

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 300 Page- 0031



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

Marilou E. DeNooy
2412 W. Queen Ave.
Spokane WA 99205

Space Above This Line for
Recorder's Use Only

A.P.N. 013-170-25

File No.: 119-2493441 (EDH)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Lincoln)

Marilou E. DeNooy ("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. Donald Martin DeNooy ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 5-17-10 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 5-12-10 executed by Donald Martin DeNooy 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 Sale Deed dated 5-12-10 which was recorded as Instrument No. 0135985 in Book 256, Page 0334, of Official Records of Lincoln County, Nevada as legally described as follows:

THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4), OF SECTION 14, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B.&M.

EXCEPTING THEREFROM THE NORTHERLY 25 FEET, THE EASTERLY 25 FEET, THE WESTERLY 25 FEET AND THE SOUTH 25 FEET FOR ROAD AND POWER EASEMENT.



STATE OF NEVADA
OFFICE OF VITAL RECORDS



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

CERTIFICATE OF DEATH

2010008237
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Donald Martin DENOOY		2. DATE OF DEATH (Mo/Day/Year) May 17, 2010		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) 7389 Russell Road Home		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Male	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 26, 1932		9a. STATE OF BIRTH (If not U.S.A., California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Marilou Elizabeth NELSON	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Firefighter		14b. KIND OF BUSINESS OR INDUSTRY Fire Department	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 7389 Russell Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Martin DENOOY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth DORENROS		
18a. INFORMANT - NAME (Type or Print) Marilou Elizabeth DENOOY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 384 Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICHARD KATSCHKE M.D.					
21b. DATE SIGNED (Mo/Day/Yr) May 18, 2010		21c. HOUR OF DEATH 23:50		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) stated. (Signature & Title)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008		23b. LICENSE NUMBER 10509		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23c. PRONOUNCED DEAD AT (Hour)		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 08, 2010	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES [] NO [X]		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Multiorgan Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic Adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
25. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26b. HOUR OF INJURY	
26a. INJURY AT WORK (Specify Yes or No)		26c. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		26d. DESCRIBE HOW INJURY OCCURRED	
27. AUTOPSY (Specify Yes or No) No		27a. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

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:

11/12/2015

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

Richard Katschke
STATE REGISTRAR
SIGNATURE AUTHENTICATED

