

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: **\$43.00**

Page 1 of 5

RPTT:

Recorded By: AE

Book- 290 Page- 0279



0146236

APN# 012-230-08

Recording Requested by and Return To:

Name: First American Title

Address: 2500 Paseo Verde Pkwy #120

City/State/Zip: Henderson, NV 89074

Affidavit - Death of Trustee
(Title on Document)

Re-record document #0146228, Book 290, page
0203 to add notary acknowledgement

File No. 116-2465366 (DP) _____



0146236

Book: 290 Page: 280 09/12/2014 Page 2 of 5

DOC # 0146228

09/10/2014 03:41 PM

Official Record

Recording requested By FIRST AMERICAN TITLE COMPANY

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$41.00 Page 1 of 3 RPTT: Recorded By: AE Book- 290 Page- 0203

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



0146228

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)
County of Lincoln)ss.

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. Joseph Bartlett Burton, Jr. ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 08/06/1995 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 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.

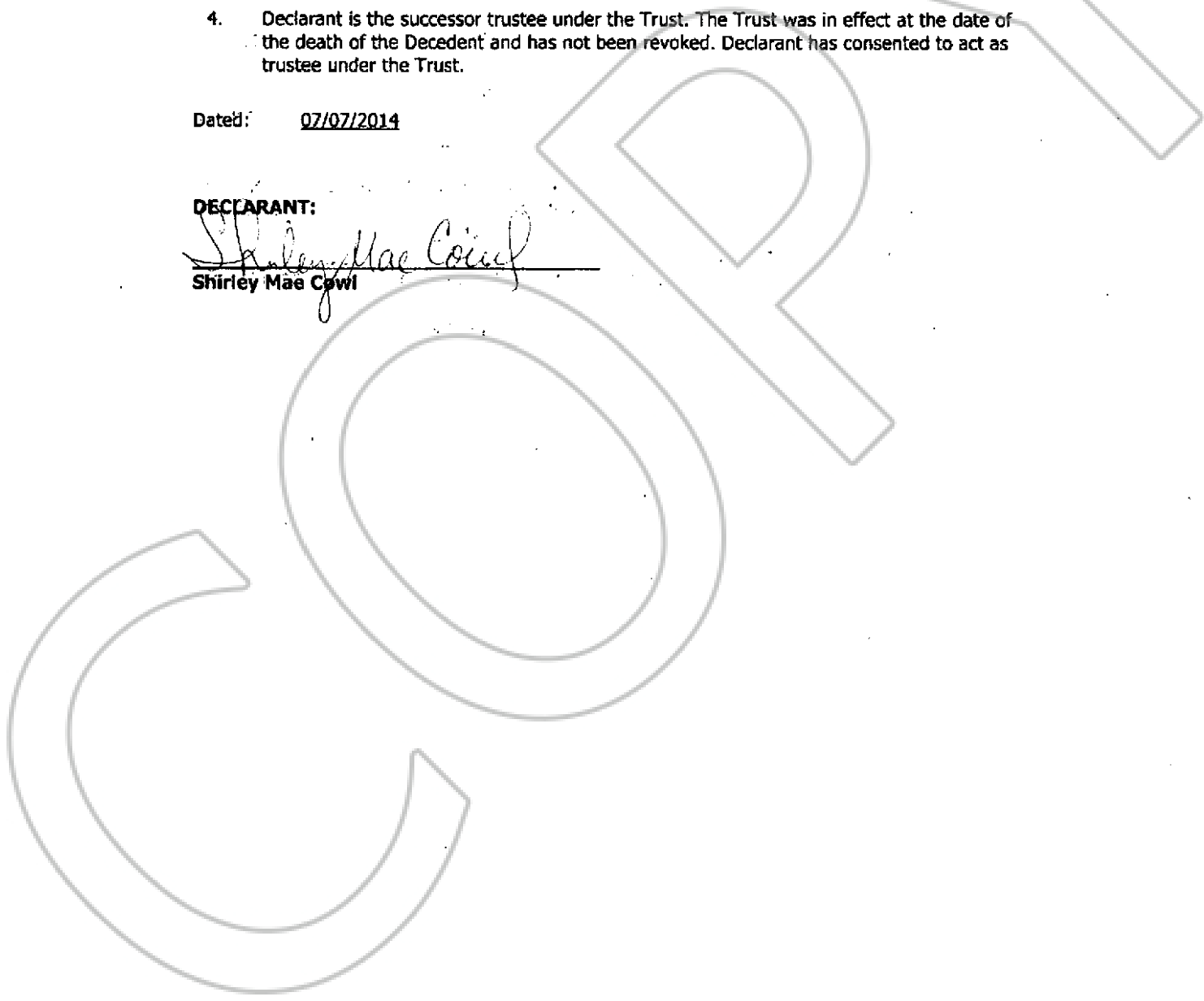
NOTE : THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED DECEMBER 10, 1979, IN BOOK 36, PAGE 263, AS INSTRUMENT NO. 67957.

- 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 Cowi





State of California
Riverside)
County of Riverside)
)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Riverside and State California, this 1st day of July, 20 2014 by Shirley M Cowl, 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 [Handwritten Signature]

This area for official notarial seal

My Commission Expires: Sep 10, 2015

Notary Name: Esperanza Lettau Notary Phone: 951-766-4100
Notary Registration Number: 1951647 County of Principal Place of Business Riverside





STATE OF NEVADA
OFFICE OF VITAL RECORDS



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

95 007706

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

PROVISION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Joseph Bartlett BURTON Jr.		2. August 6, 1995		3a. Lincoln			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI/Emer. (Specify)		SEX	
3b. Panaca		3c. Highway 93 MM 103		3e. Male			
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.)		AGE—Last Birthday (Year)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 67		8. 2-23-1928	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 8		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		14a. Bulldozer Operator		14b. Heavy Equipment		12. Dorothy Whisman	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Panaca		15d. Hwy 93 MM 103	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. NO		16. Joseph Bartlett Burton		17. Eva Mae Copelin			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Dorothy M. Burton				18b. P.O. Box 403 Panaca, Nevada 89042			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Desert Memorial		19c. Las Vegas, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 15		20c. P.O. Box 994 Caliente, Nevada 89008 09			
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)				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)			
21b. 8-7-95				22b. [Signature]			
21c. 1:30				22c. [Signature]			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON			
21d. Earl Plunkett MD				22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)						LICENSE NUMBER	
23a. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008						23b. 4798	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. 8-7-95		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 I		(a) Bullet wound to the head		Interval between onset and death		immediate	
		(b) Depression		Interval between onset and death		months	
		(c) Terminal, Metastatic Prostate Cancer		Interval between onset and death		2 Years	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
				26. No		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
26a. Suicide		26b. 8-6-95		26c. 1:00 p.m.		26d. Self Inflicted Gunshot wound to head	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
26e. No		26f. Residence		26g. Hwy 93 MM103		Panaca, Nevada	

STATE REGISTRAR

No. 74578

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: SEP 05 2013

[Signature]

STATE REGISTRAR

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

