

Official Record

Recording requested By
JOSEPH LLOYD MAEDER

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 305 Page- 0619



APN: 003-132-13

When recorded mail to:

Joseph Lloyd Maeder
3402 E. Jennifer
Pahrump, NV 89061

AFFIDAVIT - DEATH OF TRUSTEE

State of Nevada)
)ss
County of Lincoln)

I, Joseph Lloyd Maeder, being of legal age and being first duly sworn, deposes and says:

1. Joseph Leroy Maeder is the decedent mentioned in the attached certified copy of Certificate of Death who passed away on August 12, 2016 in Caliente, Nevada; and is the same person named as Trustee in that certain Declaration of Trust dated December 10, 1999, executed by Joseph Leroy Maeder and Betty R. Maeder as trustors.
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on February 15, 2005, in Book 196, Pages 493-94, as Document No. 123783, in Official Records of Lincoln County, Nevada, describing the following real property:

All of lots number twenty-eight (28) and twenty-nine (29) in Block B of the James H. Gottfredson Addition to the City of Caliente, as said on file and of record in the office of the county recorder of said Lincoln County, and to which said plat and the records thereof reference is hereby made for further particular description.

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3. I am the successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

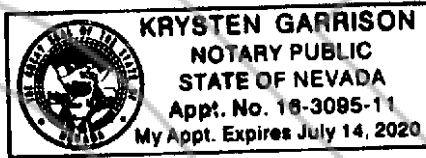
Dated this 29 day of August, 2016

Joseph Lloyd Maeder
JOSEPH LLOYD MAEDER

SUBSCRIBED and SWORN to before me

This 29 day of August, 2016.

Krysten Garrison
NOTARY PUBLIC





NEVADA
OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3909118

2016014533
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) Joseph Leroy MAEDER		2. DATE OF DEATH (Mo/Day/Year) August 12, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) Home		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. (inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN'S		8. DATE OF BIRTH (Mo/Day/Yr) May 27, 1938			
9a. STATE OF BIRTH (if not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 7	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Maintenance Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Youth Center	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER Home		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward Joseph MAEDER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cynthia Naomi JOHNSON		
18a. INFORMANT - NAME (Type or Print) Joseph Lloyd MAEDER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3402 East Jennifer Street Pahrump, Nevada 89061			
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 FD807		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) MINESH AMIN SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) August 16, 2016		21c. HOUR OF DEATH 13:03		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)	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Minesh Amin 6655 W Sahara Ave Las Vegas, NV. 89146			
23b. LICENSE NUMBER DO1591		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 16, 2016	
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 DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
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 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: **8/18/2016**

Cody D. King
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

