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:

Constance M. Wells  
9497 Sand Reef Apartment C  
Las Vegas, NV 89147



0145447

Space Above This Line for  
Recorder's Use Only

A.P.N. 012-200-19

File No.: 119-2462104 (EDH)

**Affidavit - Death of Trustee**

State of Nevada )  
 )ss.  
County of Lincoln )

**Constance M. Wells** ("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. **Peter Ralph Wells** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 9, 2012** at **Panaca, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 7, 1998** executed by **The Wells Family Trust** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **December 12, 2007** which was recorded as Instrument No. **0130697** in Book **238**, Page **125**, of Official Records of **Lincoln** County, Nevada as legally described as follows:

**A PORTION OF THE SOUTHEAST QUARTER (SE 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF SECTION 17, TOWNSHIP 2 SOUTH, RANGE 68 EAST, M.D.B.& M., MORE PARTICULARLY DESCRIBED AS:**

**PARCEL 3 OF THAT CERTAIN PARCEL MAP RECORDED SEPTEMBER 23, 1980 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK A OF PLATES, PAGE 167 AS FILE NO. 69799, LINCOLN COUNTY, NEVADA RECORDS.**



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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: May 21, 2014

**DECLARANT:**

Constance M. Wells Trustee  
Constance M. Wells, Trustee

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 21 day of MAY, 20 14 by CONSTANCE M. WELLS, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

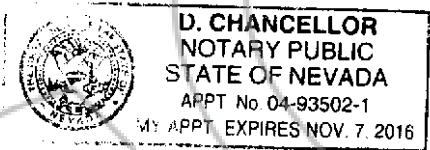
WITNESS my hand and official seal.

*This area for official notarial seal*

Signature D Chancellor

My Commission Expires: 11-7-16

Notary Name: D. Chancellor Notary Phone: 702-240-4200  
Notary Registration Number 04-93502-1 County of Principal Place of Business CLARK



D. Chancellor  
#04-93502-1  
EXP 11-7-16



0145447

# STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH



2012019494  
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) <b>Peter Ralph WELLS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 09, 2012</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>555 S 4th Street Panaca NV</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 17, 1938</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>British Columbia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Constance Marie HOSKIN</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Pastor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Evangelical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>555 S 4th Street Panaca NV</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. Ever in US Armed Forces? <b>Yes</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Emie WELLS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaret Ethel GASSAWAY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Constance Marie WELLS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 443 Panaca, Nevada 89042</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Conaway Veteran's Cemetery</b>		19c. LOCATION City or Town State <b>Caliente Nevada 89008</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>LAWRENCE LA JOIE</b> SIGNATURE AUTHENTICATED		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) stated. (Signature & Title) <b>LAWRENCE LA JOIE</b> SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) <b>December 10, 2012</b>		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>December 10, 2012</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>18:14</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>December 09, 2012</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>18:14</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner Lawrence La Joie 1050 SR 322 Pioche, NV 89043</b>			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 11, 2012</b>		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).)					
PART I (a) <b>Sudden Death</b>				Interval between onset and death <b>Immediate</b>	
(b) <b>Arteriosclerotic Vascular Disease</b>				Interval between onset and death <b>Years</b>	
(c) [REDACTED]				Interval between onset and death	
(d) [REDACTED]				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. 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

## 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: **12/28/2012**

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

*Rud White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

