

RECORDING REQUESTED BY  
First American Title Insurance  
Company of Nevada

AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:  
The Cole Family Trust



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** ("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. **Bette Cole (also known as Betty Cole)** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **12/15/2000** at **Caliente, 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 **Betty 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:**

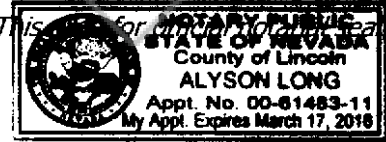
Connie Simkins  
**Connie Simkins, Successor Trustee**  
**The Cole Family Trust dated December 11, 1991**

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 2<sup>nd</sup> 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  
DIVISION OF VITAL RECORD

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

20000014602

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. <b>Bette Grace COLE</b>		2. <b>December 15, 2000</b>	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. <b>Caliente</b>		3a. <b>Lincoln</b>	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. <b>Grover C. Dils Medical Center</b>		4. <b>Female</b>	
3e. <b>Emergency Room</b>		If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify)	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. <b>White</b>		7a. <b>76</b>	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		UNDER 1 DAY HOURS : MINS	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. <b>Utah</b>		8. <b>April 8, 1924</b>	
CITIZEN OF WHAT COUNTRY		MARRIED—NEVER MARRIED, WIDOWED, DIVORCED	
9b. <b>U.S.A.</b>		11. <b>Widowed</b>	
Decedent's Education. Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name)	
10. <b>12</b>		12. <input type="checkbox"/>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. <b>[REDACTED]</b>		337. <b>Bookkeeper</b>	
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY	
15a. <b>Nevada</b>		14b. <b>Trucking Company</b>	
COUNTY		STREET AND NUMBER	
15b. <b>Lincoln</b>		15d. <b>Pioche</b>	
CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (Specify Yes or No)	
15c. <b>Pioche</b>		15e. <input type="checkbox"/>	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. <b>Mark D. Rollins</b>		17. <b>Ester Griffith</b>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Connie Simkins</b>		18b. <b>P.O. Box 333 Panaca, Nevada 89042</b>	
BURIAL, CREMATION, REMOVAL, OTHER: (Specify)		CEMETERY OR CREMATORY—NAME	
19a. <b>Burial</b>		19b. <b>Pioche Oddfellows Cemetery</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. <b>Pioche, Nevada</b>	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. <b>15</b>		20c. <b>730 Front Street Caliente, Nevada 89008</b>	
20d. <b>21</b>		20e. <b>Wiscombe Funeral Home, Inc. 09</b>	
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>		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.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <b>12-18-00</b>		22b. <b>12-18-00</b>	
HOUR OF DEATH		HOUR OF DEATH	
21c. <b>0110</b>		22c. <b>0110</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. <b>Calton Lewis MD; P.O. Box 38 Caliente, Nevada 89008</b>		22d. <b>12-18-00</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. <b>Calton Lewis MD; P.O. Box 38 Caliente, Nevada 89008</b>		22e. <b>0110</b>	
REGISTRAR		LICENSE NUMBER	
24a. (Signature) <i>[Signature]</i>		23b. <b>3116</b>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. <b>12-18-00</b>		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) <b>Cardio-pulmonary Arrest</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		: <b>Minutes</b>	
(b) <b>Coronary Arteriosclerotic Disease</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		: <b>Years</b>	
(c)		Interval between onset and death	
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. <b>No</b>		27. <b>No</b>	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		26. <b>No</b>	
27. <b>No</b>		27. <b>No</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. <input type="checkbox"/>		28b. <input type="checkbox"/>	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. <input type="checkbox"/>		28d. <input type="checkbox"/>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. <input type="checkbox"/>		28f. <input type="checkbox"/>	
28e. <input type="checkbox"/>		28g. <input type="checkbox"/>	

No. 163885

CERTIFIED COPY OF VITAL RECORDS  
STATE REGISTRAR

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: **AUG 21 2015**

*[Signature]*  
STATE REGISTRAR

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

