

LINCOLN COUNTY, NV

2020-158821

\$37.00

08/07/2020 02:33 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:**

Kent Horlacher
*6208 DARBY CREEK COURT
NO. LAS VEGAS, NV 89081*

Space Above This Line for
Recorder's Use Only

A.P.N. 002-173-07

File No.: 116-2595644 (MS)

Affidavit - Death of Trustee

State of Nevada)
County of Clark)ss.
)

Kent Horlacher ("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. **N. Peter Horlacher** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **1-21-2019** 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 **September 23, 1991** executed by **N. Peter Horlacher** 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 **5-5-2005** which was recorded as Instrument No. **0128465** in Book , 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

Dated: 8-3-2020

DECLARANT:

Kent Horlacher, Successor Trustee
Kent Horlacher

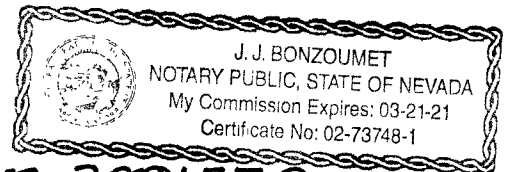
State of NV)
)ss
County of Clark)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State NV, this 16 day of Aug 2020 by Kent Horlacher, 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 JJ Bonzoumet
My Commission Expires: 3/21/21

