

LINCOLN COUNTY, NV

2021-161183

\$37.00

09/29/2021 08:51 AM

Rec:\$37.00

FIRST AMERICAN TITLE INSURANCE COMPANY

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:**
Shana Rae Witters
7925 Sailboat Lane
Las Vegas, NV 89145

Space Above This Line for
Recorder's Use Only

A.P.N. 003-143-01

File No.: 13896-2634290 (TV)

Affidavit - Death of Trustee

State of NV)
County of Clark)ss.
)

Shana Rae Witters ("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. **Gerald Francis Witters** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **4/16/1998** at **St. George, Utah** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **12/8/95** executed by **Gerald Francis Witters and Shana Rae Witters** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **12/8/95** which was recorded as Instrument No. **n/a** in Book **116**, Page **210**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 9.28.2021

DECLARANT:

Shana Rae Witters
Shana Rae Witters

State of NV)
)ss
County of Clark)

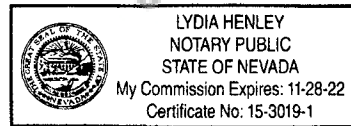
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada, this 28 day of September, 2021 by Shana Rae Witters, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Lydia Henley

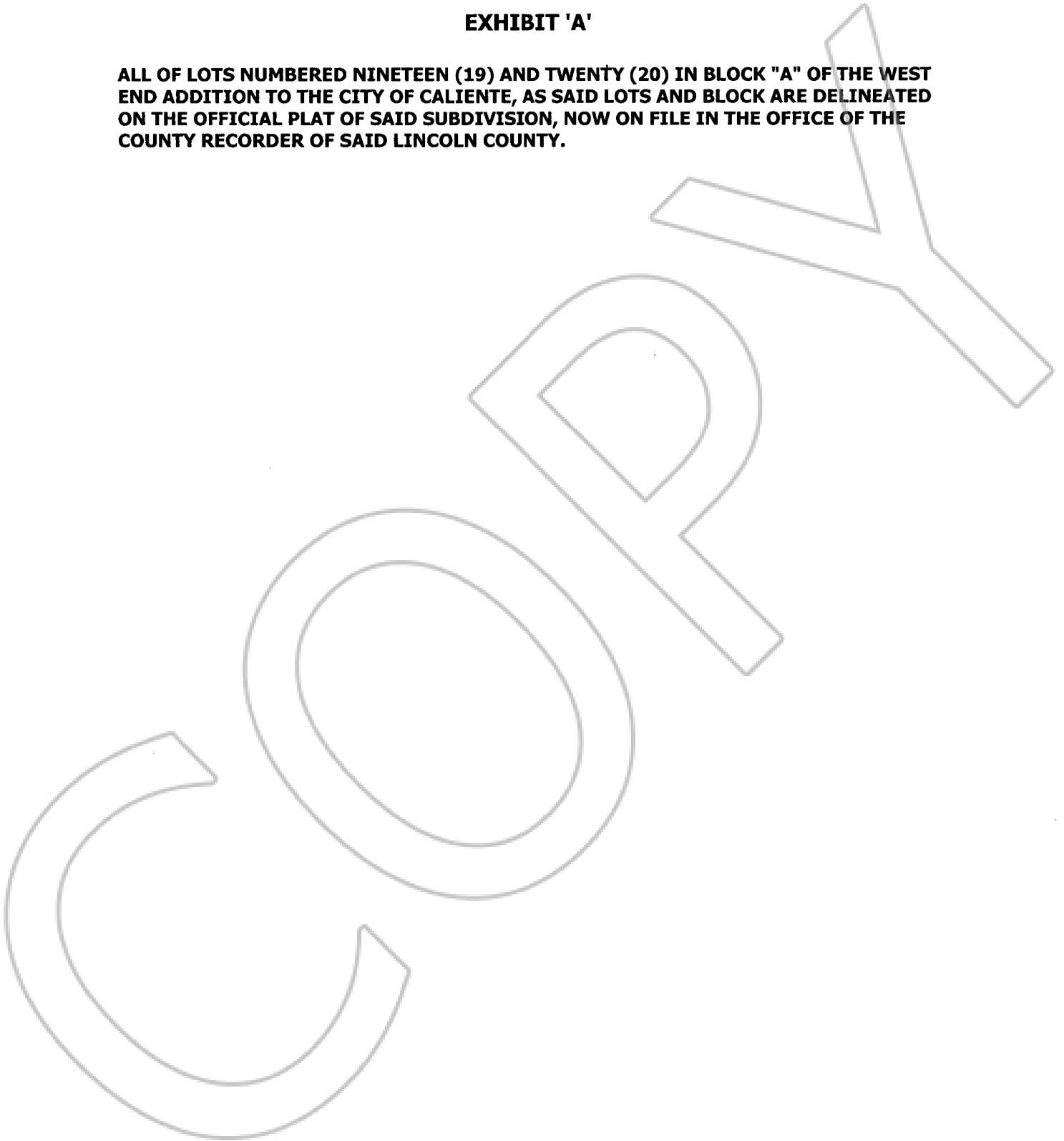
My Commission Expires: 11-28-2022



Notary Name: Lydia Henley Notary Phone: 7023212708
Notary Registration Number: 153019-1 County of Principal Place of Business NV

