

Official Record

Recording requested By
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3

RPTT: Recorded By: LB

Book- 299 Page- 0677

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:
Butler-Noland Trust
504 West 1120 North
Orem, UT 84057



Space Above This Line for
Recorder's Use Only

A.P.N. 002-101-02

File No.: 116-2492408 (dp)
and File # 2488636

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Lincoln)

Jerry Noland ("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. Alice A. Noland ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **03/27/2015** at **Kingsland, Texas** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **December 16, 1995** executed by **Lee H. Butler and Alice A. Noland** 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 **11/19/1996** which was recorded as Instrument No. **106320** in Book -, Page -, of Official Records of **Lincoln** County, Nevada as legally described as follows:

LOT 2 OF SUN GOLD MANOR UNIT NO. 1 SUBDIVISION, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON SEPTEMBER 30, 1952, AS FILE NO. 27842.

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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



0148614

TEXAS
OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

APR 09 2015
STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-15-050790

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) ALICE A NOLAND AKA ALICE AGNETHE NOLAND		(Maiden) KOLLER		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) MARCH 27, 2015	
3. SEX FEMALE	4. DATE OF BIRTH (mm-dd-yyyy) JANUARY 26, 1933	5. AGE-Last Birthday (Years) 82	6. BIRTHPLACE (City & State or Foreign Country) MCNABB, IL	7. BIRTHPLACE (City & State or Foreign Country)	
7. SOCIAL SECURITY NUMBER [REDACTED]		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS 1507 ROSELEA DR			10b. APT. NO.	10c. CITY OR TOWN BUCHANAN DAM	
10d. COUNTY LLANO		10e. STATE TEXAS	10f. ZIP CODE 78609	10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER'S NAME CONRAD KOLLER			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE PRUDIE KELLER		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH LLANO		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) KINGSLAND, 78639		16. FACILITY NAME (If not institution, give street address) KINGSLAND HILLS CARE CENTER	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED MIKE BUTLER - STEP SON			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 1507 ROSELEA DR, BUCHANAN DAM, TX 78609		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH JAMES R. SIMMONS, BY ELECTRONIC SIGNATURE - 115539		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) PUTNAM CREMATORY			23. LOCATION (City/Town, and State) KINGSLAND, TX		
24. NAME OF FUNERAL FACILITY PUTNAM FUNERAL HOME, LTD.			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 145 TEXAS AVE., KINGSLAND, TX 78639		
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace-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.					
27. SIGNATURE OF CERTIFIER PHILIP WOODALL, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) APRIL 8, 2015		29. LICENSE NUMBER J3658	30. TIME OF DEATH (Actual or presumed) 20:22
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) PHILIP WOODALL, 3000 JOE DIMAGGIO BLVD, BLDG 400, UNIT 15, ROUND ROCK, TX 78664			32. TITLE OF CERTIFIER DO		
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. TERMINAL ARRHYTHMIA Due to (or as a consequence of):		MOMENTS	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. ELECTROLYTE IMBALANCE Due to (or as a consequence of):		DAYS	
		c. GASTROPARESIS Due to (or as a consequence of):		WEEKS	
		d. MALIGNANT NEOPLASM OF PANCREAS Due to (or as a consequence of):		MONTHS	
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. ASCITES			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	
40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		40e. COUNTY OF INJURY	
40e. LOCATION (Street and Number, City, State, Zip Code)					
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 01-074		42b. DATE RECEIVED BY LOCAL REGISTRAR APRIL 9, 2015		42c. REGISTRAR REGISTRAR - LLANO COUNTY CLERK, ELECTRONICALLY FILED	

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.188)

Q A 0 5 9 3 1 1 8 0

VS-112 REV 12006

JHE

EDR NUMBER 000001681900

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

APR 10 2015

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine F. Harris

GERALDINE F. HARRIS
STATE REGISTRAR

