

LINCOLN COUNTY, NV

2018-154152

\$35.00

Rec:\$35.00

04/27/2018 03:43 PM

FIRST AMERICAN TITLE PASEO VERDE

Pgs=4 AE

OFFICIAL RECORD

LESLIE BOUCHER, RECORDER

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Marshall Davis
P.O. Box 341
Alamo, NV 89001

Space Above This Line for
Recorder's Use Only

A.P.N. 004-081-03

File No.: 116-2539820 (dp)

Affidavit - Death of Trustee

State of Nevada)
County of Clark)ss.
)

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

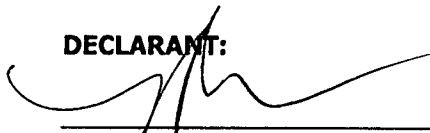
1. **Verl LeMoine Davis and Shirley Ann Davis** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **08/06/2008 and 07/30/2016** at **Alamo, Nevada and Henderson, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 19,1998** executed by **Verl LeMoine Davis and Shirley Ann Davis** 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 **10/21/1998** which was recorded as Instrument No. **111818** in Book **138**, Page **144**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 04/12/2018

DECLARANT:



Marshall Frehner Davis

State of Nevada)
County of Lincoln)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevada, this 13 day of April, 2018 by Marshall Frehner Davis, 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.

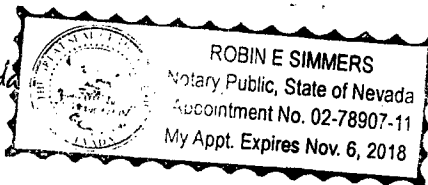
This area for official notarial seal

Signature Robin E. Summers

My Commission Expires: NOV 6 2018

Notary Name: Robin E Summers Notary Phone: 775-725-3586
Notary Registration Number: 02-78907-11 County of Principal Place of Business Lincoln

Robin E Summers
Notary Public, State of Nevada
Appointment No. 02-78907-11
My Appt. Expires Nov. 6, 2018



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3906953

2016013744

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) Shirley Ann DAVIS		2. DATE OF DEATH (Mo/Day/Year) July 30, 2016		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and St Rose Dominican Hospital Siena Campus		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
7d. UNDER 1 DAY HOURS		7e. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) April 01, 1932	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
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 Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 40 Broadway Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lee FREHNER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary CHADBURN		
18a. INFORMANT- NAME (Type or Print) Deanna ANDERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1412 Blaine Ranch Street Henderson, Nevada 89012			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MITCHELL AMOS		20b. FUNERAL DIRECTOR LICENSE NUMBER 30		20c. NAME AND ADDRESS OF FACILITY La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122	
20d. SIGNATURE AUTHENTICATED					
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) HADIZA E HAMZA M.D.			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) August 02, 2016			21c. HOUR OF DEATH 02:48		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
			22c. HOUR OF DEATH		
			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) Hadiza E Hamza M.D. 6725 S Eastern Ave Las Vegas, NV 89119				23b. LICENSE NUMBER 10125	
24a. REGISTRAR (Signature) NANCY BARRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 03, 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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Cardiac Asystole					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Atherosclerotic Heart Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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) 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	

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



316550

316550

Registrar of Vital Statistics

By: *[Signature]*

DATE ISSUED: **AUG 05 2016**

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



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2008011926
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) Verl LeMoine DAVIS		2. DATE OF DEATH (Mo/Day/Year) August 06, 2008		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Us 93 Ln 6 Rural		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Highway in ambulance		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 09, 1928		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Shirley Ann FRENHER	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Auto Repair		14b. KIND OF BUSINESS OR INDUSTRY Sand/ Gravel	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 608 Broadway		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) George Lawrence DAVIS			17. MOTHER - NAME (First Middle Last Suffix) Eveleen Freda FOREMASTER		
18a. INFORMANT - NAME (Type or Print) Shirley Ann DAVIS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 166 Alamo, Nevada 89001		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122	
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) DEREK FOREMASTER 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) DEREK FOREMASTER SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) August 08, 2008		21c. HOUR OF DEATH 11:51		22b. DATE SIGNED (Mo/Day/Yr) August 06, 2008	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 11:51		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 06, 2008	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Derek Foremaster 1050 SR 322 Pioche, NV 89043			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 08, 2008		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) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Diabetes Mellitus, Insulin Dependant					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Hypertension					
PART II					
High Blood Pressure, High Cholesterol					
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

556972

225634

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:

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

PRNCO (Rev) 11/06

08/18/2008

[Signature]
SIGNATURE AUTHENTICATED

VRS-Rev-2008T

