

APN: 013-160-24
ORDER NO. 1226100 CRB

LINCOLN COUNTY, NV	2021-160892
\$37.00	
Rec:\$37.00	07/27/2021 03:59 PM
FIRST AMERICAN TITLE INSURANCE COMPANY	BY 4 KC
OFFICIAL RECORD	
AMY ELMER, RECORDER	

Recording Requested by:
Stewart Title Company
215 W. BRIDGE STREET , STE 1
YERINGTON, NV 89447

9015-2624269

Affidavit Death Of Trustee

The undersigned hereby affirm that this document submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (1)(A) NRS 40.525 (5)

Shelby Silveira

Shelby Silveira

Escrow Assistant

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:
Gary C. Carrigan, Successor Trustee of the 5 C Trust
1235 MT HWY 56
Noxon, MT 59853

ORDER NO. 1226100
A.P.N. No.: 013-160-24



AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Lincoln } ss.

Gary C. Carrigan, of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed dated September 11, 1996, executed by John F. Gallagher, Exec. Director of University of Nevada – Las Vegas Foundation to Gary A. Carrigan, Trustee of The 5 C Trust, recorded as Instrument No. 106042 of the Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Caliente, County of Lincoln, State of Nevada.
2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: 7-12-21, 2021

Gary C. Carrigan Successor Trustee
By: Gary C. Carrigan, as Successor Trustee of The 5 C Trust
Trust Gary C. Carrigan

State of MONTANA
County of SANDERS

Subscribed and sworn to (or affirmed) before me on this 12 day of JULY, 2021 by Gary C. Carrigan.

Signature Mary D. Shanks (Seal)

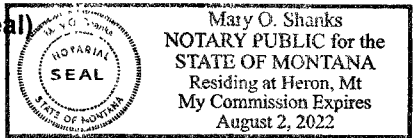


EXHIBIT "A"

A PORTION OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 11, TOWNSHIP 3 SOUTH, RANGE 67 EAST, MOUNT DIABLO BASE & MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 4 AS SHOWN ON MAP OF DIVISION INTO LARGE PARCELS FOR GARY A. CARRIGAN, RECORDED AUGUST 07, 1996 IN PLAT BOOK B, PAGE 54 OF PARCEL MAPS AS FILE NO. 103503 AND AS AMENDED BY THAT CERTAIN CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 22, 2000 IN PLAT BOOK B OF MAPS, PAGE 287 AS FILE NO. 114163, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

DECEASED

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 - STATING THE UNDERLYING CAUSE LAST

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		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 73		7b UNDER 1 YEAR MOS DAYS 6 14		7c UNDER 1 DAY HOURS MINS	
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)	
13 SOCIAL SECURITY NUMBER		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	
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		Ever in US Armed Forces? Yes	
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			
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 - 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) TIM UMINA <i>SIGNATURE AUTHENTICATED</i>		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) July 19, 2011		21c HOUR OF DEATH 18:40		22b DATE SIGNED (Mo/Day/Yr) July 19, 2011	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH 18:40		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		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"/>			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Multiple Organ Failure				Interval between onset and death Years	
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death Years	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death Years	
(d) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death Years	
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, HOMICIDE, UNDETERMINED 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 White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar

