

Official Record

Recording requested By
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3

RPTT: Recorded By: AE

Book- 298 Page- 0183

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

The Gordon Cole and Betty Cole
Family Trust



0148298

Space Above This Line for
Recorder's Use Only

A.P.N. 001-072-02

File No.: 116-2489754 (CDZ)

Affidavit - Death of Trustee

State of NV)
)ss.
County of Clark)

Connie Simkins, Successor Trustee of the Cole Family Trust dated December 11, 1991
("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. **Gordon Cole** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **5/8/1999** at **Pioche, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **12/11/1991** executed by **Gordon Cole, Trustee of The Cole Family Trust dated December 11, 1991** 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 **February 1992** which was recorded as Instrument No. in Book **101**, Page **20**, of Official Records of **Lincoln** County, Nevada as legally described as follows:

LOTS 34 AND 35 IN BLOCK 35 IN THE TOWN OF PIOCHE AS SHOWN ON THE MAP THEREOF AND FILED IN THE OFFICE OF THE COUNTY RECORDER OF 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 9/2/15

DECLARANT:

Connie Simkins
Connie Simkins, Successor Trustee
The Cole Family Trust dated December 11, 1991

State of NV)
)ss
County of Lincoln)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevada, this 8th day of September, 2015 by Connie Simkins, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

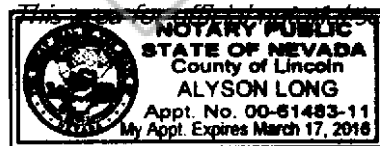
WITNESS my hand and official seal.

Signature

Alyson Long

My Commission Expires:

March 17, 2016



Notary Name:

Alyson Long

Notary Phone:

775 962-5834

Notary Registration Number:

00-61483-11

County of Principal Place of Business

Lincoln



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF VITAL RECORDS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

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

99 005635

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1. Gordon Hulse COLE			DATE OF DEATH (Month, Day, Year) 2. May 8, 1999		COUNTY OF DEATH 3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH 3b. Pioche		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. 10 Silver Street		If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) 3e. 6	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 80	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. July 3, 1918
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Bette Grace Rollins	
SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Truck Driver		KIND OF BUSINESS OR INDUSTRY 14b. Trucking		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Pioche	STREET AND NUMBER 15d. 10 Silver Street		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Claude Vivian Cole			MOTHER—MAIDEN NAME First Middle Last 17. Minnie Hulse		
INFORMANT—NAME (Type or Print) 18a. Bette Grace Cole		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 445 Pioche, Nevada 89043			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Pioche Oddfellows Cemetery		LOCATION City or Town State 19c. Pioche, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY 20c. Wiscombe Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008		
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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 5-9-99		21c. HOUR OF DEATH 1040		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22c. HOUR OF DEATH		22c. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008					LICENSE NUMBER 23b. 4798
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 5-9-99		DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiovascular arrest DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death : immediate	
	(b) Cerebrovascular accident DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death : 2 days	
	(c) atherosclerotic cerebrovascular disease			Interval between onset and death : years	
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED. 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR CERTIFIED COPY OF VITAL RECORDS Birth Cert# 18 000709 No. 135650

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.

[Signature]

STATE REGISTRAR

DATE ISSUED:

AUG 21 2015

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

