

APN#: 013-160-60

LINCOLN COUNTY, NV **2020-159272**
\$37.00
Rec:\$37.00 **12/04/2020 08:54 AM**
FIRST AMERICAN TITLE PASEO VERDE Pgs=5 AK
OFFICIAL RECORD
AMY ELMER, RECORDER

Recording Requested By:
Western Title Company

When Recorded Mail To:
Gary C. Carrigan, SsTt
SC Living Trust, DTD April 20, 1995
1235 MT HWY 56
Noton, MT. 59853

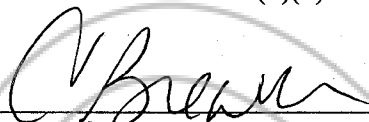
Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

2598635

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 _____



Charmayne Brewer, Escrow Officer

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 Highland Knolls 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 345, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 11-24-2020 Gary C. Carrigan
Gary C. Carrigan,
GARY C. CARRIGAN

STATE OF NEVADA MONTANA)
COUNTY OF SANDERS)SS

This instrument was acknowledged before me on NOV
24, 2020 By Gary C. Carrigan.

Mary O. Shanks
Notary Public

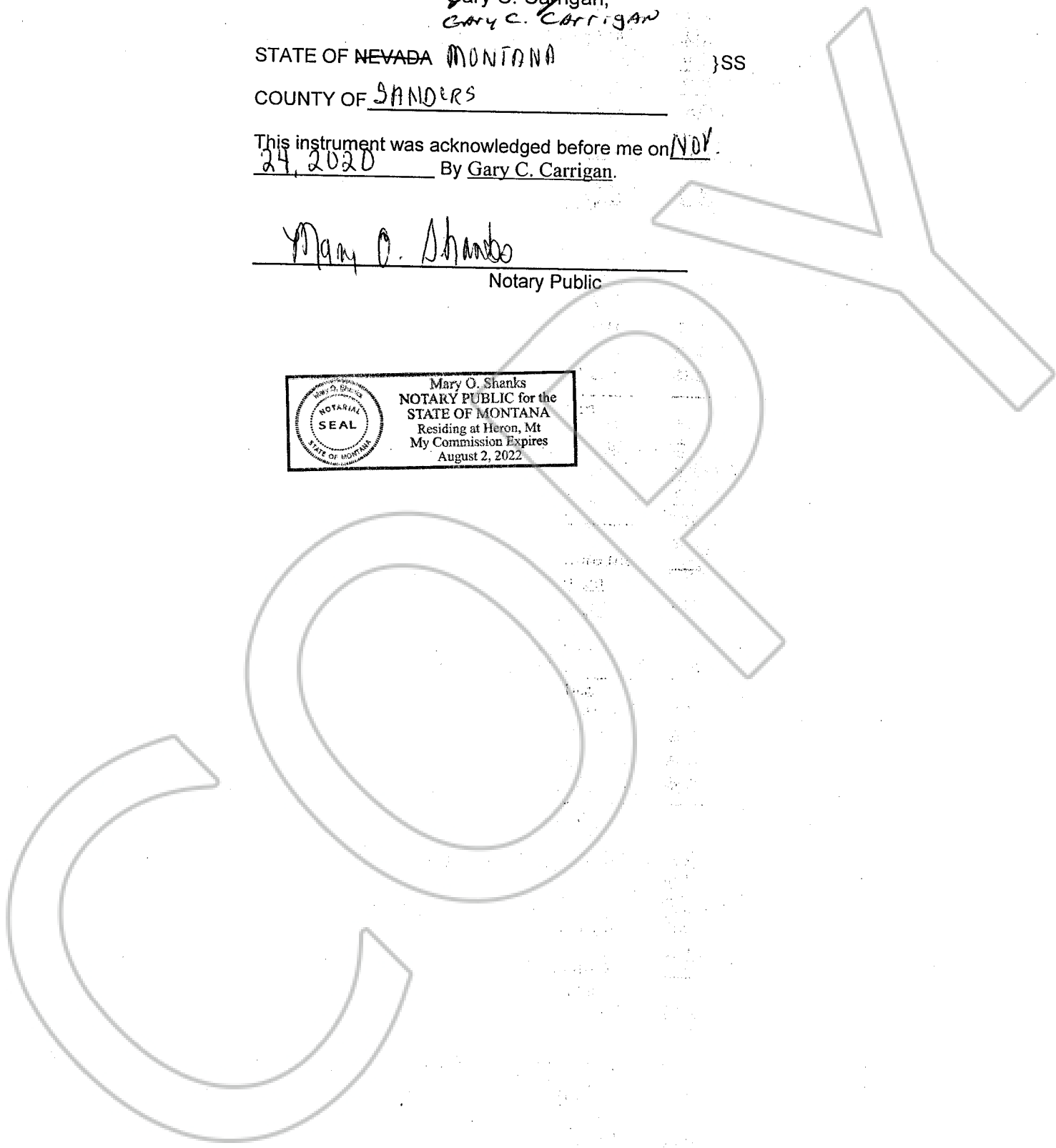
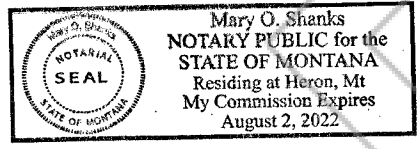


