Record

Recording requested By TITLE SERVICE & ESCROW

Lincoln County - NV Leslie Boucher - Recorder Fee: \$35.00

RPTT Book- 317 Page- 0357

Page 1 Recorded By: AE



APN: 13-160-23 TSL-39170-CB

When Recorded Mail To:

GARY C. CARRIGAN 1235 MT HIGHWAY 56 NOXON, MT 59853

The undersigned hereby affirms that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 440.380 (1) (A) and 40.525 (5).

SPACE ABOVE FOR RECORDER'S USE ONLY

## AFFIDAVIT DEATH OF TRUSTEES

STATE OF MONTANA )

COUNTY OF SANDERS)

GARY C. CARRIGAN ("Declarant") of legal age, being first duly sworn, deposes and says:

- 1. THAT the deceased mentioned in the attached certified copies of Certificates of Death, are the same people as GARY ARTHUR CARRIGAN.
- 2. That the decedents, as Trustees, are the same people named as grantee in that certain GRANT, BARGAIN and SALE DEED dated SEPTEMBER 11, 1996 executed by UNIVERSITY OF NEVADA-LAS VEGAS FOUNDATION, WHO AQUIRED TITLE AS UNIVERSITY OF LAS VEGAS NEVADA FOUNDATION to GARY A. CARRIGAN, TRUSTEE OF THE 5 C TRUST and recorded in the Official Records of Lincoln County, Nevada, on OCTOBER 8, 1996 in Book 121 of Official Records, Page 344 and covering all of that certain real property described as follows:

## SEE EXHIBIT 'A' ATTACHED HERETO

- 4. That GARY A. CARRIGAN, TRUSTEE OF THE 5 C TRUST ("Trust"), in GRANT, BARGAIN and SALE Deed, in Book 121 of Official Records, Page 344, mentioned above.
- 5. That Declarant is the successor trustee under the Trust. The Trust was in effect at the dates of the deaths of the Decedents and has not been revoked. Declarant has consented to act as trustee under the Trust.

DATED_	J-	-12	 3010

Declarant,

GARY C. CARRIGAN

STATE OF MONTANA

COUNTY OF SANDERS

SET 1577.

On <u>2-12-2018</u> personally appeared before me, a Notary Public (or Judge or other authorized person, as the case may be), GARY C. CARRIGAN who acknowledged to me that he executed the within instrument.

Notary Public 2-13-2018

MARY O SHANKS NOTARY PUBLIC for the State of Montana Residing at Heron, MT My Commission Expires August 2, 2018

## Exhibit "A"

A PORTION OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 11, TOWNSHIP 3 SOUTH, RANGE 67 EAST, MOUNT DIABLO BASE & MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 3 AS SHOWN ON MAP OF DIVISION INTO LARGE PARCELS FOR GARY A. CARRIGAN, RECORDED AUGUST 7, 1996 IN PLAT BOOK B, PAGE 54 AS FILE NO. 109503 AND CERTIFICATE OF AMENDMENT THERETO RECORDED FEBRUARY 22, 2000 IN PLAT BOOK B OF MAPS, PAGE 287 AS FILE NO. 114163 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

EXCEPTING THEREFROM ALL THAT REAL PROPERTY CONVEYED TO THE COUNTY OF LINCOLN BY DEED OF DEDICATION RECORDED JUNE 13, 2002 IN BOOK 164, PAGE 293 AS DOCUMENT NO. 118301 OF OFFICIAL RECORDS, LINCOLN COUNTY, NEVADA.



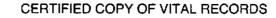
## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH** \_VITAL STATISTICS

