

LINCOLN COUNTY, NV

2021-159825

\$37.00

Rec:\$37.00

04/02/2021 01:37 PM

FIRST AMERICAN TITLE INSURANCE COMPANY 4 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

RECORDING REQUESTED BY:

Fidelity National Title Agency of Nevada, Inc.

APN: 01308004

ESCROW NO: 00114298-007-NT3

Title Order No.: 9015-2618460

When Recorded Mail Tax Statement To:

BOYD J. WITTWER AND PENNY A. WITTWER, TRUSTEES, OR SUCCESSOR TRUSTEES OF THE WITTWER FAMILY TRUST DATED MARCH 5, 2020

P.O. BOX 7276

BUNKERVILLE, NV 89007

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA

COUNTY OF Lincoln

} SS:

Boyd J Wittwer, being of legal age, being duly sworn, deposes and says:

1. That Annita Wittwer the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in that certain Declaration of Trust dated 2/5/1999 restated on 9/9/2019 executed by Annita Wittwer, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 12997 Beaver Dam Road, Caliente, NV 89008, which property is described in the deed which was signed by Annita Wittwer as Grantor(s) and recorded as Instrument No. 113415, of Official Records on 09-29-99. The property is situated in the County of Lincoln, State of Nevada. The legal description of said property is as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

3. I, Boyd J. Wittwer 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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of 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.

Executed on 3-26-21

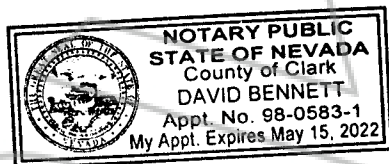
By: Boyd J. Wittwer
Boyd J Wittwer, Trustee

State of Nevada)
County of ~~Lincoln~~ Clark DB)

Subscribed and sworn to (or affirmed before me on this 26 day of March, 2021
by Boyd J. Wittwer

Signature David Bennett

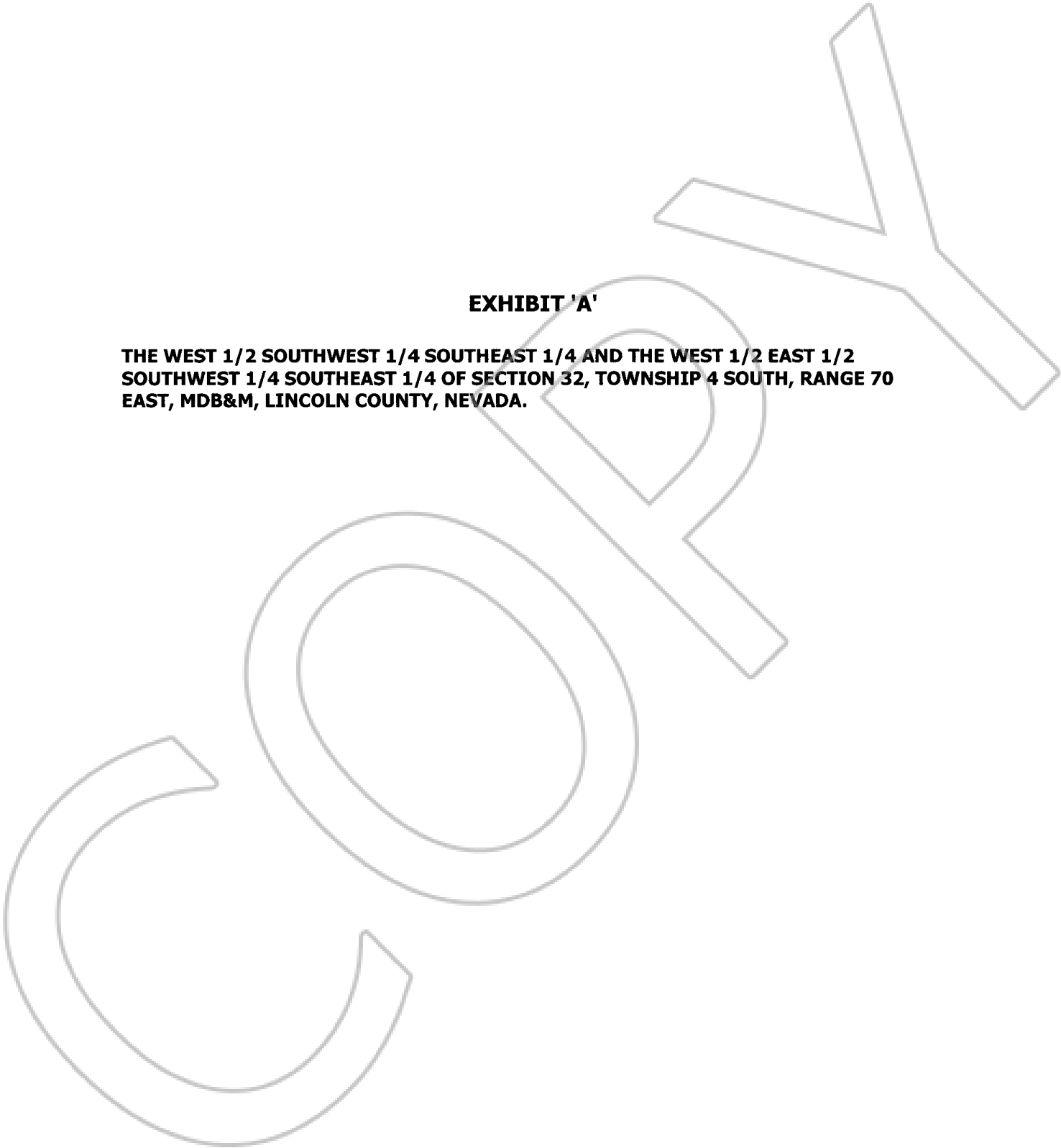
(Seal)



