

LINCOLN COUNTY, NV

2019-156795

\$35.00

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FIRST AMERICAN TITLE PASEO VERDE

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OFFICIAL RECORD

AMY ELMER, RECORDER

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

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

Love Revocable Trust under
agreement dated May 30, 2008
P.O. Box 187
Caliente, NV 89008

Space Above This Line for
Recorder's Use Only

SIGNED IN COUNTERPART

A.P.N. 003-021-20

File No.: 119-2568935 (RC)

Affidavit - Death of Trustee

State of NV)
)ss.
County of Clark)

Mary L. Love and Daniel A. Love ("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. **Jean Rogers Love** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 10, 2012** at **Mesquite, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 30, 2008** executed by **L. David Love and Jean R. Love, Trustees of the Love Revocable Trust under agreement dated May 30, 2008** 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 and Sale Deed** dated **5/30/2008** which was recorded as Instrument No. **0131760** in Book **20080619**, Page , 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

Dated: 7/29/19

DECLARANT:

Mary L. Love
Mary L Love, Co-Trustee Mary L. Love, Co-Trustee
SIGNED IN COUNTERPART

Daniel A Love, Co-Trustee

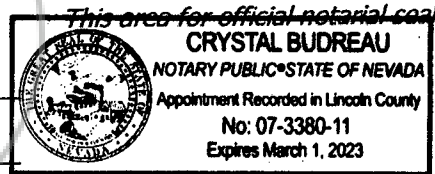
State of Nevada)
)ss
County of Lincoln)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevada, this 31 day of July, 2019 by Mary L. Love, Co-Trustee of the Love Revocable Trust, 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 Crystal Budreau

My Commission Expires: Mar 1, 2023



Notary Name: Crystal Budreau Notary Phone: 775-726-3639
Notary Registration Number: 07-3380-11 County of Principal Place of Business Lincoln

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: 7/29/2019

DECLARANT:

SIGNED IN COUNTERPART

Mary L. Love, Co-Trustee

Daniel A Love

Daniel A. Love, Co-Trustee

State of Colorado)
)ss
County of Montrose)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Montrose and State Colorado, this 29 day of July, 2019 by ~~one Daniel A. Love~~ personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

Daniel A. Love, Co-trustee of the Love Revocable Trust

WITNESS my hand and official seal.

This area for official notarial seal

Signature *Portia Groves*

My Commission Expires: 4/16/23

Notary Name: Portia Groves

Notary Phone: 970-323-5565

Notary Registration Number: 20194014603

County of Principal Place of Business State of CO

PORTIA GROVES
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20194014603
MY COMMISSION EXPIRES APRIL 16, 2023

**STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH—VITAL STATISTICS**

CERTIFICATE OF DEATH

2012019645

STATE FILE NUMBER

| | | | | | | | | | | | | |
|--|---|---|---|--|---|---|---|--------------|---|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jean Rogers LOVE | | | 2. DATE OF DEATH (Mo/Day/Year) December 10, 2012 | | 3a. COUNTY OF DEATH Clark | | | | | | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Mesquite | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 312 North Arrowhead Lane | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | | 4. SEX Female | | | | | |
| DECEDENT | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 84 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) January 16, 1928 | |
| | 9a. STATE OF BIRTH (if not U.S.A., name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 18 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) L David LOVE | | | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 13. SOCIAL SECURITY NUMBER [REDACTED] | | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) School Teacher | | | 14b. KIND OF BUSINESS OR INDUSTRY Education | | | Ever in US Armed Forces? No | | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Clark | | 15c. CITY, TOWN OR LOCATION Mesquite | | 15d. STREET AND NUMBER 312 North Arrowhead Lane | | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | |
| PARENTS | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Francis Elvino ROGERS | | | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary A POTTER | | | | | | |
| | 18a. INFORMANT- NAME (Type or Print) Mary Love ISOM | | | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 103 Panaca, Nevada 89042 | | | | | | |
| ISPOSITION | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | | 19b. CEMETERY OR CREMATORY - NAME Pioche Oddfellows Cemetery | | | 19c. LOCATION City or Town State Pioche Nevada 89043 | | | | | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED | | | 20b. FUNERAL DIRECTOR LICENSE 49 | | 20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021 | | | | | | |
| RADE CALL | TRADE CALL - NAME AND ADDRESS Southern Nevada Mortuary 730 Front Street Caliente NV 89008 | | | | | | | | | | | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ASMA HABIB 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) December 12, 2012 | | | 21c. HOUR OF DEATH 05:42 | | | 22b. DATE SIGNED (Mo/Day/Yr) | | | 22c. HOUR OF DEATH | | |
| | 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) Asma Habib M.D. 210 N Sandhill Dr. Mesquite, NV 89027 | | | | | | 23b. LICENSE NUMBER 8087 | | | | | |
| REGISTRAR | 24a. REGISTRAR (Signature) LIZ MUNFORD SIGNATURE AUTHENTICATED | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2012 | | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| CAUSE OF DEATH | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | | | | | | Interval between onset and death |
| | PART I (a) Advanced Alzheimer | | | | | | | | | | | Interval between onset and death |
| | DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | | Interval between onset and death |
| | (b) Adult failure to thrive | | | | | | | | | | | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | | Interval between onset and death | |
| (c) | | | | | | | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | | Interval between onset and death | |
| (d) | | | | | | | | | | | Interval between onset and death | |
| 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

"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 as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

John Middaugh, M.D.
Registrar of Vital Statistics

By: 

Date Issued:

DEC 13 2012