EXHIBIT 'A'

**ALL OF LOTS NUMBERED NINETEEN (19) AND TWENTY (20) IN BLOCK "A" OF THE WEST
END ADDITION TO THE CITY OF CALIENTE, AS SAID LOTS AND BLOCK ARE DELINEATED
ON THE OFFICIAL PLAT OF SAID SUBDIVISION, NOW ON FILE IN THE OFFICE OF THE
COUNTY RECORDER OF SAID LINCOLN COUNTY.**



STATE OF UTAH CERTIFICATION OF VITAL RECORD

MAY 01 1998

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

143 98 004020

LOCAL FILE NUMBER 27-231		STATE FILE NUMBER	
1. NAME OF DECEASED FIRST MIDDLE LAST Gerald Francis Witters		2. SEX Male	
3. DATE OF BIRTH (mo. day yr.) Aug. 16, 1919		4. DATE OF DEATH (mo. day yr.) April 16, 1998	
5. AGE - last birthday 78		6. TIME OF DEATH (mo. day yr.) 2230	
7. PLACE OF BIRTH (mo. day yr.) Easton, Ohio		8. MANNER OF DEATH (see instructions) Confidential	
9. HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of facility) Red Cliffs Regional Rehabilitation		10. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of facility) Sham Rae Proctor	
11. CITY, TOWN OR LOCATION OF DEATH Washington		12. COUNTY OF DEATH Lincoln	
13. MARITAL STATUS <input checked="" type="checkbox"/> 1. Married <input type="checkbox"/> 2. Single <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		14. DECEASED'S USUAL OCCUPATION (state level of work done during most of working life. Do not use retired) Pipe Fitter	
15. RESIDENCE - STREET AND NUMBER 110 2nd Street		16. CITY, TOWN OR COUNTY Caliente	
17. ZIP CODE 89008		18. RACE (State, White, Am. Indian, Other) White	
19. EDUCATION (highest grade completed) 11		20. EDUCATION (highest grade completed) 11	
21. MOTHER'S NAME (First, Middle, Last) Effie McMurray		22. MOTHER'S NAME (First, Middle, Last) Effie McMurray	
23. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Sham Rae Witters (wife) P.O. Box 541 Caliente, Nevada 89008			
24. METHOD OF DEPOSITION <input checked="" type="checkbox"/> 1. Sworn <input type="checkbox"/> 2. Oath <input type="checkbox"/> 3. Other		25. DATE OF DEPOSITION April 21, 1998	
26. PLACE OF DEPOSITION (name of cemetery, mortuary, or other place) Comway Memorial		27. LOCATION - City or Town, State Caliente, Nevada	
28. SIGNATURE OF REGISTRAR (print name) [Signature]		29. LICENSE NUMBER 110642	
30. DATE OF EXAMINATION (mo. day yr.) 4/16/98		31. PLACE OF EXAMINATION (mo. day yr.) 110 South Bluff Street, St. George, Utah 84770	
32. CERTIFY: To the best of my knowledge, death occurred at the time, date, and place and (to the coroner) and manner as stated. On the basis of examination and investigation, in my opinion, death occurred at the time, date, place, and mode as stated.			
33. SIGNATURE AND TITLE OF REGISTRAR [Signature]		34. LICENSE NUMBER 164363	
35. NAME AND ADDRESS OF PERSON WHO TESTIFIED TO THE CAUSE OF DEATH (Item 31), if known Dr. Robert P. Rigwell, M.D. 515 South 300 East St. George, Utah 84770			
36. REGISTRAR'S SIGNATURE [Signature]		37. DATE REGISTRAR NOTIFIED OF DEATH (mo. day yr.) APR 21 1998	
38. PART 1 ENTER THE DISEASE, INJURY, OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE OF EACH LIFE. Myocardial infarction			
39. PART 2 Other Significant Conditions contributing to death but not resulting in the underlying cause shown in Part 1.			
40. IN YOUR OPINION, TOBACCO USE BY THE DECEASED <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Non-user		41. WAS THIS AN ALTOGETHER UNEXPECTED DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
42. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accidental <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured <input type="checkbox"/> 6. Pending		43. DATE OF INJURY (mo. day yr.) APR 16 1998	
44. LOCATION (street or rural route number, city or town, county and state) Caliente, Nevada		45. PLACE OF INJURY - All homes, farms, streets, factory, place, building, etc. (Specify) Caliente, Nevada	
46. DESCRIBE HOW INJURY OCCURRED (short sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)			

DATE ISSUED
SEPTEMBER 8, 2021

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

Linda S. Wininger
Linda S. Wininger LCSW
State Registrar
Rev. 4/19



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UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE