DOC # 0148299

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Official Record
Recording requested By
FIRST AMERICAN TITLE

FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder
Fee: \$16.00 Page 1 of 3
RPTT Recorded By: AE

Book- 298 Page- 0186

0148299

File No.: 116-2489754 (CDZ)

# **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

#### 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:

- 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).
- 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").

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: <u>9/2/15</u>		
DECLARANT:  Connie Simkins, Successor Trustee The Cole Family Trust dated December 1		
State of NV ) )ss County of Lincoln )		
SUBSCRIBED AND SWORN TO (or affirmed) be for said County Law (1) day of day of basis of satisfactory evidence to be the person	te NPVOCA, this, 20	by
WITNESS my hand and official seal.  Signature  My Commission Expires:	My Appl. Exp	AV PUBLICOS OF SEVABLA try of Lincoln SON LONG 0. 00-51483-11 ires March 17, 2018
Notary Name: 4143011 10119  Notary Registration Number: 0 11435-1	Notary Phone: 19942-	ss LINCON

## OF NEW IDA

### N OF VITAL RECORD

# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

		CERTIFICATE O	F DEATH	Z090.1	0014602
LOCAL FILE NUMBER					STATE FILE NUMBER
ECEASED—NAME First	Middle	Last	DATE OF DEATH (Mon	th, Day, Year)	COUNTY OF DEATH
Bette	Grace	COLE	<sup>2</sup> December	15, 2000	3a Lincoln
ITY, TOWN OR LOCATION OF DEATH		R INSTITUTION—Name (If not eithe	r give street and number) H H	osp. or inst. indicate DC . Inpatient (Specify)	A, OP/Emer. SEX
⊾ Caliente	3c Crover	C. Dils Medical		Emergency	Room 4 Fema
IACE—(e.g., White, Slack, American Indian, etc.) (Specify)	Was Decedent of Hispanic Or	igin? Specify 🗋 yes 🖫 no II yes.   A	GE-Last UNDER 1 YEAR	UNDER I DAY	DATE OF BIRTH (Mo., Day, Yr.)
	specify Mexican, Cuban, Puerl	to Rican, etc. B	lirthday (Years) MOS DAYS a. 76 7b.	HOURS: MINS	8 April 8, 1924
White	CITIZEN OF WHAT COUN	V Decedent's Education. Specific	- / 0	ARRIED, SUF	IVIVING SPOUSE (If wife, give maide
il not U.S.A., name country)	TRY	grade completed.	(Specify) Widow	D. 12.	
OCIAL SECURITY NUMBER	96 U.S.A.	10 12	N LOW		
OCIAL SECURITY NUMBER	MOINING LIE, LYBIT II HEGI	(40)	410	AND HE	
3	14a.	Bookkeeper //		rucking Co	mpany INSIDE CITY LIMITS
RESIDENCE—STATE COUN	414. 400 III	TOTAL TOWN, OR LOCATION	de la Sancti Al	4D MONIDEN	(Specify Yes or No)
5a. Nevada 15a.	Lincoln	15c Pioche	. 15d.	Mide	15e.
ATHER—NAME First	Middle	Last MOTHE	R—MAIDEN NAME FIRST	Mila	
6 Mark	D.	Rollins 17.	Ester		<u>Griffit</u>
NFORMANT—NAME (Type or Print)	with a rail	MAILING ADDRESS	(Street or R.F.D.	No., City or Town, State	e, Zip)
8a Connie Simkins		18b. P.O. Bo	x 333 Panac	a, Nevada	89042
BURIAL, CREMATION, REMOVAL, OTHE		RY OR CREMATORY-NAME	1000	OCATION City	or Town State
19a Burial	19b. ]	Pioche Oddfellov	vs Cemetery 11	Pioch	e, Nevada
	19b. ] FUNERA LICENSE	Pioche Oddfellov	vs Cemetery 15 ESS OF FACILITY Wisco		2
19a. Burial  FUNERAL DIRECTOR—SIGNATURE (Or Person Acting of Such)  20a.	19b. ] FUNERA LICENSE 20b.	L DIRECTOR NAME AND ADDRI E NUMBER	Wisco	mbe Funera	1 Home, Inc.
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting at Such)	FUNERA LICENSE 20b.	L DIRECTOR NAME AND ADDRI E NUMBER 20c 730 F	Wisco	mbe Funera	1 Home, Inc.
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No.163885

CITY OR TOWN

STREET OR R.F.D. No.



INJURY AT WORK (Specify Yes or No)

CERTIFIED COPY OF VITAL RECORDS
STATE REGISTRAR

LOCATION.

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.

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

DATE ISSUED:

AUG 21 2015

PudWhu

