



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. Betty Rose Maeder, also known as Betty R. Maeder, is the decedent mentioned in the attached certified copy of Certificate of Death who passed away on April 3, 2005 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





**DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

TYPE PRINT IN PERMANENT INK  
IDENT  
DEATH OCCURRED IN INSTITUTION HANDBOOK RECORDING SECTION OF THIS OFFICE  
MENTS  
SITION  
IFIER  
ITIONS ANY GAVE TO DATE USE THE DYING LAST  
SE OF BATH

|   |  |  |  |
|---|--|--|--|
| LOCAL FILE NUMBER   |  | STATE FILE NUMBER  |  |
| DECEASED—NAME First Middle Last   |  | DATE OF DEATH (Month, Day, Year)   |  |
| 1. <b>Betty Rose MAEDER</b>   |  | 2. <b>April 3, 2005</b>  |  |
| CITY, TOWN OR LOCATION OF DEATH   |  | COUNTY OF DEATH  |  |
| 3b. <b>Caliente</b>   |  | 3a. <b>Lincoln</b>   |  |
| HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)  |  | If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)  |  |
| 3c. <b>752 Lincoln Street</b>   |  | 3e. <b>Female</b>  |  |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify)  |  | AGE—Last Birthday (Years)  |  |
| 5. <b>White</b>   |  | 7a. <b>65</b>  |  |
| Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. |  | UNDER 1 YEAR<br>MOS : DAYS   |  |
| 6. <b>No</b>  |  | 7b. <b>:</b>   |  |
| STATE OF BIRTH (If not U.S.A., name country)  |  | UNDER 1 DAY<br>HOURS : MINS  |  |
| 9a. <b>Indiana</b>  |  | 7c. <b>:</b>   |  |
| CITY OF WHAT COUNTRY  |  | DATE OF BIRTH (Mo., Day, Yr.)  |  |
| 9b. <b>U.S.A.</b>   |  | 8. <b>April 8, 1939</b>  |  |
| Decedent's Education. Specify highest grade completed.  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |  |
| 10. <b>11</b>   |  | 11. <b>Married</b>   |  |
| SOCIAL SECURITY NUMBER  |  | SURVIVING SPOUSE (If wife, give maiden name)   |  |
| 13. <b>[REDACTED]</b>   |  | 12. <b>Joseph L. Maeder</b>  |  |
| USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)  |  | KIND OF BUSINESS OR INDUSTRY   |  |
| 14a. <b>Homemaker</b>   |  | 14b. <b>Own Home</b>   |  |
| RESIDENCE—STATE   |  | CITY, TOWN, OR LOCATION  |  |
| 15a. <b>Nevada</b>  |  | 15c. <b>Caliente</b>   |  |
| COUNTY  |  | STREET AND NUMBER  |  |
| 15b. <b>Lincoln</b>   |  | 15d. <b>752 Lincoln St.</b>  |  |
| INSIDE CITY LIMITS (Specify Yes or No)  |  | 15e. <b>Yes</b>  |  |
| FATHER—NAME First Middle Last   |  | MOTHER—MAIDEN NAME First Middle Last   |  |
| 16. <b>Charles Black</b>  |  | 17. <b>Evelyn Hansen</b>   |  |
| INFORMANT—NAME (Type or Print)  |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)   |  |
| 18a. <b>Joseph L. Maeder</b>  |  | 18b. <b>P.O. Box 474 Caliente, Nevada 89008</b>  |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)   |  | CEMETERY OR CREMATORY—NAME   |  |
| 19a. <b>Cremation</b>   |  | 19b. <b>Cremation Center of St. George</b>   |  |
| FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)   |  | LOCATION City or Town State  |  |
| 20a. <b>[Signature]</b>   |  | 19c. <b>St. George, Utah</b>   |  |
| FUNERAL DIRECTOR LICENSE NUMBER   |  | NAME AND ADDRESS OF FACILITY   |  |
| 20b. <b>15</b>  |  | 20c. <b>730 Front Street Caliente, Nevada 89008</b>  |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>(Signature and Title) <b>[Signature]</b>        |  | 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) and manner stated.<br>(Signature and Title) <b>[Signature]</b> |  |
| DATE SIGNED (Mo., Day, Yr.)   |  | DATE SIGNED (Mo., Day, Yr.)  |  |
| 21b. <b>04-04-05</b>  |  | 22b. <b>04-04-05</b>   |  |
| HOUR OF DEATH   |  | HOUR OF DEATH  |  |
| 21c. <b>0813</b>  |  | 22c. <b>0813</b>   |  |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | PRONOUNCED DEAD (Mo., Day, Yr.)  |  |
| 21d. <b>[REDACTED]</b>  |  | 22d. <b>ON</b>   |  |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)   |  | PRONOUNCED DEAD (Hour)   |  |
| 23a. <b>Shailendra Singh, M.D.; P.O. Box 1010 Caliente, Nevada 89008</b>  |  | 22e. <b>AT</b>   |  |
| LICENSE NUMBER  |  | NAME AND ADDRESS OF REGISTRAR  |  |
| 23b. <b>9978</b>  |  | 24a. (Signature) <b>[Signature]</b>  |  |
| REGISTRAR   |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)   |  |
| 24b. <b>04-04-05</b>  |  | DEATH DUE TO COMMUNICABLE DISEASE  |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  |  | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| PART I (a) <b>Cardiorespiratory Failure</b><br>DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death<br>: Immediate  |  |
| (b) <b>Lung Cancer</b><br>DUE TO, OR AS A CONSEQUENCE OF:   |  | Interval between onset and death<br>: Months   |  |
| (c) <b>Brain Metastasis</b><br>DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death<br>: Months   |  |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.                                |  | AUTOPSY (Specify Yes or No)  |  |
| <b>Hyponatremia</b>   |  | 26. <b>No</b>  |  |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)   |  | WAS CASE REFERRED TO CORONER (Specify Yes or No)   |  |
| 28a. <b>[REDACTED]</b>  |  | 27. <b>Yes</b>   |  |
| DATE OF INJURY (Mo., Day, Yr.)  |  | HOUR OF INJURY   |  |
| 28b. <b>[REDACTED]</b>  |  | 28c. <b>[REDACTED]</b>   |  |
| HOUR OF INJURY  |  | DESCRIBE HOW INJURY OCCURRED   |  |
| 28d. <b>[REDACTED]</b>  |  | 28e. <b>[REDACTED]</b>   |  |
| INJURY AT WORK (Specify Yes or No)  |  | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  |  |
| 28e. <b>[REDACTED]</b>  |  | 28f. <b>[REDACTED]</b>   |  |
| LOCATION.   |  | STREET OR R.F.D. No.   |  |
| 28g. <b>[REDACTED]</b>  |  | CITY OR TOWN   |  |
| 28h. <b>[REDACTED]</b>  |  | STATE  |  |

STATE REGISTRAR

No. 269899

60789

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:

APR 19 2005

STATE REGISTRAR

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

