

APN#: 013-160-48

LINCOLN COUNTY, NV

2020-158978

\$37.00

Rec:\$37.00

09/21/2020 04:26 PM

FA NV DIRECT TITLE

Pgs=5 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

Gary C. Carrigan, Successor
Trustee

1235 MT Hwy 56

Noxon

MT

Mail Tax Statements to: (deeds only)

59853

(space above for Recorder's use only)

2599633

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Shelby Silveira Escrow Assistant

Print name

Title

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Gary C. Carrigan, of legal age, being first duly sworn, deposes and says:

1. Gary A. Carrigan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gary A. Carrigan named as Trustee in the Declaration of Trust dated 4/20/1995 and executed by Gary A. Carrigan as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as Caliente, NV, which property is described in a Deed which was executed by University of Nevada-Las Vegas Foundation, who acquired title as University of Las Vegas Nevada Foundation as Grantor(s) on September 11, 1996 and recorded as Instrument No. 106042, in Book 121, Page 344, of Official Records of Lincoln County, Nevada, covering the following described property situated in the County of Lincoln, State of Nevada:
3. The legal description of said property is as follows:

See "Exhibit A" Attached Hereto
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 9-4-2020 *Gary C. Carrigan*
Gary C. Carrigan, Successor Trustee

STATE OF ~~NEVADA~~ MONTANA } SS
COUNTY OF SANDERS

This instrument was acknowledged before me on September 4, 2020
By Gary C. Carrigan.

Mary O. Shanks
Notary Public

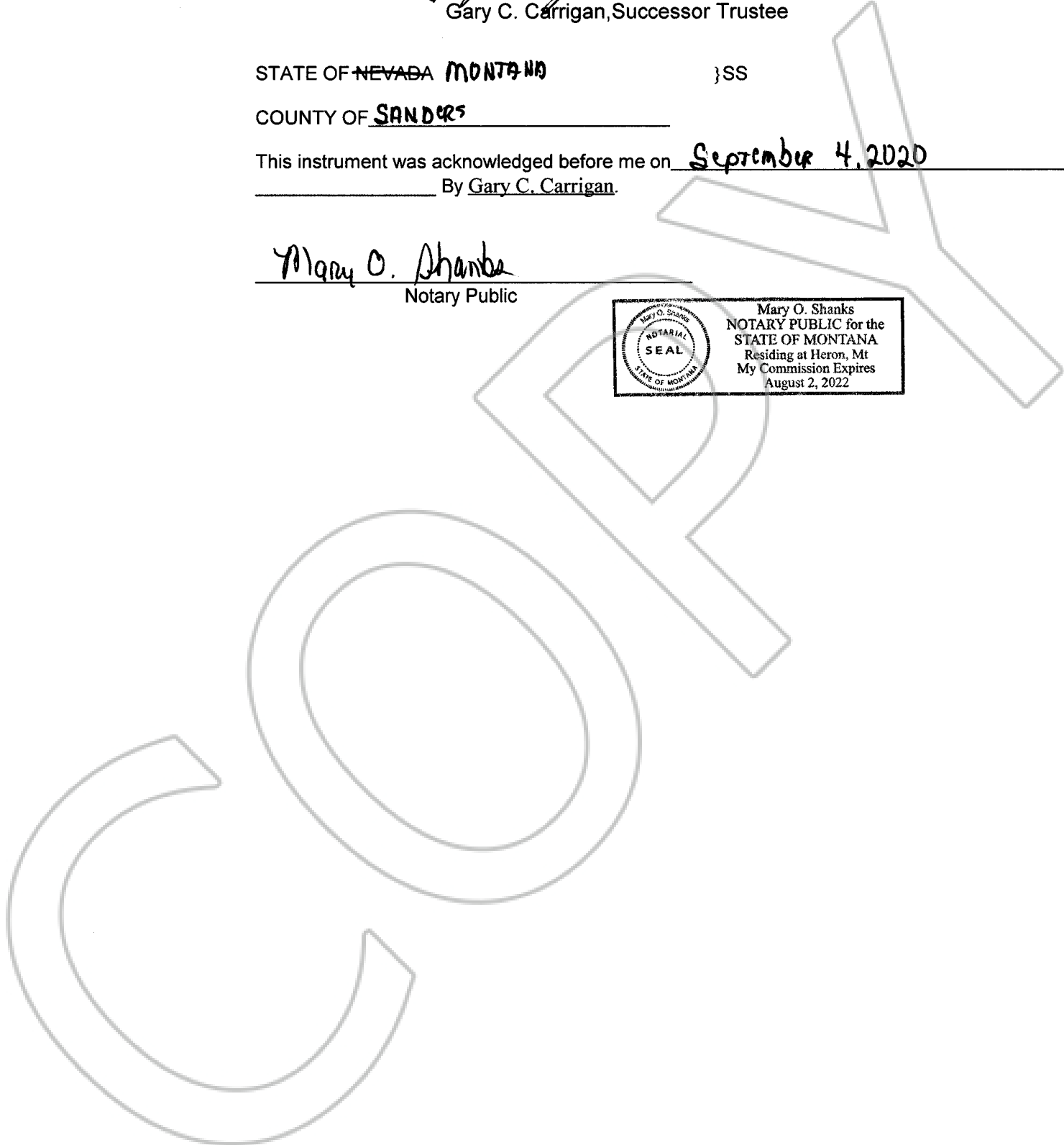
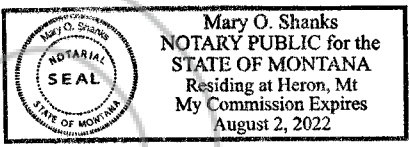


