

Official Record

Recording requested By
FIRST AMERICAN TITLE INSURANCE COMP

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$35.00

Page 1 of 3

RPTT:

Recorded By: AK

Book- 316 Page- 0384

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

N. Peter Horlacher
P.O. Box 758
Panaca, NV 89042



0153465

Space Above This Line for
Recorder's Use Only

A.P.N. 002-131-13

File No.: 116-2532742 (dp)

Affidavit - Death of Trustee

State of Nevada)
County of Lincoln)ss.
)

N. Peter Horlacher ("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. **Delores W. Horlacher** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **May 2, 2016** at **Panaca, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **September 23, 1991** executed by **N. Peter Horlacher and Delores W. Horlacher** 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 **March 24th, 1999** which was recorded as Instrument No. **112584** in Book **141**, Page **157**, of Official Records of **Lincoln** County, Nevada as legally described as follows:

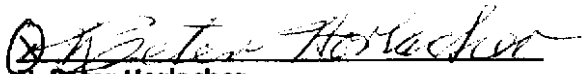
Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 12/20/2017

DECLARANT:


N. Peter Horlacher

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 27th day of December, 2017 by N. Peter Horlacher, 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.

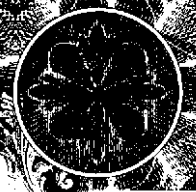
Signature Alyson Long
My Commission Expires: March 17, 2020



Notary Name: Alyson Long Notary Phone: 775-962-5834
Notary Registration Number: 001483-11 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. 3891992

CERTIFICATE OF DEATH

2016008239
 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) Delores Wadsworth HORLACHER		2. DATE OF DEATH (Mo/Day/Year) May 02, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 87 South 3rd Street		3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) June 22, 1933	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr)		9a. STATE OF BIRTH (If not US/CA, name country) Nevada	
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Neil Peter HORLACHER		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 Panaca		15d. STREET AND NUMBER 87 South 3rd Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Allen WADSWORTH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois STEWART		
18a. INFORMANT - NAME (Type or Print) Neil Peter HORLACHER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 758 Panaca, Nevada 89042			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada 89042	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Callente 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) KENYON WALCH 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) May 06, 2016		21c. HOUR OF DEATH 18:05		22b. DATE SIGNED (Mo/Day/Yr) May 06, 2016	
22c. HOUR OF DEATH 18:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 02, 2006		22e. PRONOUNCED DEAD AT (Hour) 18:05	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) R William Katschke Jr. M.D.		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenyon Walch 225 Justice Way Pioche, NV 89043			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 09, 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				Interval between onset and death	
(a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Multiple Sclerosis					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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	

STATE REGISTRAR

VRS-Rev-20120523

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:

5/18/2016

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

Cody P. King
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

