

LINCOLN COUNTY, NV

2021-159963

\$37.00

Rec:\$37.00

04/28/2021 02:42 PM

FIRST AMERICAN TITLE INSURANCE COMPANY 4 AE

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:**

Pam Millisor
24615 Alamosa Falls
San Antonio, TX 78255

Space Above This Line for
Recorder's Use Only

A.P.N. 012-210-08

File No.: 13895-2622110 (TV)

Affidavit - Death of Trustee

State of Texas)

County of Texas)

)ss.

Pam Millisor ("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. **Ray W. Millisor** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **February 7, 2007** at **San Antonio, Texas** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 15, 1992** executed by **Ray W Millisor** 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 **April 17th, 1981** which was recorded as Instrument No. **72461** in Book **44**, Page **464**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

EXHIBIT 'A'

PARCEL I:

THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 20, TOWNSHIP 2 SOUTH, RANGE 68 EAST, M.D.B.&M., LINCOLN COUNTY, NEVADA.

PARCEL II:

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF THE ABOVE DESCRIBED PARCEL OF LAND FOR POWER AND UTILITIES OVER, ALONG, AND ACROSS THE EAST 15.00' (MEASURED AT RIGHT ANGLES TO THE EAST LINE) OF THE WEST HALF (W 1/2) OF THE NORTHWEST QUARTER (NW 1/4), AND THE NORTHWEST QUARTER (NW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 20, TOWNSHIP 2 SOUTH, RANGE 68 EAST, M.D.B.&M., LINCOLN COUNTY, NEVADA.

CERTIFICATION OF VITAL RECORD

**STATE OF TEXAS
SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) RAY W MILLISOR			(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED 02/07/2007
3. SEX MALE	4. DATE OF BIRTH 12/02/1933	5. AGE-Last Birthday (Years) 73	6. UNDER 1 YR MO NO	7. UNDER 1 DAY HOURS NO	8. BIRTHPLACE (City & State or Foreign Country) SPENCERVILLE, OH
7. SOCIAL SECURITY NUMBER [REDACTED]		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS 1700 REXFORD AVE			10b. APT. NO.	10c. CITY OR TOWN LAS VEGAS	
10d. COUNTY CLARK		10e. STATE NEVADA	10f. ZIP CODE 89104	10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. FATHER'S NAME WILLIAM H MILLISOR			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE ETHEL MILLER		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH BEXAR		15. CITY/TOWN, ZIP CODE (if outside city limits, give precinct no) SAN ANTONIO, 78255		16. FACILITY NAME (if not institution, give street address) 24815 ALAMOSA FALLS	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED VIVIAN ELZA MILLER - SISTER			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 1861 HEPLER RD, RAVEN DEN, AR 74259		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MARK DANIEL GARZA ,BY ELECTRONIC SIGNATURE-12281		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) SOUTHERN NEVADA VETERANS MEMORIAL CEMETERY		23. LOCATION (City/Town, and State) BOULDER CITY,NV			
24. NAME OF FUNERAL FACILITY FUNERAL CARING USA FUNERAL HOME - 410 OFFICE		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 2200 N. W. LOOP 410, SAN ANTONIO, TX 78230			
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certified to the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Certified to the best of my knowledge, death occurred at the place, and date to the certificate and manner stated.					
27. SIGNATURE OF CERTIFIER <i>[Signature]</i>		28. DATE CERTIFIED (Mo/Day/Yr) 2/9/2007	29. LICENSE NUMBER 4261	30. TIME OF DEATH (Actual or presumed) 1757	
31. STREET NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) Carlos Alvarez 7940 Floy Curl #870 San Antonio, Texas 78229			32. TITLE OF CERTIFIER MD		
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. End Stage Liver Disease. Approximate Interval Onset to death: Several years. Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____					
34. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. Recurrent Colon Cancer.				34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40a. DATE OF INJURY (Mo/Day/Yr)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 02 01008		42b. DATE RECEIVED BY LOCAL REGISTRAR FEB 13 2007		42c. REGISTRAR <i>Samuel V. Torres</i>	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: For accuracy making a false statement in this form can be 3-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 191.108)

VS-112 REV 1/2008

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EDR 00000166329

DTP. NO 1

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

Issued:

FEB 13 2007

Samuel V. Torres
Samuel V. Torres
Local Registrar

