RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Leslie Park 4415 Topaz St Las Vegas, NV 89121 LINCOLN COUNTY, NV

\$35.00

2018-154769

Pgs=3 AK

Rec:\$35.00

06/08/2018 09:33 AM

FIRST AMERICAN TITLE PASEO VERDE

File No.: 116-2544876 (CC)

OFFICIAL RECORD

LESLIE BOUCHER, RECORDER

Space Above This Line for Recorder's Use Only

A.P.N. 001-260-15

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Lincoln)

Leslie A. Park ("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. James L. Park ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **February 26**, **2015** at **Henderson Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated February 23, 2015 executed by James L. Park and Leslie A. Park 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 February 23, 2015 which was recorded as Instrument No. 0146901 in Book NA, Page NA, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: |
|---|
| DECLARANT: |
| Leslie Park |
| |
| State of Nevada))ss County of Clark) |
| County of Conc. |
| SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Could and State , this by Lowe , 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 TERA BARCELOU Notary Public State of Nevada No. 04-86357-1 My Appt. Exp. Aug. 15, 2019 My Appt. Exp. Aug. 15, 2019 |
| Notary Name: Tom Barcelm Notary Phone: 702-234-0552 Notary Registration Number: 04-863671 County of Principal Place of Business Clane |
| Total y Togot Table 1 |