-		CERTIFICATE OF DEATH 2011011454										l				
TYPE OR	Ta. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)								STATE FILE NUMBER  2. DATE OF DEATH (Mo/Dey/Year)   3a. COUNTY OF DEATH							
PRINT IN ERMANENT							Z. DATE	1								
BLACK INK	Gary Arthur CARRIGAN  July 18, 2011  3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street   3e. if Hosp. or Inst.										Name DA	Lincoln ate DOA OP/Emer, Rm.   4 SEX				
		IN OF DEATH	and number)						inpatient(Sp		arcate DOA	∢∪P/EMe/	· rum.	4. SEX		
DECEDENT	Caliente		<del></del>		ng Ave Calie						Home			Male		
	5. RACE White (Specify)			ispanic Origin <sup>*</sup> • Non-Hispar			E-Last ay (Years)	7b. UND		<u>7c, UNDĒ</u> HOURS	R 1 DAY	8. DATE	OF BIRTH	(Mo/Day/Yr)		
	(Specify) No - Non-Hispanic birth						7	73 6	14		MINES	Ja	nuary 0	4, 1938		
IF DEATH					NTRY 10 EDUCATION 11. MARRIED, NEVER MARI							POUSE (if	wife, give			
OCCURRED IN	name country) Nevada	United States 15 DIVORCED (Spe								\						
EE HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBE	PATION (Give If Retired)	N (Give Kind of Work Done During Most of		of 14b. K	14b. KIND OF BUSINESS OR IND										
OMPLETION OF RESIDENCE				Firelighter			-	Clark County				Forces? Yes				
ITEMS	15a. RESIDENCE - STATE	15b. COUNT		15c, CITY				d. STREET A		The Person Name of Street, or other Designation of the Person of the Per			LIMITS	(Specify Yes		
	Nevada		incoln		Caliente			477 Musta					or No)	No		
PARENTS	16. FATHER/PARENT - NAME			C A N I		- 1	17, MOTHE	R/PARENT -	The state of the s			1111	la.	N		
	Chester Charles CARRIGAN					_/1			70.		ne LUT	HG	76			
	18a. INFORMANT- NAME (Type or Print)  Gary Chester CARRIGAN  18b. MAIL					ING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1235 Mt. Hwy 56 Noxon, Montana 59853					-0	The same of	1			
:				h orner	V on onever	0.00		WIL HWY	OO NOXON				- 4			
SPOSITION	19a BURIAL, CREMATION, RE Cremat	-	EK (Specify) 19	D. CEMETER			NAME ellows		V 27.1	]19c. LO	CATION	City or T		tate		
			Danas Asti	C C	1	~						he Neva	ada 890	43		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL DIRECTOR LICEN			ENSE	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary						_					
			ENTICATED		807		1		- AF		Caliente					
RADE CALI	TRADE CALL - NAME AND ADD		-AIIVMIEU				7	_	, 133119							
			th occurred at th	ne time, date a	ind place and	18	22a. Or	the basis of	examination	and/or in	vestigation	in my opi	inion deat	h оссилеd at		
	21a. To the best of my kr due to the cause(s) state			·	•	9	្ឋី the time	e, date and pla								
CERTIFIER		/Den/Ve\	245 401	JR OF DEATH		Completed by	-	UMINA ATE SIGNED	(Marine)	<u>:</u> •				SENTICATED		
CERTIFIER	O 2	/Day/TI)	Zic. HOC	JR OF DEATH	The state of the s	통	97 220. DA	-100	(молраулт 9, 2011		22c. F	IOUR OF I	18:40			
	21d. NAME OF ATTEND	ING PHYSIC	AN IF OTHER T	HAN CERTIFI	IER	- Jæ	22b. D/ 22d. Pl	RONOUNCE		/Dav/Yr)	22e F	RONOUN		D AT (Hour)		
	高英 (Type or Print)		WILL STATE	TO IN OLIVER	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Original Property and Street, Original Proper	18	3	76.	8, 2011	·		110110111	18:40	D 711 (110H)		
	23a. NAME AND ADDRESS OF							OR CORONE	750	Print)	23	b. LICENS	E NUMBE	:R		
	Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043									P033						
EGISTRAR	24a. REGISTRAR (Signature)	J 3	ENELLE E	NGLISH			ATE RECEI	VED BY REG	7%	24c. E		E TO COM		BLE DISEASE		
			ATURE AUTH		)	3	1 1	July 27, 2	2011	4	YES		ио 🗵	<u> </u>		
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER O	NLY ONE CAUS	SE PER LINE I	FOR (a), (b), AN	O (c).)	\ \_\						etween on	set and death		
DEATH	PARTI (a) Multiple (									<u></u>		Years				
	DUE TO, OR A	AS A CONSEC	QUENCE OF:		Υ		1			7			etween on	set and death		
ONDITTONS IF ANY WHICH	(b)								Years							
AVE RISE TO IMMEDIATE	DUE TO, OR A	AS A CONSE	QUENCE OF:		•		7					Interval b	etween on	set and death		
CAUSE ->	{c}	\ \	**************************************		1 - 11		//				- 1					
TATING THE	DUE TO, OR A	S A CONSEC	DUENCE OF:	V		-/	7	٠.				Interval b	etween or	set and death		
CAUSE LAST	(d)		7	The same of		1					•					
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause						ying cause gi				UTOPSY 27. WAS		ASE REFERRED			
-/-			The state of the s	in.			and the second			(8	Specify Ye	sorNo) No	or No)	NER (Specify Yes Yes		
- / - /	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE O	F INJURY (Mo/Day	/Yr) 280	. HOUR OF INJUR	Y	28d. DESCRIE	BE HOW INJUR	Y OCCURRED					1,40		
	OR PENDING INVEST. (Specify)															
	28e. INJURY AT WORK (Specify		OF INJURY- A	t home, farm, s	street, factory, of	ffice	28g. LOCA	TION S	TREET OR	R.F.D. No	. CITY	OR TOW	/N	STATE		
1 1	Yes or No)	pullding, et	c. (Specify)	la.												

STATE REGISTRAR

VRS-Rev-20110104



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: 07/28/2011

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