EXHIBIT "A"

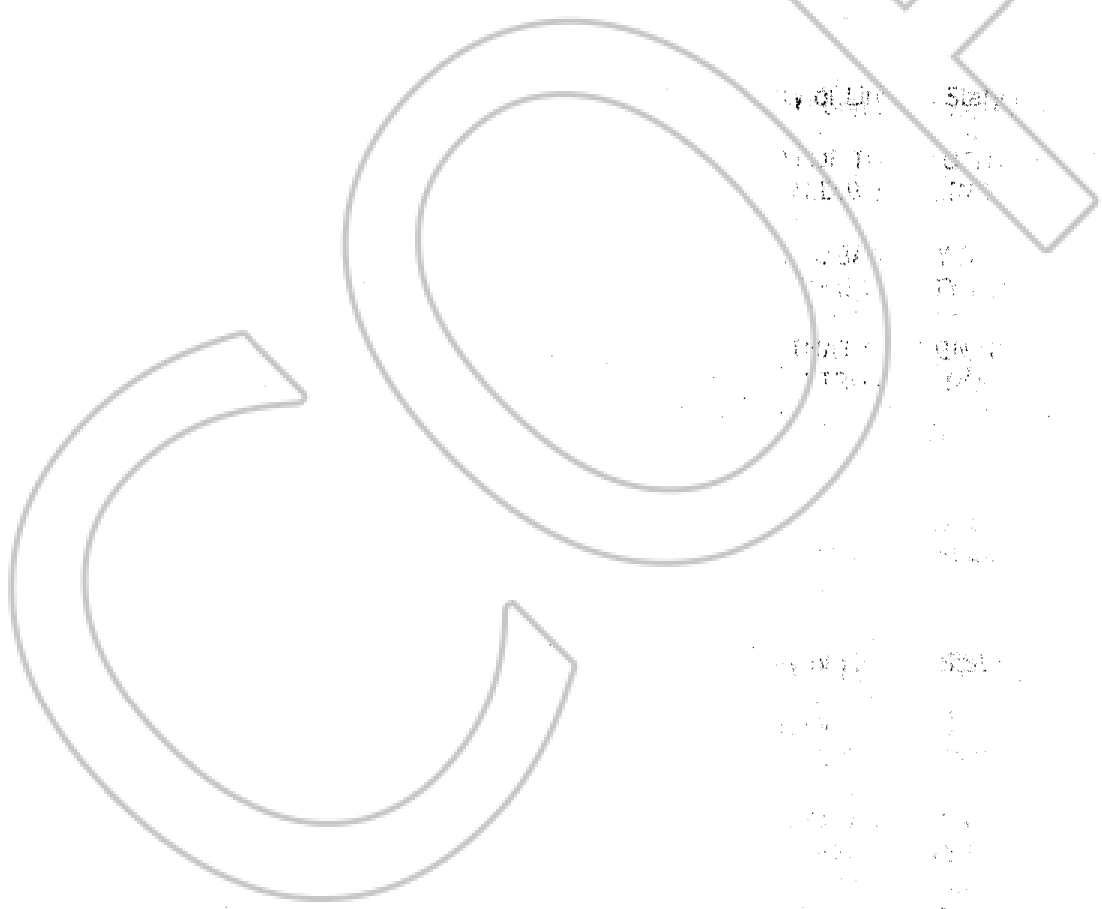
Assessor's Parcel Number(s):
013-160-60

The land referred to herein below is situated in the County of Lincoln, State of Nevada, and described as follows:

THAT PORTION OF THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 11, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B.&M., LINCOLN COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 1 OF THE PARCEL MAP FOR 5-C TRUST, RECORDED JANUARY 5, 2000 IN BOOK, B OF PLATS, PAGE 270 AS FILE NO. 113811, FILED IN THE OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, NEVADA.

EXCEPTING THEREFROM THAT PORTION CONVEYED IN THAT CERTAIN "DEED OF DEDICATION" RECORDED JUNE 13, 2002 IN BOOK 164, PAGE 378 AS INSTRUMENT NO. 118328, 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

2011011454

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	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					
DECEDENT	5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS 7c. UNDER 1 DAY HOURS MINS 6 14		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)			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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			Ever in US Armed Forces? Yes			
	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		
PARENTS	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							
DISPOSITION	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	TRADE CALL - NAME AND ADDRESS											
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)					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) TIM UMINA <i>SIGNATURE AUTHENTICATED</i>						
	21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) July 19, 2011			22c. HOUR OF DEATH 18:40		
	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				
REGISTRAR	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"/>					
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))										Interval between onset and death	
	PART I (a) Multiple Organ Failure DUE TO, OR AS A CONSEQUENCE OF:										Years	
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:										Years	
	(d) 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 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

VRS-Rev.20110104

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.