DEPARTMENT OF HEALTH AND HUMAN SERVICES **DIVISION OF HEALTH - VITAL STATISTICS**

| | CERTIFICATE OF DEATH | | | | | | | | 2015003329 | | | | |
|--|---|---|---|----------------|-------------------------------|--|---|---------------------------------------|---|--------------------------------|--|----------------|--|
| TYPE OR | A DECEMBER WITH SEPARATION LANGUAGES | | | | | | | STATE FILE NUMBER | | | | | |
| PRINT IN | | | | | | | 2. DATE OF DEATH (Mo/Day/Year) | | | | 3a. COUNTY OF DEATH | | |
| PERMANENT BLACK INK | James Lee PARK 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Name(If not either, | | | | | | February 26, 2015 Clark ive street an 3e. If Hosp, or Inst. indicate DOA, OP/Emer. Rm. 4, SEX | | | | | | |
| | | | | | | Inpatient(Specify) | | | | | | | |
| ECEDENT | Henderson 5. RACE White 6. Hispan | | | <u> </u> | | | Home 7b. UNDER 1 YEAR 7c. UNDER 1 DAY | | | | 8. DATE OF BIRTH (Mo/Day/Yr) | | |
| | (Specify) | | No - Non-Hispanic | | (Years) | (ears) MOS | | DAYS HOURS MINS | | April 20, 1946 | | | |
| IF DEATH | 9a. STATE OF BIRTH (If not U.S.A., | F WHAT COUNTRY | 68 WHAT COUNTRY 10 EDUCATION 11. MARRIED, N | | | EVER MARRIED, WIDOWED, 12 SURVIVIN | | | | NG SPOUSE (Maiden name) | | | |
| IF DEATH OCCURRED IN ISTITUTION SEE | Nevada | | ed States | 12 | DIVORCED (S | | | | | | | , | |
| HANDBOOK REGARDING | 13. SOCIAL SECURITY NUMBER | CUPATION (Give Kind of Work Done During Most of | | | | 14b. KIND OF BUSINESS OR INDUS | | | | | | | |
| COMPLETION OF RESIDENCE ITEMS | 15a. RESIDENCE - STATE 15b. COU | ME- OITY | Electr | | - CTDEET | Construction STREET AND NUMBER | | | | Forces? No | | | |
| 1 | | | | | | The state of the s | | | | LIMITS (Specify Yes or No) Yes | | | |
| \longrightarrow | Nevada Clark Henderson 16. FATHER/PARENT - NAME (First Middle Last Suffix) 17. J | | | | | 341 East Long Acres Drive | | | | | | | |
| PARENTS SPOSITION | Edwin PARK Sima KESTI | | | | | | | | | | | | |
| | 18a. INFORMANT- NAME (Type or Print) | | | MAILING AD | DRESS (Street or | R.F.D. No, | City or Town | , State, Zip |) | , | ************************************** | - 1 | |
| | Leslie PARK | | | 5030 Par | k Grove C | Court Las | | | | | _ \ | | |
| | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. | | | | | | | | 19c. LOCATION City or Town State Henderson Nevada 89015 | | | | |
| PLOSITION | Burial Palm Henderson Cemete | | | | | | ADDRESS O | NE EACH IT | | erson Ne | vada 89 | 010 | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY NEGIE A MARUCCI 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY LICENSE NUMBER Palm Mortuary-Henderson | | | | | | | | | | | | |
| | SIGNATURE AU | THENTICAT | ED | 84 | 18 | | 800 S Bou | lder Hwy | Hende | rson NV | 89015 | | |
| RADE CALL | TRADE CALL - NAME AND ADDRESS | | | | | | | | | | | | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due so to the cause(s) stated. (Signature & Title) 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) | | | | | | | | | | | | |
| | | , | IOZIS DO | | OFFI OFFI | W. | 1 | | | | | | |
| | ୍ଷ୍ତି <mark>March 02, 2015 03:15</mark> | | | | | DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH | | | | | | | |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Ho | | | | | | | | | D AT (Hour) | | | |
| | 23a. NAME AND ADDRESS OF CERTIFIE Micha | | | | as Vegas, NV | 89119 | , , | W | | 3b. LICENS | 476 | | |
| EGISTRAR | 24a. REGISTRAR (Signature) | | ZANNIS | | 24b. DATE RECE (Mo/Day/Yr) | | 76. | 24c. [| | | | BLE DISEASE | |
| | | | UTHENTICATED | | 1 | March 02 | 2, 2015 | | YES | | NO X | | |
| CAUSE OF DEATH | Henatocellular | | CAUSE PER LINE F | OR (a), (b), | AND (c).) | | 160 | | | 5 Year | | nset and death | |
| | DUE TO, OR AS A CON | 1. | | | | - | | · · · · · · · · · · · · · · · · · · · | j | | | nset and death | |
| CONDITIONS IF | (b) | 1 | | | 1 | | | | į | | | | |
| ANY WHICH GAVE RISE TO | DUE TO, OR AS A CONSEQUENCE OF: | | | | | | Interval between onset and d | | | | | set and death | |
| IMMEDIATE CAUSE > | / | | | | | | | | | | | | |
| CAUSE STATING THE UNDERLYING CAUSE LAST | (d) | | | | | | | | | | | | |
| | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Diabetes Mellitus 2 26. AUTOPSY (Specification of the properties of the part 1) Part 1. Yes or No.) No. No. | | | | | | | | | | | | |
| | | | | | | | inv ocal inni | | | No | (Specify 1 | Yes | |
| | 28a, ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | IE OF INJURY (A | 10/Day/11) 286 | . HOUR OF IN | JON 1 280, DESCR | IDE HOW INJU | WI OCCORRE | _U | | | | | |
| | 28e. INJURY AT WORK (Specify 28f. PL | ACE OF INJUI | RY- At home, farm, | street, factor | , office 28g. LOCA | ATION | STREET OF | R R.F.D. No | o. CIT | Y OR TOV | VN . | STATE | |
| | | g, etc. (Specify | | | | | | | | | | | |
| 38 | | | | STAT | TE REGISTRAF |) | • | | | ·· | | <u> </u> | |
| 38194 | | / | - / | SIA | L REGISTRAN | • | | | | | | | |
| :F- === | 76. | | | | | | | | | | | | |

VRS-Rev-20120523a



"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 the State Board of Health pursuant to NRS 440.175.

DATE ISSUED:

Registrar of Vital Statistic

This Copy not valid unless prepared on engraved border 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

