



0150251

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Leslie A. Park
5030 Park Grove Court
Las Vegas, NV 89120

Space Above This Line for
Recorder's Use Only

A.P.N. 001-260-19

File No.: 116-2507498 (CC)

Affidavit - Death of Trustee

State of NV)
)ss.
County of CLARK)

Leslie A Park ("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. **James L Park** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **February 23, 2015** at **Henderson, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **February 23, 2015** executed by **James L. Park and Leslie A. Park, Trustees of the James L. Park Separate Property Trust dated February 23 2015** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **February 23, 2015** which was recorded as Instrument No. **146898** in Book , Page , of Official Records of **Lincoln** County, Nevada as legally described as follows:

PARCEL 3 AS SHOWN ON THAT CERTAIN PARCEL MAP 129528, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA ON JULY 19, 2007, OFFICIAL RECORDS.



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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:

DECLARANT:

Leslie A. Park, Trustee

State of NV)
)ss
County of CLARK)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada, this 12 day of September, 20 16 by Leslie A. Park, 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.

This area for official notarial seal

Signature [Handwritten Signature]

SUSAN PEARCE
Notary Public, State of Nevada
Appointment No. 13-10030-1
My Appt. Expires January 21, 2017

My Commission Expires: 1/21/17

Notary Name: Susan Pearce Notary Phone: 702-525-6340
Notary Registration Number: 13-10030-1 County of Principal Place of Business Clark

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

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

2015003329
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) James Lee PARK		2. DATE OF DEATH (Mo/Day/Year) February 26, 2015		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and inpatient)(Specify) 341 East Long Acres Drive Home		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68	
9a. STATE OF BIRTH (if not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1946	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Electrician		Construction		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 341 East Long Acres Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edwin PARK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sima KESTI		
18a. INFORMANT- NAME (Type or Print) Leslie PARK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5030 Park Grove Court Las Vegas, Nevada 89120			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Henderson Cemetery		19c. LOCATION City or Town State Henderson Nevada 89015	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NEGIE A MARUCCI		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015	
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) MICHAEL KARAGIOZIS DO			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)		
21b. DATE SIGNED (Mo/Day/Yr) March 02, 2015		21c. HOUR OF DEATH 03:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Michael Karagiozis DO 4141 Swenson Las Vegas, NV 89119				23b. LICENSE NUMBER 476	
24a. REGISTRAR (Signature) SUSAN ZANNIS		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 02, 2015		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) Hepatocellular Carcinoma				Interval between onset and death 5 Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 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. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			
28a. INJURY AT WORK (Specify Yes or No)		28g. LOCATION STREET OR R.F.D. No.		28f. CITY OR TOWN STATE	

STATE REGISTRAR

"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: **MAR 04 2015**

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