EXHIBIT 'A'

THAT PORTION OF THE SOUTHWEST QUARTER (SW1/4) OF THE SOUTHEAST QUARTER (SE1/4) OF SECTION 11, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B. & M., LINCOLN COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

PARCEL NO. 1 AS SHOWN ON AMENDED SUBSEQUENT PARCEL MAP FOR GARY A. CARRIGAN RECORDED MAY 18, 1999 IN BOOK B, PAGE 224 OF PLATS AS FILE NO. 112820, LINCOLN COUNTY, NEVADA,

EXCEPTING THEREFROM THAT PORTION LYING WITHIN GARY LANE AS CONVEYED TO THE COUNTY OF LINCOLN, STATE OF NEVADA BY DEED RECORDED JUNE 13, 2002 IN BOOK 164, PAGE 341 AS DOCUMENT NO. 118317 OF OFFICIAL RECORDS.

EXCEPTING THEREFROM THAT PORTION LYING WITHIN LITTLE DIPPER DRIVE AS CONVEYED TO THE COUNTY OF LINCOLN, STATE OF NEVADA BY DEED RECORDED JUNE 13, 2002 IN BOOK 164, PAGE 344 AS DOCUMENT NO. 118318 OF OFFICIAL RECORDS.

EXCEPTING THEREFROM THAT PORTION LYING WITHIN PAULINE CIRCLE AS CONVEYED TO THE COUNTY OF LINCOLN, STATE OF NEVADA BY DEED RECORDED JUNE 13, 2002 IN BOOK 164, PAGE 347 AS DOCUMENT NO. 118319 OF OFFICIAL RECORDS.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011011454

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 ARISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary Arthur CARRIGAN		2. DATE OF DEATH (Mo/Day/Year) July 18, 2011		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 number) 4477 Mustang Ave Caliente NV 89008		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS 6 14		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1938		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Firefighter		14b. KIND OF BUSINESS OR INDUSTRY Clark County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 4477 Mustang Ave Caliente NV 89008		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Chester Charles CARRIGAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pauline Irene LUTTIG		
18a. INFORMANT- NAME (Type or Print) Gary Chester CARRIGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1235 Mt. Hwy 56 Noxon, Montana 59853			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Odd Fellows		19c. LOCATION City or Town State Pioche Nevada 89043	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) TIM UMINA <i>SIGNATURE AUTHENTICATED</i>			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) July 19, 2011		21c. HOUR OF DEATH 18:40		22b. DATE SIGNED (Mo/Day/Yr) July 19, 2011	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 18, 2011		22e. PRONOUNCED DEAD AT (Hour) 18:40	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043				23b. LICENSE NUMBER P033	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 27, 2011		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) Multiple Organ Failure				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Years	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Years	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Years	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

CERTIFIED COPY OF VITAL RECORDS

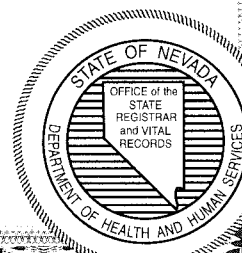
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 07/28/2011

Rod Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

RVS-Rev.20110104



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE