DOC # 0149780

06/29/2016

2016 Ø8∶26 AM

Official Record

Recording requested By FIRST AMERICAN TITLE

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$18.00 Page 1 of 5 RPTT: Recorded By: LB Book- 304 Page- 0432

File No.: 119-2505830 (EDH)

# AND WHEN RECORDED RETURN TO AND MAIL TAX

**RECORDING REQUESTED BY** 

First American Title Insurance

Mary Lou Rowan 809 Collins Road Bishop, CA 93514

Company of Nevada

**STATEMENTS TO:** 

Space Above This Line for Recorder's Use Only

A.P.N. 006-301-33

#### Affidavit - Death of Trustee

State of California )
)ss.
County of Inyo )

**Mary Lou Rowan** ("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. **William Bevet Rowan** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **June 21, 2013** at **Bishop, California** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated June 25, 2012 executed by William B. Rowan, Sr and Mary Lou Rowan as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed dated August 24, 2012 which was recorded as Instrument No. 0141918 in Book 274, Page 26, of Official Records of Inyo County, Nevada as legally described as follows:

PARCEL NO. 17 AS SHOWN ON PARCEL MAP FOR DAN AND JUDY FREHNER, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON APRIL 30, 1999 IN PLAT BOOK B, PAGE 215 AS FILE NO. 112682, LOCATED IN A PORTION OF SECTION 36, TOWNSHIP 1 NORTH, RANGE 68 EAST, M.D.B.&M.

Declarant is the successor trustee under the Trust. The Trust was in effect at the date of 4. the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: June 22,2016

**DECLARANT:** 

Mary Lou Rowan, Trustee

MARY LOU ROWAN

State of California	)	~ \ \	
	)ss		
County of Inyo	)		١
SUBSCRIBED AND	SWORN TO (or affirme	ed) before me the undersigned, a Notary Public in and	
for said County	and	State, this	
,	day of	, 20 by	١,
		, personally know to me or proved to me on the	
basis of satisfactor	v evidence to be the p	erson(s) who appeared before me.	
	,		
WITNESS my hand	d and official seal.	This area for official notarial seal	f
	\	Please see attached CA surat dated	,
Signature		CA smat dated	
My Commission Ex	xpires:	4/22/16	
Notary Name:		Notary Phone:	
Notary Registratio	n Number:	County of Principal Place of Business	_

## **CALIFORNIA JURAT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Ingo
Subscribed and sworn to (or affirmed) before me on this
by Mary Lou Roway
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Susan Jane Booth
SUSAN JANE BOOTH COMM. # 2038062 OF PNOTARY PUBLIC - CALIFORNIA OF COMM. EXPIRES SEPT. 18, 2017
Signature JUSM JUM 12004 (seal)
notary Public Exp 9-18-17

