

LINCOLN COUNTY, NV

2020-158825

\$37.00

08/07/2020 03:04 PM

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FA NV DIRECT TITLE

Pgs=4 KE

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. 002-173-08

File No.: 116-2595638 (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 **Quitclaim Deed** dated **1-14-2002** which was recorded as Instrument No. **117580** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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
Kent Horlacher Trustee

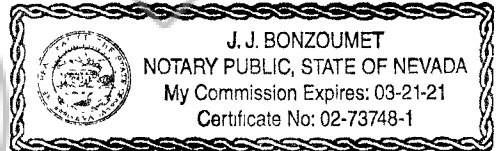
State of Nevada)
)ss
County of Clark)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State NV, this 6 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.

Signature JJ Bonzoumet
My Commission Expires: 3/21/21

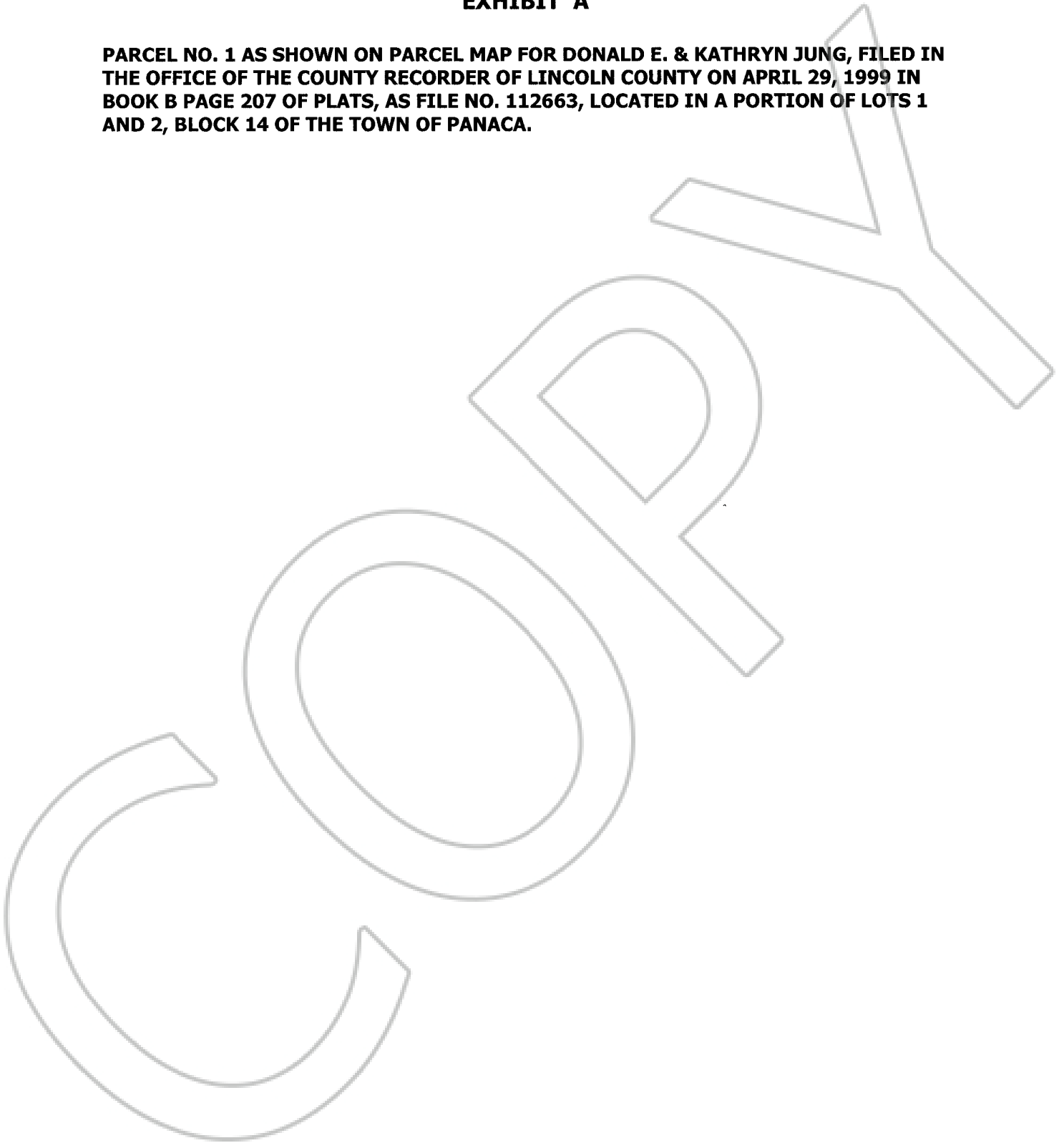
This area for official notarial seal



Notary Name: J Bonzoumet Notary Phone: 702.280.1279
Notary Registration Number: 02-73748-1 County of Principal Place of Business Clark

EXHIBIT 'A'

PARCEL NO. 1 AS SHOWN ON PARCEL MAP FOR DONALD E. & KATHRYN JUNG, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON APRIL 29, 1999 IN BOOK B PAGE 207 OF PLATS, AS FILE NO. 112663, LOCATED IN A PORTION OF LOTS 1 AND 2, BLOCK 14 OF THE TOWN OF PANACA.



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	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 either, give street and inpatient)(Specify) Grover C Dils Medical Center Inpatient		3e If Hosp or Inst indicate DOA, OP/Emer Rm Male	
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Las' birthday (Years) 86	
	7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		7d UNDER 1 MIN MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)			
PARENTS	13 SOCIAL SECURITY NUMBER [REDACTED]		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
	15a RESIDENCE - STATE Nevada		15b COUNTY Lincoln		15c CITY TOWN OR LOCATION Panaca	
DISPOSITION	16 FATHER/PARENT - NAME (First Middle Last Suffix) Harry Hearne HORLACHER		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Susan Eliza CHRISTIANSEN			
	18a MAILING ADDRESS (Street or P.O. No, City or Town, State Zip) Kent HORLACHER		18b MAILING ADDRESS (Street or P.O. No, City or Town, State Zip) 6208 Darby Creek Court North Las Vegas, Nevada 89021			
TRADE CALL	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) TODD BOYER		20b FUNERAL DIRECTOR LICENSE NUMBER FD807		20c NAME AND ADDRESS OF FACILITY 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) 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)	
REGISTRAR	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
	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			
CAUSE OF DEATH	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		26 AUTOPSY (Specify Yes or No) No			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Multifocal Pneumonia		Interval between onset and death Days		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(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						
28a ACC. SUPP. OR UNDET. OR PENDING INVEST (Specify)		28b DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY		
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 P.F.D No CITY OR TOWN STATE		

STATE REGISTRAR

VRS-Rev-20120523a



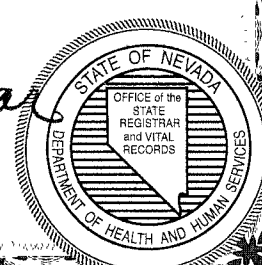
CERTIFIED COPY OF VITAL RECORDS

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