

LINCOLN COUNTY, NV

2020-159094

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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:**

Lori-Jo Davis, Successor Trustee of
The Seader Living Trust dated June
6, 1996

X ~~4416~~ Goldbird Court
North Las Vegas, NV 89032

X 4116

Space Above This Line for
Recorder's Use Only

A.P.N. 001-333-43,001-333-44

File No.: 13895-2601108 (TV)

Affidavit - Death of Trustee

State of

Nevada

)

County of

Clark

)ss.

)

Lori-Jo Davis, Successor Trustee ("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. Neil J. Seader ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on June 09, 2009 at Las Vegas, Nevada (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated June 6, 1996 executed by Neil J. Seader and Alice J. Seader 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 001-333-43 September 8,2004 & 001-333-44 August 3,2004 which was recorded as Instrument No. 001-333-43 123065, 001-333-44 122822 , 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 10.15.2020

DECLARANT:

Lori-Jo Davis
Lori-Jo Davis, Successor Trustee

Lori-Jo Davis, Successor Trustee

State of Nevada)
County of Clark)ss)

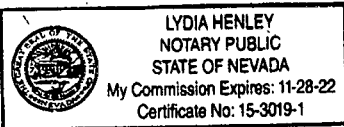
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada, this 15th day of October, 2020 by Lori-Jo Davis, Successor Trustee personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Lydia Henley

My Commission Expires: 11.28.2022 *



Notary Name: Lydia Henley Notary Phone: 702.321.2708
Notary Registration Number: 15-3019-1 County of Principal Place of Business Clark

* Lydia Henley
Notary Public
State of Nevada
My Commission Expires: 11-28-22
Certificate No: 15-3019-1

Schedule A

PARCEL 1:

THAT PORTION OF THE SOUTHEAST QUARTER (SE1/4) OF THE SOUTHWEST QUARTER (SW1/4) OF SECTION 10, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. & M., LINCOLN COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 29 OF SUBSEQUENT PARCEL MAP FOR J AND S PROPERTIES RECORDED JULY 12, 2004 IN PLAT BOOK C, PAGE 65 AS FILE NO. 122624 IN THE OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, NEVADA.

PARCEL 2:

THAT PORTION OF THE SOUTHWEST QUARTER (SW1/4) OF THE SOUTHEAST QUARTER (SE1/4) OF SECTION 10, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. & M., LINCOLN COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 30 OF SUBSEQUENT PARCEL MAP FOR J AND S PROPERTIES RECORDED JULY 12, 2004 IN PLAT BOOK C, PAGE 65 AS FILE NO. 122624 IN THE OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, NEVADA.

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

X 280
5.6.2009

CERTIFICATE OF DEATH

2009008420
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Neil J SEADER		2 DATE OF DEATH (Mo/Day/Year) June 09, 2009		3a COUNTY OF DEATH Clark	
	3b CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3512 Isle Royale Dr.		3e If Hosp or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Home	
DECEDENT	5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 72	
	7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		8 DATE OF BIRTH (Mo/Day/Yr) May 26, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not U.S.A. name country) Wyoming		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Alice JoAnn EWING		Ever in US Armed Forces? Yes	
PARENTS	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 Fire Department	
	15a RESIDENCE - STATE Nevada		15b COUNTY Clark		15c CITY, TOWN OR LOCATION Las Vegas	
DISPOSITION	15d STREET AND NUMBER 3512 Isle Royale Dr.		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER - NAME (First Middle Last Suffix) Neil Adam SEADER	
	17 MOTHER - NAME (First Middle Last Suffix) Gladys Elizabeth STRICKLAND		18a INFORMANT- NAME (Type or Print) Alice J SEADER			
TRADE CALL	18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 3512 Isle Royale Dr. Las Vegas, Nevada 89122				19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b CEMETERY OR CREMATORY - NAME Palm Crematory		19c LOCATION City or Town State Las Vegas Nevada 89101			
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENNIS BUTLER		20b FUNERAL DIRECTOR LICENSE 61		20c NAME AND ADDRESS OF FACILITY Affordable Cremation and Burial Services 2457 N Decatur Blvd Las Vegas NV 89108	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED WARREN WHEELER M.D.		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) June 11, 2009		21c HOUR OF DEATH 16:10		22b DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	23b LICENSE NUMBER 11795		24a REGISTRAR (Signature) CARLEEN MOSS			
	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 11, 2009		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I		Interval between onset and death			
	(a) Metastatic cancer to lung and kidney					
(b) DUE TO, OR AS A CONSEQUENCE OF Occult primary malignancy						
(c) DUE TO, OR AS A CONSEQUENCE OF						
(d) DUE TO, OR AS A CONSEQUENCE OF						
PART II		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 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 as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By:

Date Issued

JUN 15 2009