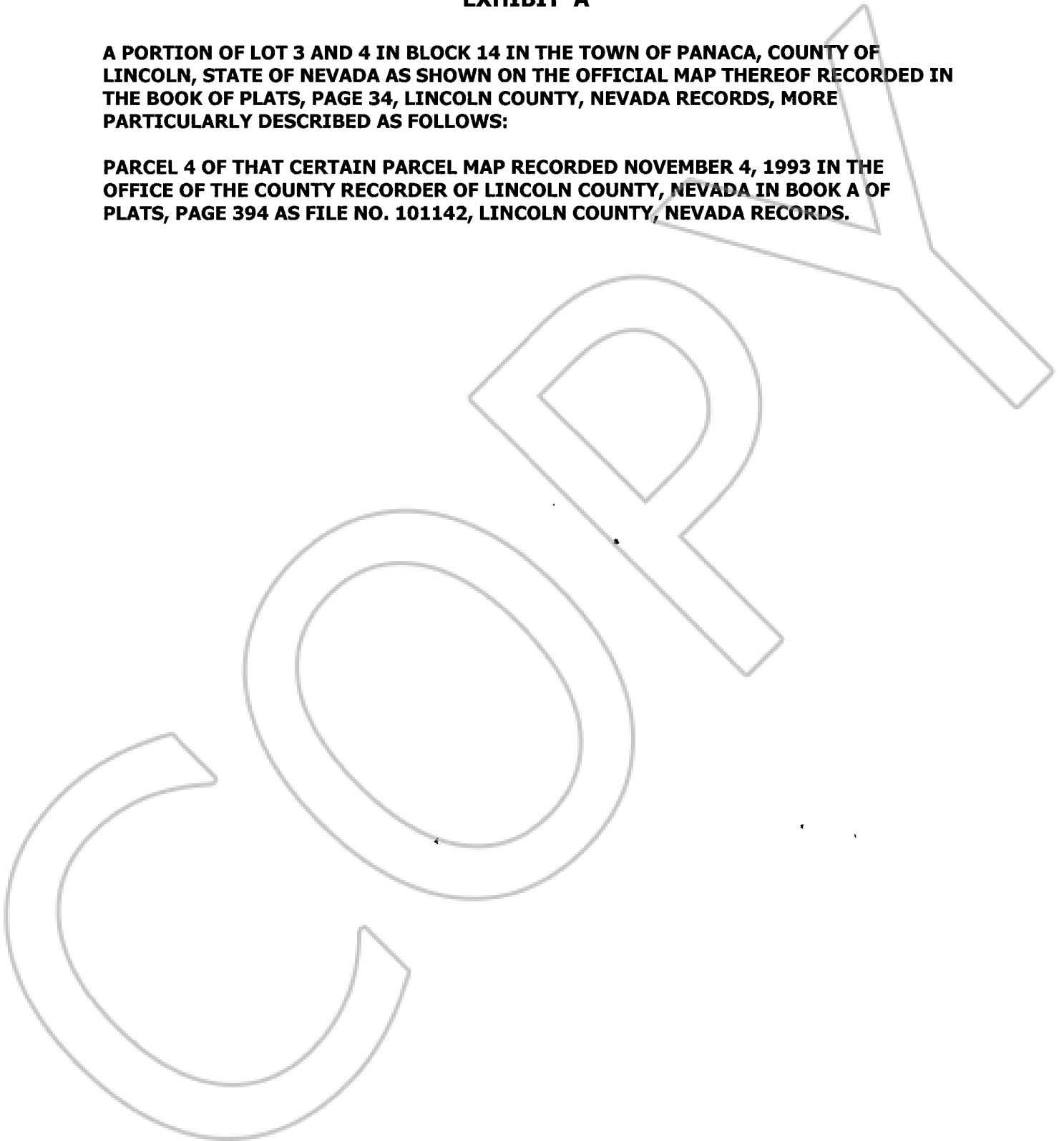


Notary Name: JJ Bonzoumet Notary Phone: 702-280-270
Notary Registration Number: 02-73748-1 County of Principal Place of Business Clark

EXHIBIT 'A'

A PORTION OF LOT 3 AND 4 IN BLOCK 14 IN THE TOWN OF PANACA, COUNTY OF LINCOLN, STATE OF NEVADA AS SHOWN ON THE OFFICIAL MAP THEREOF RECORDED IN THE BOOK OF PLATS, PAGE 34, LINCOLN COUNTY, NEVADA RECORDS, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 4 OF THAT CERTAIN PARCEL MAP RECORDED NOVEMBER 4, 1993 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK A OF PLATS, PAGE 394 AS FILE NO. 101142, LINCOLN COUNTY, NEVADA RECORDS.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 4062280

2019001047
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) Neil Peter HORLACHER		2 DATE OF DEATH (Mo/Day/Year) January 21, 2019		3a COUNTY OF DEATH Lincoln	
3b CITY, TOWN, OR LOCATION OF DEATH Caliente		3c HOSPITAL OR OTHER INSTITUTION (Name if not ether, give street address) Grover C Dis Medical Center		3e If Hosp or Inst indicate DOA, OP/Emer Rm Inpatient(Specify) Inpatient	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (years) 86		7b UNDER 1 YEAR MO'S DAYS HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) January 04, 1933	
9a STATE OF BIRTH (If not US/CA, name country) Nevada		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13 SOCIAL SECURITY NUMBER [REDACTED]	
14a USUAL OCCUPATION (Give kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		15e IF SIDE CITY LIMITS (Specify Yes or No) Yes	
15a RESIDENCE - STATE Nevada		15b COUNTY Lincoln		15c CITY, TOWN OR LOCATION Panaca	
15d STREET AND NUMBER 87 South 3rd Street		16 FATHER/PARENT - NAME (First Middle Last Suffix) Harry Hearne HORLACHER		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Susan Eliza CHRISTIANSEN	
18a INFORMANT - NAME (Type or Print) Kent HORLACHER		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 6208 Darby Creek Court North Las Vegas, Nevada 89081			
19a BURIAL CREMATION REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c LOCATION City or Town State Panaca Nevada 89042	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TCDD BOYER		20b FUNERAL DIRECTOR LICENSE NUMBER FD807		20c NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) R WILLIAM KATSCHKE MD		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) January 22, 2019		21c HOUR OF DEATH 11 26		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) R William Katschke MD P O Box 1010 Caliente, NV 89008				23b LICENSE NUMBER 10509	
24a REGISTRAR (Signature) ANGELICA RAMIREZ		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 24, 2019		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 (a) Multifocal Pneumonia		Interval between onset and death Days			
(b) Chronic Obstructive Pulmonary Disease		Interval between onset and death Years			
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF		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) 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

VRC Rev 20120523a



CERTIFIED COPY OF VITAL RECORDS

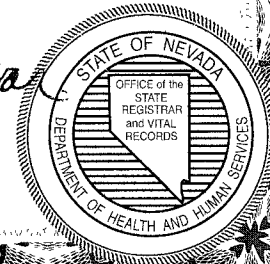
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

JAN 24 2019

Julie Katschke
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE