

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

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RPTT:

Recorded By: AE

Book- 302 Page- 0589

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:
Lavette Marie Lee



Space Above This Line for
Recorder's Use Only

A.P.N. 003-172-09

File No.: 119-2500563 (EDH)

Affidavit - Death of Trustee

State of Nevada)
County of Clark)ss.
)

Lavette Marie Lee ("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. **Charlie Richard Lee** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **8-24-11** at **Preston, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **6-13-98** executed by **Charlie Richard Lee and Lavette Marie Lee** 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 **3-30-06** which was recorded as Instrument No. **126283** in Book **214**, Page **468**, of Official Records of **Lincoln** County, Nevada as legally described as follows:


**LOT SIX (6) OF ROWAN SUB-DIVISION AMENDED AS SHOWN BY MAP THEREOF
RECORDED DECEMBER 11, 1969 IN PLAT BOOK A, PAGE 78 AS FILE NO. 48575 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 4-25-16

DECLARANT:



Lavette Marie Lee



0149238

Book: 302

04/29/2016

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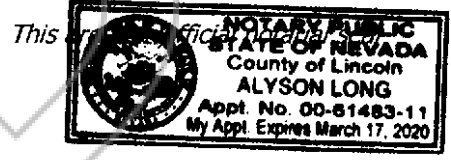
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State of Nevada)
)ss
County of Lincoln)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevada, this 29th day of April, 2016 by Hayette Marie Lee, 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, 2020

Notary Name: Alyson Long Notary Phone: 775-462-5834
Notary Registration Number: 00-61483-11 County of Principal Place of Business Lincoln

STATE OF NEVADA
OFFICE OF VITAL RECORDS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011013209
 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) Charlie Richard LEE | | | 2. DATE OF DEATH (Mo/Day/Year) August 24, 2011 | | 3a. COUNTY OF DEATH White Pine | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Preston | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) RV Park at Lanes Truck Stop, Highway 318 | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Camp Trailer | | 4. SEX Male |
| 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 67 | 7b. UNDER 1 YEAR MOS DAYS | 7c. UNDER 1 DAY HOURS MINS | 8. DATE OF BIRTH (Mo/Day/Yr) January 17, 1944 |
| 9a. STATE OF BIRTH (if not U.S.A., name country) Nevada | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married |
| 12. SURVIVING SPOUSE (if wife, give maiden name) Lavette Marie ROWE | | 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner | | 14b. KIND OF BUSINESS OR INDUSTRY Contract Trucking |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | 15c. CITY, TOWN OR LOCATION Caliente | | 15d. STREET AND NUMBER 715 Cliffhouse Drive, Highway 93 South | 15e. INSIDE CITY LIMITS (Specify Yes or No) No |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Charlie LEE | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elsie SCHAUER | | | |
| 18a. INFORMANT - NAME (Type or Print) Lavette M LEE | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 336 Caliente, Nevada 89008 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME The Gardens | | 19c. LOCATION City or Town State Fallon Nevada 89406 | | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD J SHIELDS <i>SIGNATURE AUTHENTICATED</i> | | 20b. FUNERAL DIRECTOR LICENSE 12 | 20c. NAME AND ADDRESS OF FACILITY Mt. Vista Chapel PO BOX 151707 Ely NV 89315 | | | |
| TRADE CALL - NAME AND ADDRESS | | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [Signature] | | | 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) LUKE SHADY <i>SIGNATURE AUTHENTICATED</i> | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) | | 21c. HOUR OF DEATH | | 22b. DATE SIGNED (Mo/Day/Yr) August 26, 2011 | | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) August 24, 2011 | | 22c. HOUR OF DEATH 19:06 | | |
| 22e. PRONOUNCED DEAD AT (Hour) 19:06 | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Luke Shady 1785 Great Basin Blvd Ely, NV 89301 | | | | |
| 23b. LICENSE NUMBER 218 | | | | 24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i> | | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 29, 2011 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Acute Coronary Disease Interval between onset and death | | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: Heart Disease, Diabetes and High Blood Pressure Interval between onset and death | | | | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death | | | | | | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death | | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | 26. AUTOPSY (Specify Yes or No) No | | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 28a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify) | | | | |
| 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | 28d. DESCRIBE HOW INJURY OCCURRED | | | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | 28g. 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: **09/02/2011**

Rod White
 STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

