RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

LESLIE A. PARK P.O.BOX 12041 LAS VEGAS, NV 89112 LINCOLN COUNTY, NV

\$37.00

Rec:\$37.00

FA NV DIRECT TITLE

OFFICIAL RECORD

AMY ELMER, RECORDER

2020-158974

09/21/2020 03:54 PM

File No.: 116-2601761 (CC)

Pgs=4 AK

Space Above This Line for Recorder's Use Only

A.P.N. 001-270-10

Affidavit - Death of Trustee

State of

NEVADA

)ss.

County of

CLARK

LESLIE A. PARK ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- JAMES L. PARK ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on FEBRUARY 26,2015 at HENDERSON, NV (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated FEBRUARY 23 2015 executed by JAMES L. PARK 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 SALE DEED dated MARCH 5, 2015 which was recorded as Instrument No. 0146893 in Book 293, Page 0222, of Official Records of CLARK 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:		
DECLARANT: Zerle Chara, TTE LESLIE A. PARK		
State of NEVADA)	//	
)ss County of CLARK)	d) hasana ka sha ya	deviaged a Netagy Public in and
SUBSCRIBED AND SWORN TO (or affirmed for said County and so day of day of sais of satisfactory evidence to be the per	State <u>Neva</u> Septemben , personally kno	da, this , 20_ <u></u> by ow to me or proved to me on the
WITNESS my hand and official seal.		This area for official notarial seal
Signature My Commission Expires: (ついよう)	//	GRACE D. GUERRERO NOTARY PUBLIC STATE OF NEVADA Appt. No. 99-50942-1 My Appt. Expires Oct. 12, 2022
Notary Name: <u>(これよう) (これをといい</u> Notary Registration Number: 99 <u> </u>		cipal Place of Business CLACK County
	and the same of th	

EXHIBIT 'A'

SITUATED WITHIN THE SOUTHEAST QUARTER (SE 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OR THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 11, T.I.N., R.67E., M.D.M., TOWN OF PIOCHE, LINCOLN COUNTY, STATE OF NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: PARCEL FORTY ONE (41), (SE1/4, SE1/4, NE1/4, SE1/4), AS SHOWN ON THAT CERTAIN PARCEL MAP RECORDED JULY 3, 2006 IN PLAT BOOK "C" PAGE 233, AS FILL NO. 126782, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.



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

CERTIFICATE OF DEATH

2015003329

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~~A	TI	346	300	⊏	R.I.I	184	DI	=n	

TYPE OR ,	STATE FILE NUMBER													
PRINTIN	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH										H			
ERMANENT	James Lee	PAR	RK			February	5\	Clark						
BLACK INK		3c. HOSPITAL	OR OTHE	OTHER INSTITUTION -Name(If not either, give			reet an 3e.If Hos	dicate DOA						
	Henderson		·					Inpatient(Specify)					Malo	
ECEDENT	5. RACE White		le uio		11 East Long Acres Drive Origin? Specify 7a. AGE-Last birthday			INDED 1 VE	p l7c HNDE	Home	IR DATE	OE BIRTH /M	Male	
	(Specify)	No - Non-Hispanic (Years)				MOS DAYS			1 1	April 20, 19				
IF DEATH OCCURRED IN ISTITUTION SEE	9a. STATE OF BIRTH (If not U.S Nevada	United States 12 DIVORCED (Special Control of Control o												
HANDBOOK REGARDING OMPLETION OF RESIDENCE	13. SOCIAL SECURITY NUMBER 14a.		USUAL OCCUPATION (Give Kind of Work Done Durin Electrician			ian	Construction					Ever in US Armed Forces? No		
ITEMS	15a. RESIDENCE - STATE	15c. CI	c. CITY, TOWN OR LOCATION 15d.			REET AND NUM		. 1	LIMITS (Sp	E CITY pecify Yes				
\longrightarrow	Nevada	C	Clark		Henderso	วก	341 Ea	ast Long Ac	res Drive			or No)	Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Edwin PARK				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sima KESTI									
	18a. INFORMANT- NAME (Type or Print) Leslie PARK			1	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5030 Park Grove Court Las Vegas, Nevada 89120									
	19a. BURIAL, CREMATION, RE	MOVAL, OTH	ER (Specify) 19	. CEMET	ETERY OR CREMATORY - NAME			19c. LOCATIO			N City or Town State			
SPOSITION	Buria	ıl			Palm He	emetery	tery H			enderson Nevada 89015				
	20a. FUNERAL DIRECTOR - SI			s Such)	20b. FUNERAL		Oc. NAME							
	NEGIE A MARUCCI				LICENSE NUMI 848	754			-	lenderson				
		URE AUTH	ENTICATED			- 1		000 S B	пение	erson NV 89015				
RADE CALL	TRADE CALL - NAME AND ADD						10.11.1	/ /				d		
	21a. To the best of my kn to the cause(s) stated.(Si	gnature & Title		ATURE A	te and place and du AUTHENTICATE			is of examination and place and d					1	
CERTIFIER	21b. DATE SIGNED (Mo	/Day/Yr)	21c. HOU	R OF DE/ 03:	The state of the s	Be Comple	b. DATE S	IGNED (Mo/Day	ι(Λί)		HOUR OF			
ဥမ္မွာ (Type or Print)									PRONOUNCED DEAD AT (Hour)					
									3b. LICENS	SE NUMBER 476				
EGISTRAR	24a. REGISTRAR (Signature)		SUSAN ZA		79	24b. DATE RI (Mo/Day/Yr)		BY REGISTRAF ch 02, 2015	24c.	DEATH DI YES		MMUNICABL	E DISEASE	
CAUSE OF	25. IMMEDIATE CAUSE				NE FOR (a), (b), Al	VD (c).)		, A		1	Interval t	oetween onse	t and death	
DEATH	PARTI (a) Hepatoce	ellular Ca	arcinoma			\	1			į	5 Year	rs		
DEATH	DUE TO, OR AS A CONSEQUENCE OF:										Interval t	etween onse	t and death	
CONDITIONS IF ANY WHICH GAVE RISE TO	(b) DUE TO, OR A	AS A CONSE	NIEMOE OE		· · · · · · · · · · · · · · · · · · ·						Interval h	oetween onse	t and dooth	
IMMEDIATE		no A CONSEC	QUENCE OF .			/	/			i	intervaria	Jetween onse	t and death	
STATING THE SUNDERLYING	(c) DUE TO, OR A	AS A CONSEC	UENCE OF:	····		_	/				Interval	between onse	et and death	
CAUSE LAST	(d)		<u> </u>	No.		/ /	·							
/	PART II OTHER SIGNIFICANT Diabetes Mel		S-Conditions cor	tributing t	o death but not res	ulting in the un	iderlying ca	iuse given in Pa		26. AUTO Yes or No		if 27. WAS CAS REFERRED T (Specify Yes	E O CORONER or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28b. DATE OF INJURY (Mo/Day/YI) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED														
, , -	28e. INJURY AT WORK (Specif Yes or No)	y 28f. PLACE building, etc		home, fa	rm, street, factory,	office 28g. L.	OCATION	STREET	OR R.F.D. N	lo. CIT	ry or tov	W	STATE	
3819415				7	STATE	REGISTR	RAR							
15			/ /											

"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 authorized by the State Board of Health pursuant to NRS 440.175.

WAR 6 4 2015

Registrar of Vital Sta

DATE ISSUED:

By:

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

SOUTHERN NEVADA HEALTH DISTRICT · P.O. Box 3902 · Las Vegas, NV 89127 · 702-759-1010 · Tax ID # 88-0151573

