

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: AE
Book- 312 Page- 0084



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:
Douglas J. Rankin
1095 Rankin Ranch
Alamo, NV 89001

Space Above This Line for
Recorder's Use Only

A.P.N. 008-051-08

File No.: 116-2517790 (dp)

Affidavit - Death of Trustee

State of Nevada)
County of Lincoln)ss.

Douglas J. Rankin ("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. Meredith R. Rankin ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 01/11/2017 at Alamo, NV (city and state of death).
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated January 13, 1977 executed by Meredith R. Rankin and Ruby F. Rankin 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, Sale Deed dated 06/19/1999 which was recorded as Instrument No. 1129832 in Book 142, Page 394, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 05/22/2017

DECLARANT:

DJ Rankin
Douglas J. Rankin

State of Nevada)
)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 24th day of May, 2017 by Douglas J. Rankin, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

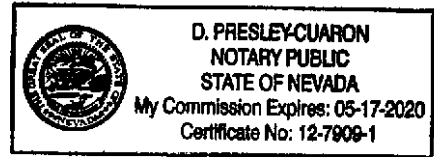
WITNESS my hand and official seal.

Signature

D. Presley Cuaron

My Commission Expires: 5/17/2020

This area for official notarial seal



Notary Name: _____ Notary Phone: _____
Notary Registration Number: _____ County of Principal Place of Business _____



STATE OF NEVADA
OFFICE OF VITAL RECORD



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

CASE FILE NO. 3935315

CERTIFICATE OF DEATH

2017000542
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) Meredith Ryan RANKIN		2. DATE OF DEATH (Mo/Day/Year) January 11, 2017		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 1095 Rankin Ranch Loop		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) June 03, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Laborer		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing Building Products	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 1095 Rankin Ranch Loop		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Claud Lee RANKIN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Georga RYAN		18a. INFORMANT - NAME (Type or Print) Richard Lee RANKIN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1095 Rankin Ranch Loop Alamo, Nevada 89001	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DAVID F HOLT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 866		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Cheyenne 7400 W Cheyenne Las Vegas NV 89129	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CLARENCE RAY SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) January 17, 2017		21c. HOUR OF DEATH 07:14		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) CLARENCE RAY SIGNATURE AUTHENTICATED	
22b. DATE SIGNED (Mo/Day/Yr) January 17, 2017		22c. HOUR OF DEATH 07:14		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 11, 2017	
22e. PRONOUNCED DEAD AT (Hour) 07:14		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Clarence Ray 1050 SR 322 Pioche, NV 89043		23b. LICENSE NUMBER 059	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 17, 2017		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) Acute Myocardial Infarct DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death Minutes Interval between onset and death 3+ Years Interval between onset and death 3+ Years 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. Advanced Age				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		28h.	

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



360953

DATE ISSUED: **JAN 20 2017**

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

Registrar of Vital Statistics
By: *Mary Wick*