## **COUNTY OF INYO**

### **HEALTH & HUMAN SERVICES**

P.O. DRAWER "H". INDEPENDENCE, CA 93526

		CERTIFICATE STATE OF CALL STATE OF CALL WE BLACK INCOME? HIS BRASILES. WE-11 /MEY	OF DEATH RIGHA 3-20	013-14-000078			
	STATE FILE NUMBER  1. NAME OF DECEDENT-FIRST (QMin)	2. MIDOLE	3. LAST (Family)	LOCAL RESISTRATION NUMBER			
	William	Bevet	Rowan	\ \			
LDATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDUE, LAST)		4. DATE OF BIRTH mm/dd/copy 5, AGE Yrs.	F UNDER ONE YEAR F UNDER 24 HOURS 6. SEX Months Days Hours Minutes 6. SEX			
₹.			09/18/1932   80				
PERBONAL	9. BIRTH STATE/FOREIGH COUNTRY 10. SOCIAL SECURITY N	UNIBER 11. EVER IN U.S. ARMED FO	INCES? 14 MARTIN STATUS SROP IN Ten of On	7. DATE OF DEATH ministracy 8. HOUR (24 Hours) 06/21/2013 0630			
	CA 13. EDUCATION - Inglant Land/Degree   14/15, WAS DECEDENT HISPANICA		12021-7-4	se may be listed (see worksheet on back)			
DECEDENT'S	TS EDUCATION - Inghase Landibugues 14/15, MAS DECEDENT RESPANSE LATINOW/SPANSOY? (if you, was workshoot on back)  TS COLOCATION - Inghase Landibugues 14/15, MAS DECEDENT RESPANSE LATINOW/SPANSOY? (if you, was workshoot on back)  TS COLOCATION - Inghase Landibugues 14/15, MAS DECEDENT RESPANSE LATINOW/SPANSOY? (if you, was workshoot on back)  TS COLOCATION - Inghase Landibugues 14/15, MAS DECEDENT RESPANSE LATINOW/SPANSOY? (if you, was workshoot on back)  TS COLOCATION - Inghase Landibugues 14/15, MAS DECEDENT RESPANSE LATINOW/SPANSOY? (if you, was workshoot on back)  TS COLOCATION - Inghase Landibugues 14/15, MAS DECEDENT RESPANSE LATINOW/SPANSOY? (if you, was workshoot on back)  TS COLOCATION - Inghase Landibugues 14/15, MAS DECEDENT RESPANSE LATINOW/SPANSOY? (if you, was workshoot on back)						
8	17. USUAL OCCUPATION - Type of work for most of Re. DO NOT USE	RETIRED 18. KIND OF BUSIN	IESS OR INCUSTRY (e.g., properly micro, road core	Aruction, improyment agency, etc.) 19, YEARS IN OCCUPATION			
	Regional Supervisor 20. DECEDENT'S RESIDENCE Street and number, or locations	Departm	ent of Fish & Game	37			
8	809 Collins Road						
USUAL		UNITY/PIPIOWINCE	23. ZIP CODE 24. YEARS IN CO	UNITY 25. STATE/FOREIGN COUNTRY			
> <u>E</u>	Bishop In		93514 80	CA			
MANT.	28. INFORMANT'S NAME, RELATIONSHIP	i .	MANT'S MAILING ADDRESS (Street and number, or				
	MaryLou Rowan, Wife 24 NAME OF SURVIVING SPOUSE/SRDP-PRST	1 809 29 MODLE	Collins Road, Bisho	op, CA 93514			
8 6	MaryLou		Mason	1			
DPOUSE/SHOP AND URENT IMPORBACTION	31. NAME OF FATHER/PARENT-PIRST	32. MOOLE	SO LAST	34. BHTH STATE			
SE	Bevet	Malcolm Lane	Rowan	CA ·			
PARENT	35. NAME OF MOTHERPRAPENT-FIRST	36. MIDOLE	37. LAST (SIRTH NAME)	36. BETTH STATE			
	Alta 38. DISPOSITION DATE IMPOSEDBY 40. PLACE OF PINAL DISPO	Nevada amon	Goode	NV			
RUMERUL DIRECTORY LOCAL REQUESTRAR		76	endence, CA 93526	/			
100	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF BMBA	LMER	43, LICENSE NUMBER			
12.4	CR/BU	Not Emba	1 med a significate of Local registrian	47. DATE granded/ocyy			
¥ 9	H NAME OF FUNERAL ESTABLISHMENT  Brune Mortuary		RICHARD JOHNSON MI	# 1.1 <b>C</b>			
_	101. PLACE OF SEATH	ED-192					
충	Residence	The state of the s		LIF CYTHER THAN HOSPITAL, SPECIFY CINE  Hospice Number CTC X Considerate Const.  Other			
PLACE OF DEATH	104. COUNTY TOE. FACEUTY ACCINESS ON LOCATION WHERE POUND sever and number, or bondary 108. CITY						
	107, CAUSE OF DEATH From the chain of monte de	esses, inheles, or complications that direct	y counted death. DO NOT order to mited words such	Bishop			
	an Cardiac arreal. Halph story or MANEDIATE CAUSE   W	wat, or vanishbular Studieston without ahowing the	N (BUTQ): DO NOT ABBREVATE.	Will YES X NO			
	Adenocarcinoma. I	ung	_\\_	Years			
	in death) Bi		1	(61) 100. BIOPSY PERFORMED?			
PESTA	Sequentially, let conditions, if any, leading to cause of Line A. Great			(CT) 114. AUTOPSY PERFORMED?			
8	on Line A Brider UNDERLYING CAUSE (deesee or		\ \	VES X NO			
Ĕ	Injury that Injury that the events (0) Injury th		1	(DT) 119. USED IN DEPENDANCE CAUSE?			
3		W-107 RCM47-10 M47 F4 BIRED 1441	Outer State Land				
and the last	CAD, Atrial Fibrillation	OLHOLHERICING IN THE CHEEKTING	LAUSE GIVEN IN 107				
-	111. WAS DEPARTON PERFORMED FOR MAY CONDITION IN ITEM 10	7 OR 1127 (if yes, liet type of operation and	deta)	113A. IF FEMALE, PRECINANT IN LAST YEAR?			
	No		_/	YES   NO   UNK			
PHYBICANYS	114.1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEVILLOCOURRED 1 AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STITED.		70	TIG. LICENSE NUMBER   TIT. DATE mm/dd/coyy			
ŠŠ	Decedent Attended Since Decedent Last Seen Africa (A) //mm/dd/copy (S) //mm/dd/copy 1	A TYPE ATTENDING PRIYECULE PHAIR		A054711  06/21/2013			
至		Stacev Brown, M.D	., 153 Pioneer Lane	. Bishon, CA 93514			
	118. I CERTIFY THAT IN MY OPINION CENTH OCCUPRED AT THE HOUR, DATE, A	NO PLACE STATED FROM THE CARSES STATED	126. INJURIED AT WORK?	121. INJURY DATE remolektory 122. HOUR (24 Hours)			
	MANNER OF DEATH Netural Accident Homicide	Suicase Investigation	Geleumized AEZ HO	UNK			
	123. PLACE OF INJURY (e.g., horne, construction afte, wooded area, o	60)					
3	124. DESCRIBE HOW INJURY OCCUPRED (Events which resulted in I	n(ury)	<del></del>				
£	_						
CONOMER'S USE ONLY	126. LOCATION OF BUILDRY (Street and number, or location, and only,	nd sipl					
	1 1		KIG/COYY 128. TYPE NAME, TITLE OF OOR	ONER / DEPHITY CORONER			
·	126, SIGNATURE OF CORONER / DEPUTY CORONER	127, DATF mm					
Ū	128. BIGNATURE OF CORONER / DEPUTY CORONER	127, DATE mm					
810	TE A B C D	127. DATE mm		FAX AUTHUS CENSUS TRACT			
_	TE A B C D						



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA ss COUNTY OF INYO

DATE ISSUED JUN 2 5 2013 (

This is a true and exact reproduction of the document officially registered and placed on file in the office of the INYO COUNTY HEALTH AND HUMAN SERVICES

HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying raised seal and signature of County Health Officer.