

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: **\$17.00** Page 1 of 4
RPTT: Recorded By: AE
Book- 307 Page- 0301



0150562

APN# 001-332-29

Recording Requested by and Return To:

Name: First American Title

Address: 2500 Paseo Verde Pkwy #120

City/State/Zip: Henderson, NV 89074

Affidavit - Death of Trustee
(Title On Document)

Re-Record to complete date, city and state of death.

This page added to provide additional information required by
NRS 111.312 Sections 1-2 (Additional recording fee applies).

This cover page must be typed or printed clearly in black ink only.



Official Record

Recording requested By
 FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
 RPT: 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)
)ss.
 County of Lincoln)

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:

- Jimmie E. Bean** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on April 20, 2016 at Las Vegas, NV (city and state of death).
- 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").
- 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

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

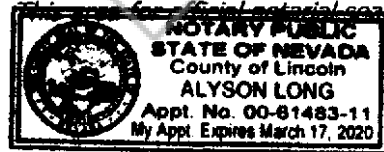
Susan Secrest
Susan Secrest

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 Secrest, 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: 00-0483-11 County of Principal Place of Business Lincoln

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

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

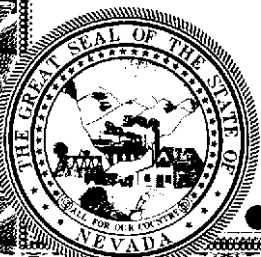
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

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)		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) 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)			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		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

