

LINCOLN COUNTY, NV

2019-156796

\$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)
County of Clark)ss.
)

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. **L. David Love** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **4/8/13** at **Caliente, 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 Sell 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

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

Mary L. Love
Mary L. Love, Co-Trustee Mary L. Love, Co-trustee

SIGNED IN COUNTERPART
Daniel A. Love, Co-Trustee

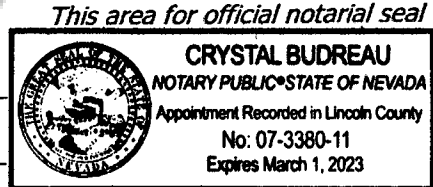
State of Nevada)
)ss
County of Lincoln)

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: 975-926-3139
Notary Registration Number: 07-3380-11 County of Principal Place of Business Lincoln

Dated: 7/29/19

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 me ~~Portia Groves~~, 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
This area for official notarial seal

WITNESS my hand and official seal.

Signature *Portia Groves*

My Commission Expires: 4/16/23

Notary Name: Portia Groves Notary Phone: 970-323-5565
Notary Registration Number: 20194014607 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

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2013006330
STATE FILE NUMBER

DE OR
INT IN
ANENT
CK INK

DECEDENT

DEATH
OCCURRED IN
INSTITUTION
AND BOOK
WARDING
SECTION OF
RESIDENCE
TERMS

PARENTS

POSITION

DE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
WHICH
THE RISE TO
MEDIATE
CAUSE
DURING THE
LIEFLING
USE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lilburn David LOVE		2. DATE OF DEATH (Mo/Day/Year) April 08, 2013		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 20, 1923		9a. STATE OF BIRTH (If not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) School Administrator		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Mesquite	
15d. STREET AND NUMBER 312 Arrowhead Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Guy Alfred LOVE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Louise HUSELAND		
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		
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) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21. 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) SIGNATURE AUTHENTICATED MICHAEL LUEDEMAN			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) April 09, 2013		21c. HOUR OF DEATH 15:45		22b. DATE SIGNED (Mo/Day/Yr)	
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) MD MICHAEL LUEDEMAN PO Box 1010 Caliente, NV 89008				23b. LICENSE NUMBER 14495	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 19, 2013		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) Respiratory Failure				2 Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Congestive Heart Failure				5 Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Kidney Failure (Renal Failure)				5 Years	
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 1. Congestive Artery Disease				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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 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:

04/19/2013

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

STATE REGISTRAR
Rod White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

