

LINCOLN COUNTY, NV

2021-160072

\$37.00

05/13/2021 09:33 AM

Rec:\$37.00

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:**  
**Leslie A. Park**  
**P.O. Box 12041**  
**Las Vegas, NV 89112**

Space Above This Line for  
Recorder's Use Only

**A.P.N. 001-260-14**

File No.: 116-2624456 (IK)

**Affidavit - Death of Trustee**

State of Nevada )

)

)ss.

County of Clark )

)

**Leslie A. Park** ("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. **James L. Park** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **February 26, 2015** at **Henderson, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **February 23, 2015** executed by **James L. Park** 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 **February 23, 2015** which was recorded as Instrument No. 0146889 in Book C, Page 212, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 5/12/2021

**DECLARANT:**

Leslie A. Park

**Leslie A. Park**

State of Nevada )  
 )ss  
County of Clark )

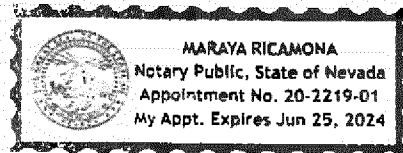
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada, this 12 day of May, 20 21 by Leslie A. Park, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature May 12

My Commission Expires: June 25, 2024



Notary Name: Maraya Ricamona Notary Phone: 702-904-0981  
Notary Registration Number: 20-2219-01 County of Principal Place of Business Clark

**EXHIBIT 'A'**

**A PORTION SITUATED WITHIN THE SOUTHEAST QUARTER (SE 1/4) OF THE  
SOUTHWEST QUARTER (SW 1/4), OF THE SOUTHEAST QUARTER (SE1/4) OF SECTION  
11, TOWNSHIP 1 NORTH, RANGE 67 EAST, MOUNT DIABLO BASE AND MERIDIAN, MORE  
PARTICULARLY DESCRIBED AS FOLLOWS: PARCEL TWO (2), (SE1/4, SE1/4, SW1/4,  
SE1/4), AS SHOWN ON THAT CERTAIN PARCEL MAP FOR J. AND S. PROPERTIES, L.L.C.  
RECORDED MAY 24, 2006 IN PLAT BOOK "C" PAGE 212, AS FILE NO. 126569, IN THE  
OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.**

**COPY**



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

2015003329  
STATE FILE NUMBER

CASE FILE NO. 3819415

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 GAVE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>James Lee PARK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 26, 2015</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Henderson</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>341 East Long Acres Drive</b> Inpatient(Specify) <b>Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>68</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 20, 1946</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Electrician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Henderson</b>	
15d. STREET AND NUMBER <b>341 East Long Acres Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edwin PARK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sima KESTI</b>		
18a. INFORMANT- NAME (Type or Print) <b>Leslie PARK</b>			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>5030 Park Grove Court Las Vegas, Nevada 89120</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Henderson Cemetery</b>		19c. LOCATION City or Town State <b>Henderson Nevada 89015</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NEGIE A MARUCCI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>848</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Henderson</b> <b>800 S Boulder Hwy Henderson NV 89015</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>MICHAEL KARAGIOZIS DO</b>			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) <b>March 02, 2015</b>		21c. HOUR OF DEATH <b>03:15</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Michael Karagiozis DO 4141 Swenson Las Vegas, NV 89119</b>			
23b. LICENSE NUMBER <b>476</b>				24a. REGISTRAR (Signature) <b>SUSAN ZANNIS</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 02, 2015</b>		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) <b>Hepatocellular Carcinoma</b>				Interval between onset and death <b>5 Years</b>	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				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 <b>Diabetes Mellitus 2</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	

LOCAL 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 authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



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DATE ISSUED: **APR 07 2017**

Registrar of Vital Statistics

By: *Deborah White*

This copy not valid unless prepared on watermarked security paper 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