COPY

EXHIBIT 'A'

**THE WEST 1/2 SOUTHWEST 1/4 SOUTHEAST 1/4 AND THE WEST 1/2 EAST 1/2
SOUTHWEST 1/4 SOUTHEAST 1/4 OF SECTION 32, TOWNSHIP 4 SOUTH, RANGE 70
EAST, MDB&M, LINCOLN COUNTY, NEVADA.**



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. 3679685

2012016520
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Annita WITWTER			2. DATE OF DEATH (Mo/Day/Year) October 17, 2012			3a. COUNTY OF DEATH Clark											
	3b. CITY, TOWN, OR LOCATION OF DEATH Mesquite			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 271 Yucca Street			3e.If of Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home			4. SEX Female								
DECEDENT	5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 74			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) April 12, 1938		
	9a. STATE OF BIRTH (If not US/CA, name country) Utah			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARITAL STATUS (Specify) Married			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Harold WITWTER					
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 HOMEMAKER						14b. KIND OF BUSINESS OR INDUSTRY OWN HOME			Ever in US Armed Forces? No					
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark			15c. CITY, TOWN OR LOCATION Mesquite			15d. STREET AND NUMBER 271 Yucca Street			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Ellis RUSSELL						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Estella ROUNDY											
	18a. INFORMANT- NAME (Type or Print) Harold WITWTER						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. BOX 425 Mesquite, Nevada 89024											
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Bunkerville Cemetery			19c. LOCATION City or Town State Bunkerville Nevada 89007											
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER 49			20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021											
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) PHILIP HARTWELL MD SIGNATURE AUTHENTICATED						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) October 18, 2012			21c. HOUR OF DEATH 06:31			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) Philip Hartwell MD 190 E. Mesquite Blvd. #1 Mesquite, NV 89027						23b. LICENSE NUMBER 8286											
REGISTRAR	24a. REGISTRAR (Signature) LIZ MUNFORD SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 18, 2012			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).)																	
	PART I									Interval between onset and death								
(a) Respiratory failure									Minutes									
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death									
(b) End stage Parkinsons Disease									Interval between onset and death									
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death									
(c) Chronic Renal insufficiency									Interval between onset and death									
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death									
(d)									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.										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-20120523a

"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.

DATE ISSUED: **MAR 11 2021**

Registrar of Vital Statistics
By: *Liz Munford*

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE