

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: HB

Book- 307 Page- 0263

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

Susan Secrest
P.O. Box 543
Pioche, NV 89043



0150552

Space Above This Line for
Recorder's Use Only

A.P.N. 001-332-29

File No.: 116-2512714 (dp)

Affidavit - Death of Trustee

State of Nevada)
County of Lincoln)ss.
)

Susan Secrest ("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. **Jimmie E. Bean** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on _____ at _____ (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **September 11, 2007** executed by **Jimmie E. Bean** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **September 11, 2007** which was recorded as Instrument No. **0129914** in Book **235**, Page **0441**, of Official Records of **Lincoln** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 10/31/2016

DECLARANT:

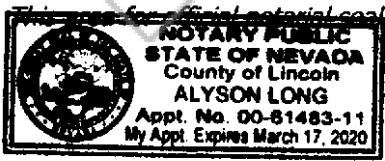
Susan Secret
Susan Secret

State of Nevada)
)ss
County of Lincoln)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevada this 1st day of November, 20 16 by Susan Secret, 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.

Signature Alyson Long
My Commission Expires: March 17, 2020



Notary Name: Alyson Notary Phone: 775-962-5834
Notary Registration Number: 00-6483-11 County of Principal Place of Business Lincoln



NEVADA
OFFICE OF VITAL RECORD

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

CASE FILE NO. 3891084

CERTIFICATE OF DEATH

2016007653
 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) Jimmie Ellsworth BEAN | | 2. DATE OF DEATH (Mo/Day/Year) April 26, 2016 | | 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 Inpatient(Specify) Nathan Adelson Hospice-Tenaya Hospice Facility (HFS) | | 4. SEX Male | |
| 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 89 | |
| 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) June 26, 1926 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) Idaho | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 10 | |
| 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | | |
| 13. SOCIAL SECURITY NUMBER | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY Construction | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 15c. CITY, TOWN OR LOCATION Pioche | |
| 15d. STREET AND NUMBER 483 Timber Crest Way | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Rolland E BEAN | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pearl Sarah KUCKKU | | |
| 18a. INFORMANT - NAME (Type or Print) Susan Anne SECREST | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 74 Box 111 Pioche, Nevada 89043 | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Palm Northwest Cemetery | | 19c. LOCATION City or Town State Las Vegas Nevada 89131 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL TOTH SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 858 | | 20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Northwest 6701 N. Jones Blvd. Las Vegas NV 89131 | |
| 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) GOPALAKRISHNA LEELA MD SIGNATURE AUTHENTICATED | | | 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) April 27, 2016 | | 21c. HOUR OF DEATH 11:05 | | 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) Gopalakrishna Leela MD 3150 N Tenaya Las Vegas, NV 89128 | | | | 23b. LICENSE NUMBER 11458 | |
| 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 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) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ 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 1. | | | | 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 | |

LOCAL 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 state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



261937

DATE ISSUED: **MAY 05 2016**
 Registrar of Vital Statistics
 By: *Nancy Barry*
 This copy not valid unless prepared on watermarked security paper 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

