

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. 001-270-22

File No.: 116-2634155 (IK)

Affidavit - Death of Trustee

State of Nevada)
County of Clark)ss.
)

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:

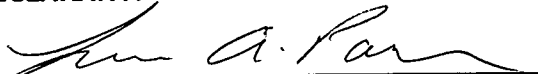
1. **James L. Park** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **February 26, 2015** at **Henderson, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **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. **0146927** in Book **293**, Page **031B**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 9/7/2021

DECLARANT:

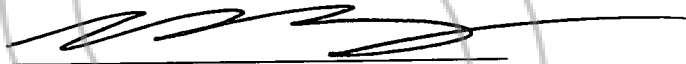

Leslie A. Park

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 7 day of SEPTEMBER, 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 

My Commission Expires: JUNE 20, 2025

Notary Name: LIUDMILA IGNATENCO Notary Phone: 702 955 0833
Notary Registration Number: 17-2995-1 County of Principal Place of Business CLARK

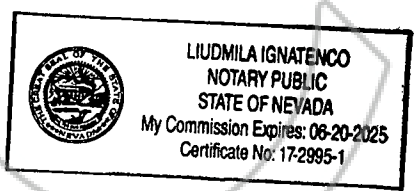


EXHIBIT 'A'

SITUATED WITHIN THE SOUTHEAST QUARTER (SE 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 11, T.I.N., R.67E., M.D.M., TOWN OF PIOCHE, LINCOLN COUNTY, STATE OF NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: PARCEL FORTY FIVE (45), (SE 1/4, SE 1/4, NW 1/4, SE 1/4) AND PARCEL FORTY SIX (46), (SW 1/4, SE 1/4, NW 1/4, SE 1/4), AS SHOWN ON THAT CERTAIN PARCEL MAP RECORDED FEBRUARY 12, 2007 IN PLAT BOOK "C" PAGE 311, AS FILE NO. 0128371, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, 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. 3819415

2015003329
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) James Lee PARK			2. DATE OF DEATH (Mo/Day/Year) February 26, 2015			3a. COUNTY OF DEATH Clark											
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 341 East Long Acres Drive			3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient!(Specify) Home			4. SEX Male								
5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 68			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1946		
9a. STATE OF BIRTH (If not US/CA, name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARITAL STATUS (Specify) Widowed			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)					
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Electrician						14b. KIND OF BUSINESS OR INDUSTRY Construction			Ever in US Armed Forces? No					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark			15c. CITY, TOWN OR LOCATION Henderson			15d. STREET AND NUMBER 341 East Long Acres Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edwin PARK						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sima KESTI											
18a. INFORMANT- NAME (Type or Print) Leslie PARK						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 5030 Park Grove Court Las Vegas, Nevada 89120											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Palm Henderson Cemetery			19c. LOCATION City or Town State Henderson Nevada 89015											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NEGIE A MARUCCI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER 848			20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015											
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) SIGNATURE AUTHENTICATED MICHAEL KARAGIOZIS DO						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) March 02, 2015			21c. HOUR OF DEATH 03:15			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) Michael Karagiozis DO 4141 Swenson Las Vegas NV 89119									23b. LICENSE NUMBER 476								
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 02, 2015			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) Hepatocellular Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)									Interval between onset and death 5 Years								
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus 2									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											

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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Registrar of Vital Statistics

DATE ISSUED:

APR 07 2017

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

