

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 290 Page- 0206



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Shirley Mae Cowl
27789 Ethanac Road
Sun City, CA 92585

Space Above This Line for
Recorder's Use Only

A.P.N. 012-230-08

File No.: 116-2465366 (dp)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Lincoln)

Shirley Mae Cowl ("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. **Dorothy Mae Burton** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **02/04/2013** at **Hemet, CA** (city and state of death).
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 10, 1995** executed by **Joseph B. Burton and Dorothy M. Burton** 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 and Sale Deed** dated **December 22, 1994** which was recorded as Instrument No. **113736** in Book **145**, Page **323**, of Official Records of **Lincoln** County, Nevada as legally described as follows:

A PARCEL OF LAND SITUATE IN SW1/4 OF NE1/4 OF SECTION 35, TWP 2S., R 67E, M.D.B. & M., AND DESCRIBED AS FOLLOWS:




BEGINNING AT THE INTERSECTION OF THE WEST LINE OF U.S. HIGHWAY 93 WITH THE NORTH LINE OF SAID SW1/4 OF THE NE1/4 OF SEC. 35; THENCE RUNNING WEST ALONG SAID NORTH LINE A DISTANCE OF 1055.32 FEET TO THE NW CORNER OF SAID SW1/4 OF THE NE1/4 OF SEC. 35; THENCE RUNNING SOUTH ALONG THE WEST LINE OF SW1/4 OF THE NE1/4 OF SEC. 35, A DISTANCE OF 533 FEET; THENCE RUNNING SOUTH 81 DEG. 5 MIN. EAST A DISTANCE OF 765.5 FEET , MORE OR LESS TO THE WEST LINE OF U.S. HIGHWAY 93; THENCE RUNNING NORTHERLY ALONG THE WEST LINE OF SAID HIGHWAY RIGHT-OF-WAY A DISTANCE OF 703 FEET MORE OR LESS TO THE POINT OF BEGINNING.

NOTE : THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED DECEMBER 10, 1979, IN BOOK 36, PAGE 263, AS INSTRUMENT NO. 67957.

- 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 07/07/2014

DECLARANT:


Shirley Mae Cowl



COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052013026739 **CERTIFICATE OF DEATH** 3201333001511

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) **DOROTHY** 2. MIDDLE **MAE** 3. LAST (Family) **BURTON**

AKA ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/yyyy **06/15/1928** 5. AGE Yrs **84** 6. SEX **F**

7. DATE OF DEATH mm/dd/yyyy **02/04/2013** 8. HOUR (24 Hour) **2301**

9. BIRTH STATE/FOREIGN COUNTRY **CA** 10. SOCIAL SECURITY NUMBER **[REDACTED]** 11. EVER IN U.S. ARMED FORCES? YES NO UNK 12. MARITAL STATUS/SRDP* (at time of death) **WIDOWED**

13. EDUCATION - Highest Level/Degree **HS GRADUATE** 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? YES NO 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) **WHITE**

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED **HOMEMAKER** 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) **OWN HOME** 19. YEARS IN OCCUPATION **62**

20. DECEDENT'S RESIDENCE (Street and number, or location) **HWY 93 MARKER 103**

21. CITY **PANACA** 22. COUNTY/PROVINCE **LINCOLN** 23. ZIP CODE **89042** 24. YEARS IN COUNTY **25** 25. STATE/FOREIGN COUNTRY **NV**

26. INFORMANT'S NAME, RELATIONSHIP **SHIRLEY COWL, DAUGHTER** 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) **27789 ETHANAC ROAD, SUN CITY, CA 92585**

28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST **-** 29. MIDDLE **-** 30. LAST (BIRTH NAME) **-**

31. NAME OF FATHER/PARENT - FIRST **JESS** 32. MIDDLE **SHERMAN** 33. LAST **WHISMAN** 34. BIRTH STATE **IL**

35. NAME OF MOTHER/PARENT - FIRST **NINA** 36. MIDDLE **FERN** 37. LAST (BIRTH NAME) **SHADLEY** 38. BIRTH STATE **IL**

38. DISPOSITION DATE mm/dd/yyyy **02/11/2013** 39. PLACE OF FINAL DISPOSITION **RESIDENCE OF SHIRLEY COWL 27789 ETHANAC ROAD, SUN CITY, CA 92585**

41. TYPE OF DISPOSITION(S) **CR/RES** 42. SIGNATURE OF EMBALMER **NOT EMBALMED** 43. LICENSE NUMBER **-**

44. NAME OF FUNERAL ESTABLISHMENT **MILLER-JONES MORTUARY - SUN CITY** 45. LICENSE NUMBER **FD1490** 46. SIGNATURE OF LOCAL REGISTRAR **CAMERON KAISER, MD** 47. DATE mm/dd/yyyy **02/08/2013**

101. PLACE OF DEATH **HEMET VALLEY MEDICAL CENTER** 102. IF HOSPITAL, SPECIFY ONE IP ENOP OCA Hospice Nursing Home/LTC Decedent's Home Other 103. IF OTHER THAN HOSPITAL, SPECIFY ONE Hospice Nursing Home/LTC Decedent's Home Other

104. COUNTY **RIVERSIDE** 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) **1117 E DEVONSHIRE AVE** 106. CITY **HEMET**

107. CAUSE OF DEATH **CARDIORESPIRATORY ARREST** **CEREBROVASCULAR ACCIDENT** **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

108. TIME INTERVAL BETWEEN ONSET AND DEATH **MINS 2013-01-320** 109. DEATH REPORTED TO CORONER? YES NO

110. BIOPSY PERFORMED? **WKS** YES NO

111. AUTOPSY PERFORMED? YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) **NO** 114. IF FEMALE, PREGNANT IN LAST YEAR? YES NO UNK

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 115. SIGNATURE AND TITLE OF CERTIFIER **MANIKANDA GRANDHE RAJA M.D.** 116. LICENSE NUMBER **A53777** 117. DATE mm/dd/yyyy **02/08/2013**

(A) mm/dd/yyyy **02/04/2013** (B) mm/dd/yyyy **02/04/2013** 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE **MANIKANDA GRANDHE RAJA M.D. 1701 E FLORIDA AVE, HEMET, CA 92544**

118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH Natural Accident Homicide Suicide Pending Investigation Could not be determined 120. INJURED AT WORK? YES NO UNK 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

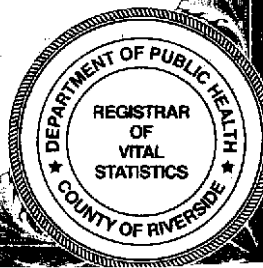
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/yyyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR **A** B C D E

01000100227262



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED **Aug 27, 2013**

Cameron Kaiser
 Dr. Cameron Kaiser, M.D., Health Officer
 RIVERSIDE COUNTY, CALIFORNIA

* 0 0 1 1 7 6 8 0 7 *

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

PBNC0 (REV) 01/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE