

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$42.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 290 Page- 0445



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Erma C. Campbell
545 South Valley View Drive #29
Saint George, UT 84770

Space Above This Line for
Recorder's Use Only

A.P.N. 001-087-07

File No.: 119-2469964 (EDH)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Clark)

Erma C. Campbell ("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. **Linwood Wilkes Campbell** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **June 8, 2001** at **St. George, Utah** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 10, 2000** executed by **Linwood Wilkes Campbell and Erma Crook Campbell** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **May 10, 2000** which was recorded as Instrument No. **533** in Book **148**, Page , of Official Records of County, Nevada as legally described as follows:



THE NORTHERLY FIFTEEN (15) FEET OF LOT NUMBERED TWENTY (20) IN BLOCK NUMBERED THREE (3) FOR THE FULL DEPTH OF THE LOT, AS SAID LOT AND BLOCK ARE DESIGNATED AND DELINEATED ON THE OFFICIAL PLAT OF SAID TOWN OF PIOCHE NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, NEVADA, AND TO WHICH SAID PLAT, AND THE RECORDS THEREOF, REFERENCE IS HEREBY MADE FOR A MORE FULL AND COMPLETE DESCRIPTION THEREOF, AND ALL OF LOT NUMBERED 19 (NINETEEN), IN BLOCK 3, AS SAID LOT AND BLOCK DESIGNATED AND DELINEATED ON THE OFFICIAL MAP OF SAID TOWN OF PIOCHE, ON FILE AND OF RECORD IN THE OFFICE OF COUNTY RECORDER OF SAID LINCOLN COUNTY, NEVADA.

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: ~~August 27, 2014~~

September 20, 2014 ECE

DECLARANT:

Erma C. Campbell, Trustee
Erma C. Campbell, Trustee



State of Utah)
Washington)ss
County of Clark)

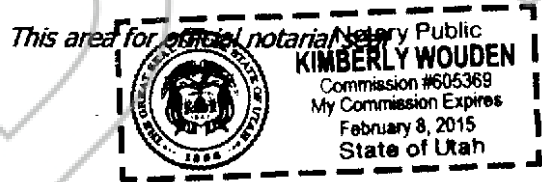
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washington and State Utah, this

20th day of September, 2014, by Erma C. Campbell, Trustee of the Erma C. Campbell Trust dated the 10th day of May, 2010, 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 Kimberly Wouden

My Commission Expires: 2/8/15



Notary Name: Kimberly Wouden
Notary Registration Number: 605369

Notary Phone: 801-856-2871
County of Principal Place of Business: Salt Lake

*Kimberly Wouden
605369
EXP 2-8-15*

USE COPY OF UTILITY LABEL
 The Vital Statistics Act
 and Rules

LOCAL FILE NUMBER **27-326** **CERTIFICATE OF DEATH** STATE FILE NUMBER

1. NAME OF DECEDENT FIRST: Linwood MIDDLE: Wilkes LAST: Campbell			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) June 8, 2001	3b. TIME OF DEATH (24 hr. clock) 0945
4. DATE OF BIRTH (Mo., Day, Yr.) Dec 20, 1911		5. AGE - Last Birthday 89	IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS Hours: Minutes:	6. BIRTHPLACE (City & State of Foreign Country) Castleton, NV	
8a. PLACE OF DEATH (status codes for Hospital only) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY RED CLIFFS REGIONAL CARE CENTER		
8c. CITY, TOWN OR LOCATION OF DEATH St. George			8d. COUNTY OF DEATH Washington		9. SURVIVING SPOUSE (If wife, give maiden name) Erma Crook
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		11. MARITAL STATUS <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Postmaster	
13a. RESIDENCE - STREET AND NUMBER 124 Main St P.O. Box 11			13b. CITY, TOWN, OR COMMUNITY Pioche		13c. COUNTY Lincoln
13d. STATE NV		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 89043		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 12	
17. FATHER'S NAME (First, Middle, Last) Wilkes James Campbell			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Mary Ellen Heaps		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Erma Campbell Spouse 124 Main St P.O. Box 11, Pioche, NV 89043					
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION June 11, 2001		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Pioche Cemetery	
21c. LOCATION - City or Town, State Pioche, NV		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER 106092	
24. FUNERAL HOME (Name and address) Metcalf Mortuary		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN (if yes, enter the date and hour reported) 6/6/01		26. If not certified by medical examiner, was death reported to M.E. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 288 W. St. George Blvd. St. George, UT 84770	
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.					
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c. LICENSE NUMBER 268850		27d. DATE SIGNED (Mo., Day, Yr.) 6/13/01	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) Thomas JONES M.D. 577 South River Road, St. George, UT 84770					
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) JUN 14 2001
31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. metastatic invasion DUE TO (OR AS A CONSEQUENCE OF): 7 MONTH b. metastatic prostate cancer DUE TO (OR AS A CONSEQUENCE OF): 25 YEARS c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.					
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 4. Is unknown in relation to the cause of death.			33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposefully or Accidentally <input type="checkbox"/> 6. Pending investigation		35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)	
35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		35e. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.	
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31).					

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JUN 14 2001**
 County: **Washington**
 Registrar: *[Signature]*
 Barry E Nangle
 Barry E. Nangle
 DIRECTOR OF VITAL RECORDS
 By *[Signature]*

SDH-BYRHS 95 (9/96)



LL789300

