

APN: 005-011-01
005-011-03

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.:
COUNTY OF CLARK)



PAULE E. WHEELER being first duly sworn upon oath, deposes and states that:

1. ELMER O. WHEELER and PAULE A. WHEELER, as Grantors and Trustees, created the ELMER O. WHEELER AND PAULE A. WHEELER FAMILY TRUST under an Agreement dated August 15, 1991 and amended on October 26, 1994 and April 9, 1999, respectively (the "Trust"). Said trust provides that at the death of the Grantor whose death shall first occur, it is divided into two sub-trusts: the "Survivor's Trust" and the "Exemption Trust."

2. ELMER O. WHEELER, one of the Grantors and Trustees of the aforementioned trust, died on September 3, 2014. A certified Certificate of Death is attached hereto and made a part hereof by this reference as Exhibit "1."

3. Section 8.1 of the Trust provides in part:
"In the event of the death or incapacity of either original Trustee, the Survivor shall serve as the sole Trustee hereunder."

4. The following property located in Lincoln County, Nevada is owned by the Trust:
An undivided one hundred percent (100%) interest in the property located at 30161 Shingle Pass Road, Alamo, Lincoln County, Nevada, APN 005-011-01 and more particularly described as follows:

THE SOUTH HALF (S 1/2) OF THE SOUTHWEST QUARTER (SW 1/4) AND THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 14; THE SOUTHEAST QUARTER (SE 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF SECTION 22; AND THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION 23, TOWNSHIP 8 NORTH, RANGE 62 EAST, M.D.B.&M.

5. PAULE A. WHEELER hereby files this Certificate and does hereby accept the sole trusteeship of the ELMER O. WHEELER AND PAULE A. WHEELER FAMILY TRUST and its subtrusts.

6. The Trustee has, among other powers, the power to sell, exchange, lease and otherwise engage in transactions involving trust assets, as the Trustee deems appropriate. The Trustee has the power to make all types of investments without limitation.



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EXHIBIT "1"
Certificate of Death

COPY



NEVADA
OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2014014228
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK

PRECEDENT

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

PARENTS

POSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Elmer Olen WHEELER		2. DATE OF DEATH (Mo/Day/Year) September 03, 2014		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 2908 Golfside Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 18, 1933		9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Paulette Ann DAVIS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Electric Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 2908 Golfside Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Olen Elmer WHEELER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Arlene A HEDGCOTH		
18a. INFORMANT- NAME (Type or Print) Paule A WHEELER		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2908 Golfside Drive Las Vegas, Nevada 89134			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Metcalf Mortuary		19c. LOCATION City or Town State Saint George Utah 84770	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN		20b. FUNERAL DIRECTOR LICENSE 49		20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021	
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 AUTHENTICATED MICHAEL KARAGIOZIS DO					
21b. DATE SIGNED (Mo/Day/Yr) September 04, 2014		21c. HOUR OF DEATH 12:09		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) Michael Karagiozis DO 4141 Swenson Las Vegas, NV 89119		23b. LICENSE NUMBER 476		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) MARY WILSON		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 04, 2014		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) Congestive heart failure		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (b) Pulmonary hypertension		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertensive heart disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes mellitus type 2				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

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **SEP 05 2014**

Registrar of Vital Statistics
 By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
 SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

