

LINCOLN COUNTY, NV

2020-158079

\$37.00

02/11/2020 02:53 PM

Rec:\$37.00

FA NV DIRECT TITLE

Pgs=4 AK

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:**

Minerva Pearl Hatch  
P.O. Box 815  
Moapa, NV 89025

Space Above This Line for  
Recorder's Use Only

**A.P.N. 004-071-10**

File No.: 116-2582919 (dp)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Lincoln )ss.  
)

**Minerva Pearl Hatch** ("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. **Roger J. Hatch** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **08/13/2013** at **Las Vegas, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **09/07/2006** executed by **Roger J. Hatch and Minerva Pearl Hatch** 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 **09/07/2006** which was recorded as Instrument No. **127487** in Book **223**, Page **162**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

**DECLARANT:**

Minerva Pearl Hatch  
**Minerva Pearl Hatch**

State of Nevada )  
County of Clark )ss )

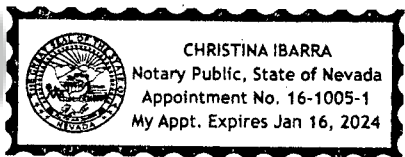
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada, this 11 day of Feb, 2020 by Minerva Pearl Hatch, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature [Handwritten Signature]

My Commission Expires: Jan 16 2024



Notary Name: Christina Ibarra Notary Phone: \_\_\_\_\_  
Notary Registration Number: 161005-1 County of Principal Place of Business Clark

**EXHIBIT 'A'**

**THAT PART OF LOT 3 IN BLOCK 57 IN THE TOWN OF ALAMO, NEVADA DESCRIBED AS:**

**BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 3, AND THENCE RUNNING EAST  
247.5 FEET;  
THENCE SOUTH 86.5 FEET;  
THENCE WEST 247.5 FEET;  
THENCE NORTH 86.5 FEET;  
TO THE PLACE OF BEGINNING.**

**NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT  
CERTAIN DOCUMENT RECORDED SEPTEMBER 27, 2006, IN BOOK 223, PAGE 162, AS  
INSTRUMENT NO. 127487.**

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

**CERTIFICATE OF DEATH**

**2013013401**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Roger J HATCH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 13, 2013</b>		3a. COUNTY OF DEATH <b>Clark</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Sunrise Hospital Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Pearl HOFFMAN</b>		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even If Retired) <b>Rancher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		15. Ever in US Armed Forces? <b>No</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
DISPOSITION	15d. STREET AND NUMBER <b>42 S. Purple Sage Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Rulon HATCH</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sarah SCHENCK</b>		18a. INFORMANT- NAME (Type or Print) <b>Pearl HATCH</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>42 S. Purple Sage Avenue Alamo, Nevada 89001</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Alamo City Cemetery</b>		19c. LOCATION City or Town State <b>Alamo Nevada</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICHARD C BOBO</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>252</b>		20c. NAME AND ADDRESS OF FACILITY <b>Bunker's Mortuary</b> <b>925 N Las Vegas Blvd Las Vegas NV 89101</b>	
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) <b>ALEXANDER AKHAVAN MD</b> <b>SIGNATURE AUTHENTICATED</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>August 15, 2013</b>		21c. HOUR OF DEATH <b>22:22</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) <b>ALEXANDER AKHAVAN MD 3022 S Durango Las Vegas, NV 89178</b>		23b. LICENSE NUMBER <b>11478</b>		24a. REGISTRAR (Signature) <b>NINETTE HARRINGTON</b> <b>SIGNATURE AUTHENTICATED</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 15, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	25. IMMEDIATE CAUSE (PART I)		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	(a) <b>Congestive heart failure</b>		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28c. HOUR OF INJURY		
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28d. DESCRIBE HOW INJURY OCCURRED		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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: *[Signature]*

Date Issued: **AUG 19 2013**

