

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Lorena A. Stever  
P.O. Box 146  
Pioche, NV 89043

Space Above This Line for  
Recorder's Use Only

**A.P.N. 001-087-09**

File No.: 116-2581531 (dp)

**Affidavit - Death of Trustee**

State of Nevada )  
 )ss.  
County of Lincoln )

**Lorena A. Stever** ("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. **John D. Cole** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **02/04/2008** at **Caliente, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **04/22/2004** executed by **John D. Cole and Kathleen M. Cole** 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 **04/22/2004** which was recorded as Instrument No. **122270** in Book **186**, Page **146**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:**

Lo A Stever  
**Loirena A. Stever**

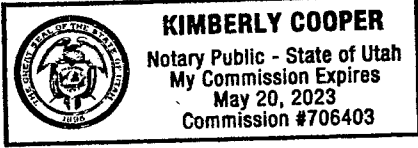
State of UTAH )  
County of Washington )ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washington and State UTAH this 19th day of May, 20 20 by Loirena A. Stever, 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 Kimberly Cooper  
My Commission Expires: May 20, 2023



Notary Name: Kimberly Cooper Notary Phone: 435-862-8562  
Notary Registration Number: 706403 County of Principal Place of Business Washington

**EXHIBIT 'A'**

**LOTS 24, 25, 26, 27, 28 AND 28A IN BLOCK 3 AS SAID LOTS AND BLOCK ARE  
DELINEATED ON THE OFFICIAL PLAT OF THE TOWN OF PIOCHE ON FILE IN THE OFFICE  
OF THE COUNTY RECORDER OF SAID COUNTY OF LINCOLN, STATE OF NEVADA.**

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2008001869  
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) <b>John Donald COLE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 04, 2008</b>		3a COUNTY OF DEATH <b>Lincoln</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Grover C Dilis Medical Center</b>		3e If Hosp or Inst indicate DOA, OP/Emer Rm Inpatient(Specify) <b>Inpatient</b>	
4 SEX <b>Male</b>		7a AGE-Last birthday (Years) <b>84</b>		7b UNDER 1 YEAR <b>MOS</b>	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7c UNDER 1 DAY <b>HOURS</b>	
8 DATE OF BIRTH (Mo/Day/Yr) <b>January 26, 1924</b>		9a STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>13</b>		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (if wife, give maiden name) <b>Kathleen Mary HINE</b>	
13 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		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>Ranching</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Lincoln</b>		15c CITY, TOWN OR LOCATION <b>Pioche</b>	
15d STREET AND NUMBER <b>E. Hoffman &amp; Main</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER - NAME (First Middle Last Suffix) <b>John William COLE</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Anna SUCCETTI</b>		18a INFORMANT- NAME (Type or Print) <b>Kathleen Mary COLE</b>		18b MAILING ADDRESS (Street or R F D. No, City or Town, State, Zip) <b>E. Hoffman &amp; Main Pioche, Nevada 89043</b>	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Southern Utah Cemetery</b>		19c. LOCATION City or Town State <b>Cedar City Utah</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE <b>807</b>		20c NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
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) <b>RICHARD WILLIAM KATSCHKE JR. M.D.</b>		21b DATE SIGNED (Mo/Day/Yr) <b>February 05, 2008</b>		21c HOUR OF DEATH <b>04:45</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)	
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>Richard William Katschke Jr. M.D. P.O. Box 1010 Caliente, NV 89008</b>				23b LICENSE NUMBER <b>10509</b>	
24a REGISTRAR (Signature) <b>TODD BOYER</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 07, 2008</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Metastatic Colon Cancer</b>				<b>Months</b>	
(b) <b>DUE TO, OR AS A CONSEQUENCE OF Coronary Artery Disease</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure</b>				<b>Years</b>	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				Interval between onset and death	
PART II				26 AUTOPSY (Specify Yes or No)	
27 WAS CASE REFERRED TO CORONER (Specify Yes or 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

536996

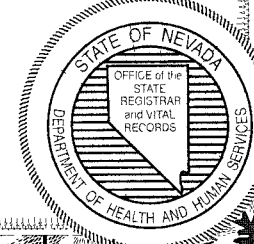
CERTIFIED COPY OF VITAL RECORDS

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

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

VRS-Rev-2008K