

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- 295 Page- 0540



0147567

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:
LESLIE A. PARK
5030 Park Grove Ct
Las Vegas, NV 89120

Space Above This Line for
Recorder's Use Only

A.P.N. 001-260-22

File No.: 116-2483676 (CC)

Affidavit - Death of Trustee

State of NEVADA)
)ss.
County of ~~CLARK~~ Lincoln)

LESLIE A. PARK ("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. JAMES L. PARK ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 2-26-15 at HENDERSON, NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated 2/23/2015 executed by JAMES L. PARK and LESLIE A. PARK 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 2/23/15 which was recorded as Instrument No. 146897 in Book 20150306, Page , of Official Records of ~~CLARK~~ Lincoln County, Nevada as legally described as follows:

SITUATED WITHIN THE (NW 1/4) (SW 1/4) (SE 1/4) OF SECTION 11, T.1.N., R. 67 E., M.D.M., TOWN OF PIOCHE, LINCOLN COUNTY, STATE OF NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL TWO (2), (SE 1/4, NW 1/4, SW 1/4, SE 1/4), AS SHOWN ON THAT CERTAIN PARCEL MAP RECORDED MAY 24, 2006, IN PLAT BOOK "C" PAGE 214, AS FILE NO. 126571, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.



0147567

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

DECLARANT:

Leslie A. Park
LESLIE A PARK

State of NEVADA)
)ss
 County of CLARK)

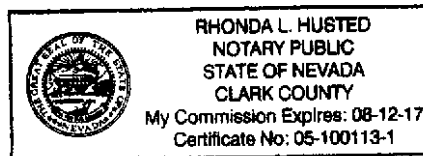
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County CLARK and State NEVADA this 14th day of May, 20 15 by Leslie A. Park personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature

Rhonda L. Husted
 My Commission Expires: 8/12/17



Notary Name: RHONDA L. HUSTED Notary Phone: 702-231-4131
 Notary Registration Number: 05-100113-1 County of Principal Place of Business: CLARK



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS
CERTIFICATE OF DEATH 2015003329
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
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Lee PARK		2. DATE OF DEATH (Mo/Day/Year) February 26, 2015		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or 341 East Long Acres Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1946		9a. STATE OF BIRTH (If not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Electrician		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 341 East Long Acres Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edwin PARK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sima KESTI		
18a. INFORMANT- NAME (Type or Print) Leslie PARK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5030 Park Grove Court Las Vegas, Nevada 89120			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Henderson Cemetery		19c. LOCATION City or Town State Henderson Nevada 89015	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NEGIE A MARUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson, NV 89015	
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) MICHAEL KARAGIOZIS DO 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)		
21b. DATE SIGNED (Mo/Day/Yr) March 02, 2015		21c. HOUR OF DEATH 03:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Michael Karagiozis DO 4141 Swenson Las Vegas, NV 89119				23b. LICENSE NUMBER 476	
24a. REGISTRAR (Signature): SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 02, 2015		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) Hepatocellular Carcinoma				Interval between onset and death 5 Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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. Diabetes Mellitus 2				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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 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 Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **MAR 04 2015**
Registrar of Vital Statistics
By: *[Signature]*
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

