

Official Record

Recording requested By
FIRST AMERICAN TITLE INSURANCE COMP

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$35.00 Page 1 of 4
RPT: Recorded By: AK
Book- 315 Page- 0239



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:
Robert McDonald
P.O. Box 1012
Caliente, NV 890

Space Above This Line for
Recorder's Use Only

A.P.N. 003-192-10

File No.: 116-2527887 (dp)

Affidavit - Death of Trustee

State of Nevada)
County of Clark)ss.
)

Robert McDonald ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Herbert L. Highsmith, Jr. and Lura A. Highsmith ("Decedents") are the people referenced in the attached certified copies of the Certificate of Death for **Herbert L. Highsmith, Jr.** who died on **April 27, 2016** at **St. George, Utah** and **Lura A. Highsmith** who died on **January 17, 2016** at **Las Vegas, Nevada.**
- Decedents are the same people named as the trustees named in that certain Declaration of Trust dated **March 22, 2010** executed by **Herbert L. Highsmith, Jr. and Lura A. Highsmith** as trustor(s) (the "Trust").
- Decedents as trustees are the same people who were named as a grantees in that certain **Grant, Bargain and Sale Deed** dated **03/22/2010** which was recorded as Instrument No. **0135736** in Book **255**, Page **0279**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 11/13/2017

DECLARANT:

Robert McDonald
Robert McDonald

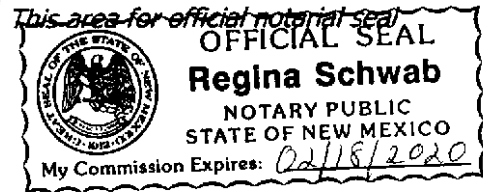
State of New Mexico)
)ss
County of Bernalillo)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County of Bernalillo and State of New Mexico, this 18th day of November, 2017 by Robert McDonald, 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 Regina Schwab

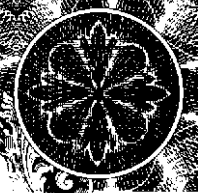
My Commission Expires: 02/18/2020



Notary Name: Regina Schwab Notary Phone: 505-263-8025
Notary Registration Number: 1114306 County of Principal Place of Business: Albuquerque, NM



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF VITAL RECORDS



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

CASE FILE NO. 3873828

CERTIFICATE OF DEATH

2016000705
 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) Lura Ariene HIGSMITH		2. DATE OF DEATH (Mo/Day/Year) January 17, 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 Sunrise Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 25, 1939		9a. STATE OF BIRTH (If not U.S.A., Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Herbert HIGSMITH	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 279 Denton Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Calvin Mark WILLIAMS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Zetta COVERT		18a. INFORMANT - NAME (Type or Print) Herbert HIGSMITH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1012 Caliente, Nevada 89008	
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) SHAUN E JANG 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) January 19, 2016		21c. HOUR OF DEATH 10:15		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) Shaun E Jang M.D. 7391 W. Charleston Blvd Las Vegas, NV 89117				23b. LICENSE NUMBER 15535	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 20, 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) Pulmonary Edema And Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Renal Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Dehydration And Sepsis DUE TO, OR AS A CONSEQUENCE OF: (d) Urinary Tract Infection - Etiology Unknown				Interval between onset and death Days Weeks Weeks Weeks	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Non Compliance With Medications, Medical Appointments				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

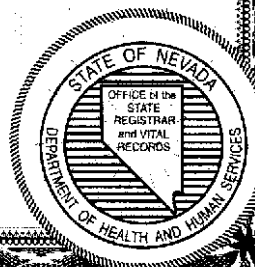
CERTIFIED COPY OF VITAL RECORDS

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: 1/25/2016

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

Rnd Wh...
 SIGNATURE AUTHENTICATED





0152927

Book: 315
Page: 24211/29/2017
Page: 4 of 4**DEPARTMENT OF UTAH
OF VITAL RECORDS****CERTIFICATE OF DEATH**

State File Number: 2016006267

Herbert Lee Highsmith Jr**DECEDENT INFORMATION**

Date of Death:	April 27, 2016	Time of Death:	03:19
City of Death:	St George	County of Death:	Washington
Age:	88	Date of Birth:	October 17, 1927
Place of Birth:	Memphis, Tennessee	Sex:	Male
Armed Services:	Yes	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Detective
Industry/Business:	Sacramento County	Education:	Some College but No Degree
Residence:	Caliente, Nevada	Parent or Father:	Herbert Highsmith
Parent or Mother:	Edna Stull	Facility Type:	Hospital Inpatient
Facility or Address:	Dixie Regional Medical Center		

INFORMANT INFORMATION

Name:	Jennifer McDonald	Relationship:	Daughter
Mailing Address:	P.O. Box 1012, Caliente, Nevada 89008		

DISPOSITION INFORMATION

Method of Disposition:	Cremation
Place of Disposition:	Southern Utah Crematory, Cedar City, Utah
Date of Disposition:	May 5, 2016

FUNERAL HOME INFORMATION

Funeral Home:	Southern Utah Mortuary - Cedar City
Address:	190 North 300 West, Cedar City, Utah 84720
Funeral Director:	Bryan B Randall

MEDICAL CERTIFICATION

Medical Professional:	W Wesley Barney MD, Heart of Dixie PC, 1380 East Medical Center Drive #4100, St George, Utah 84790
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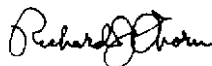
CAUSE OF DEATH

Respiratory Failure
 Due to (or as a consequence of): Pneumonia [Onset: 3 Days]
 Due to (or as a consequence of): Pneumonia
 Other significant conditions: Atherosclerosis, Stroke
 Tobacco Use: Did not Contribute
 Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: May 4, 2016

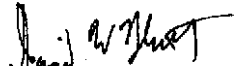
Date Issued: May 4, 2016

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.


 Richard J. Oborn, MPA
 State Registrar
 Rev. 1/16



065311527


 David W. Blodgett, MD
 Director/Health Officer

