

APN 001-240-09

APN _____

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AFFIDAVIT-DEATH OF TRUSTEE

Title of Document

Affirmation Statement

____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: NRS 40.525(5) & 111.365
(State specific law)

Patrick Kelley
Signature Title

PATRICK Kelley
Print

1-11-17
Date

Grantees address and mail tax statement:

Patrick Kelley
P.O. Box 451
Pioche, Nevada 89043



APN: 001-240-09

When recorded mail to:
Patrick Kelley
P.O. Box 451
Pioche, Nevada 89043

AFFIDAVIT – DEATH OF TRUSTEE

PATRICK KELLEY, aka PAT KELLEY, being first duly sworn, deposes and says:

1. Bryant Eugene Blackburn, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bryant Eugene Blackburn named as Trustee for the Bryant Eugene Blackburn Living Trust dated January 17, 2013 executed by Bryant Eugene Blackburn as Trustor.

2. At the time of the decedent’s death, decedent was the record owner, as Trustee, of certain real property commonly known as:

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which property is described in a Deed which was executed by Bryant E. Blackburn, aka Bryant Eugene Blackburn, as Grantor on the 17th day of January, 2013 and recorded as Instrument No. 0142516, in Book 276, Page 0262, of Official Records of Lincoln County, Nevada.

The legal description of said property is as follows:

The Southeast Quarter (SE ¼) of the Northwest Quarter (NW ¼) of the Southeast Quarter (SE ¼) of the Northeast Quarter (NE ¼) of Section 14, Township 1 North, Range 67 East, M.D. B.&M.

Excepting therefrom the South Thirty (30.00) feet for public roadway.

Said Parcel is also described as:

Parcel Three (3) as shown by map thereof in Book “A1” of plats, page 276A as Document No. 87416, in the Office of the County Recorder, Lincoln County, Nevada.

3. I am the named sole successor Trustee under Section 3.03 of the above-referenced Trust Agreement, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as Trustee.

///
///



I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

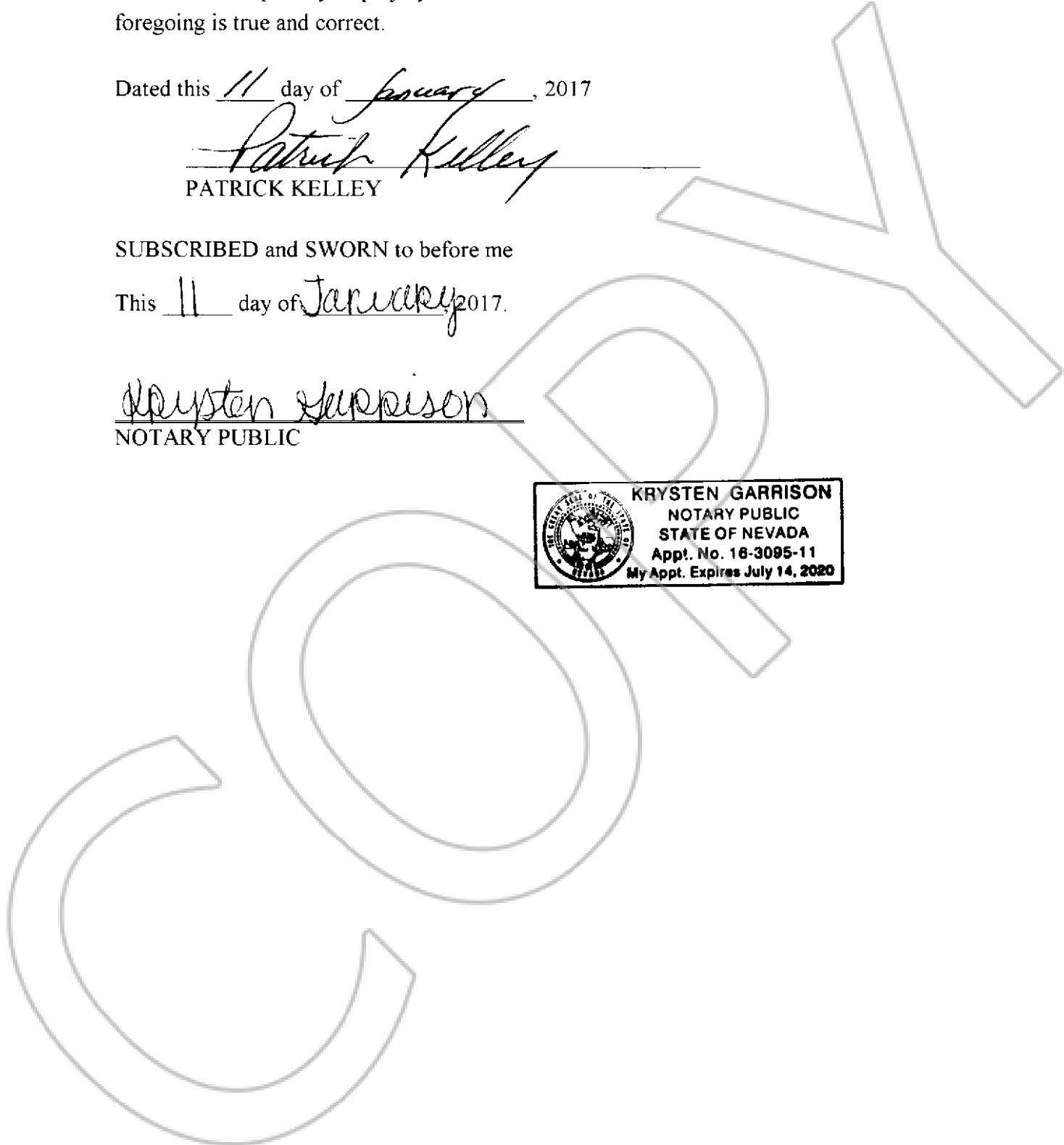
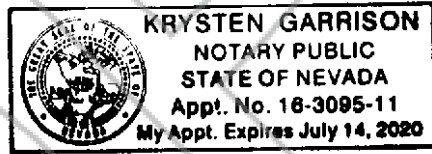
Dated this 11 day of January, 2017

Patrick Kelley
PATRICK KELLEY

SUBSCRIBED and SWORN to before me

This 11 day of January, 2017.

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. 3868640

2015022347
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) Bryant Eugene BLACKBURN		2. DATE OF DEATH (Mo/Day/Year) December 16, 2015		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Grover C Dils Medical Center Inpatient		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 24, 1932	
9a. STATE OF BIRTH (If not U.S.A., Georgia)		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 8	
11. MARITAL STATUS (Specify) Divorced		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 Truck Driver)		14b. KIND OF BUSINESS OR INDUSTRY Trucking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 990 Bartolo Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jesse Eugene BLACKBURN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie Lucille EUBANKS		
18a. INFORMANT - NAME (Type or Print) Patrick KELLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 451 Pioche, Nevada 89043			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) JOHN RUSSEL ROGERS M.D. 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) December 17, 2015		21c. HOUR OF DEATH 01:10		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)	
22a. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John Russel Rogers M.D. PO Box 1010 Caliente, NV 89008			
23b. LICENSE NUMBER 12629		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 29, 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) Lung Cancer Of Unknown Type 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 Months To Years		Interval between onset and death			
Interval between onset and death		Interval between onset and death			
Interval between onset and death		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) No		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

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: 12/30/2015

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

Rud White
SIGNATURE AUTHENTICATED
STATE REGISTRAR

