RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED **RETURN TO AND MAIL TAX** STATEMENTS TO:

Leslie A. Park 4415 S. Topaz Las Vegas, NV 89121 LINCOLN COUNTY, NV

\$37.00

09/30/2021 11:02 AM

2021-161191

Rec:\$37.00 FIRST AMERICAN TITLE INSURANCE COMPRIME-4 KC

File No.: 116-2635814 (IK)

OFFICIAL RECORD

AMY ELMER, RECORDER

Space Above This Line for Recorder's Use Only

A.P.N. 001-260-21

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, 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 02/23/2015 which was recorded as Instrument No. 0146890 in Book 293, Page 0210, 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

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 9/17/2021
DECLARANT:
Feeli 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 CIAYK and State Neva and State Neva and State
for said County Clark and State Nevada, this day of September, 2021
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
WITNESS my hand and official seal. This area for official notarial seal.
Signature
My Commission Expires: Feb 4, 2025
Notary Name: Selena Flores Notary Phone: (702) 695-0297
Notary Registration Number: 21900001 County of Principal Place of Business $C101100001$

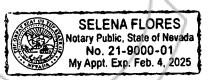


EXHIBIT 'A'

SITUATED WITHIN THE NORTHWEST QUARTER (NW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 11, TOWNSHIP 01 NORTH, RANGE 67 EAST, M.D.M., TOWN OF PIOCHE, LINCOLN COUNTY, STATE OF NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL ONE (1), (SOUTHWEST QUARTER (SW 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4)), AS SHOWN ON THAT CERTAIN PARCEL MAP RECORDED MAY 24, 2006 IN PLAT BOOK "C", PAGE 214, AS FILE NO. 126571, IN THE OFFICE OF THE COUNTY, RECORDER OF LINCOLN COUNTY, NEVADA.



ERTIFICATION 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

TYPE OR	1a. DECEASED-NAME (FIRST, MIDDLE, L.	AST, SUFFIX)	/ 2.	DATE OF DEATH (Mo/Day/	Year) 3a. COUN	TY OF DEATH		
PRINT IN PERMANENT	James Lee	PARK	-	February 26, 201	5 \	Clark /		
BLACK INK	James Lee	DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. 4. SEX						
	30. CITY, TOWN, OR LOCATION OF DEA	•		Inpatient(Specify)	3 5			
DECEDENT	Henderson	341 East Long Acr		1	Home	Male		
DECEDENT	5. RACE (Specify)			b. UNDER 1 YEAR 7c. UND	ER 1 DAY 8. DATE	OF BIRTH (Mo/Day/Yr)		
e per la la companya de la companya	White	No - Non-Hispanic	(Years)	MOS DAYS HOURS	TMINS A	April 20, 1946		
974 C	9a. STATE OF BIRTH (If not US/CA, 9	Bb. CITIZEN OF WHAT COUNTRY 10.EDUCATIO		(Specify) 12. SURVIVING SP	OUSE'S NAME (Last nam			
IF DEATH OCCURRED IN	· · · · · · · · · · · · · · · · · · ·	United States 12	Widowe		\ \\	•		
INSTITUTION SEE	1404444			14b. KIND OF BUSINESS (OR INDUSTRY	Ever in US Armed		
REGARDING	13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Libboratory Construction Forces? No							
RESIDENCE					GHOH	115e. INSIDE CITY		
ITEMS	15a. RESIDENCE - STATE 15b. COU	NTY 15c CITY TOWN OR LO	1 1	ET AND NUMBER	/	LIMITS (Specify Yes		
´>	Nevada	Clark \ \ \ Henderso		st Long Acres Drive		or No) Yes		
	16. FATHER/PARENT - NAME (First Midd	dle_Last Suffix)	17 MOTHER/PAI	RENT - NAME (First Middle				
PARENTS	Edwin PARK							
	18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDR	RESS (Street or R.F.	D. No. City or Town, State, Z	ip) .			
	Leslie PARK	() () '	5030 Park Gr	ové Court Las Vegas,	Nevada 89120	1 11 .		
		THER (Specify) 19b. CEMETERY OR CREMATO			OCATION City or T	own State		
DISPOSITION	Burial -	Palm He	nderson Cemeter		Henderson Ne	vada 89015		
	20a, FUNERAL DIRECTOR - SIGNATURE			AND ADDRESS OF FACILI				
	20a. FUNERAL DIRECTOR - SIGNATURE NEGIE A MAI				uary-Henderson	~		
in the state of	H	848	V II	800 S Boulder Hwy		89015		
	SIGNATURE AU	THENTICATED			, , ,			
HIME CALL	TRADE CALL - NAME AND ADDRESS 2. 21a. To the best of my knowledge death occurred at the time, date and place and due/ 22a. On the basis of examination and/or investigation, in my opinion death occurred							
,	P. to the second of placed (Connection 9)	death occurred at the time, date and place and du Title) SIGNATURE AUTHENTICATE	n 5 % 11 1	isis of examination and/or inves le and place and due to the cau				
\ '	MICHAEL	L KARAGIOZIS DO	Page 7	177	1			
CERTIFIER		21c. HOUR OF DEATH	/ = 0 22h DATE!	SIGNED (Mo/Day/Yr)	22c. HOUR OF	DEATH		
-VERTIFIER	March 02, 2015	03:15	S S S S S S S S S S S S S S S S S S S	C i l'				
I_{i_1,\dots,i_r}		SICIANIF OTHER THAN CERTIFIER	8 8 22d. PRON	OUNCED DEAD (Mo/Day/Yr) 22e. PRONOUN	ICED DEAD AT (Hour)		
	្ទម្លី (Type or Print). \	17世 11	2 ° /	1 / 1/	- A	' '		
	23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) // 23b, LICENSE NUMBER							
	23a, NAME AND ADDRESS OF CERTIFIE	R (PHYSICIAN, ATTENDING PHYSICIAN) MEDI	Michael Karagiozis DO 4141 Swenson Las Vegas, NV 89119 476					
	23a, NAME AND ADDRESS OF CERTIFIE	el Karagiozis DO 4141 Swenson La	s Vegas, NV 891	19	//	476		
	23a. NAME AND ADDRESS OF CERTIFIE Micha Micha 24a. REGISTRAR (Signature)	el Karagiozis DO 4141 Swenson La	s Vegas, NV 891 24b. DATE RECEIVED	19	//	476 MMUNICABLE DISEASE		
REGISTRAR	\\ Michae 24a. REGISTRAR (Signature)	el Karagiozis DO 4141 Swenson Las SUSAN ZANNIS / /	s Vegas, NV 891 24b. DATE RECEIVED	19	//	476		
	Michar 24a. REGISTRAR (Signature) SIG	El Karagiozis DO 4141 SWENSON Las SUSAN ZANNIS / GNATURE AUTHENTICATED	s Vegas, NV 891 24b. DATE RECEIVED (Mo/Day/Yr) Mar	19 BY REGISTRAR 24c.	DEATH DUE TO COM	476 MMUNICABLE DISEASE		
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"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.



DATE ISSUED:

391889

APR 0 7 2017

Registrar_of Vital Statistics

391889

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 • 702-759-10/0 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE