

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- 0713

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. 002-101-03

File No.: 116-2488636 (dp)

File #116-2492408

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Clark)

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 those certain **Quit Claim Deeds** dated **11/15/2008** which was recorded November 19, 2008 as Instrument No. **132934 and 132935** in Book -, Page -, of Official Records of **Lincoln County, Nevada** as legally described as follows:

**LOTS 3 AND 4, SUN GOLD MANOR UNIT NO. 1, AS SHOWN BY MAP THEREOF
RECORDED SEPTEMBER 30, 1952 AS FILE NO. 27842 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 10/04/2015

DECLARANT:

Jerry Noland Successor Trustee
Jerry Noland, Successor Trustee

State of Utah)
)ss
County of Utah)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Utah and State Utah, this 20th day of November, 2015 by Jerry Noland, 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 Angela Reay

My Commission Expires: 07-01-2018

Notary Name: Angela Reay Notary Phone: 801-796-4700
Notary Registration Number: 678335 County of Principal Place of Business: Utah





0148619

Book 299
Page 715

11/25/2015
Page 3 of 3

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

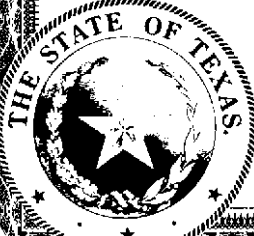
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

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) MENARD, IL		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. 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			18. 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			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		
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)			22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) PUTNAM CREMATORY			23. LOCATION (City/Town, and State) KINGSLAND, TX			Section _____ Block _____ Lot _____ Space _____		
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) 8:22			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. CERTIFIER DO			33. PART I. 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			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. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) a. TERMINAL ARRHYTHMIA Due to (or as a consequence of): b. ELECTROLYTE IMBALANCE Due to (or as a consequence of): c. GASTROPARESIS Due to (or as a consequence of): d. MALIGNANT NEOPLASM OF PANCREAS			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)		
38. 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			40a. DATE OF INJURY (mm-dd-yyyy)			40b. TIME OF INJURY			40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
40c. LOCATION (Street and Number, City, State, Zip Code)			40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			40e. COUNTY OF INJURY			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			EDR NUMBER 000001681900		

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. 195.1887)

Q A 0 5 9 3 1 1 8 0

VS-112 REV 1/2006



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

Geraldine R. Harris

GERALDINE R. HARRIS
STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE