

LINCOLN COUNTY, NV

2021-161191

\$37.00

09/30/2021 11:02 AM

Rec:\$37.00

FIRST AMERICAN TITLE INSURANCE COMPANY 4 KC

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
4415 S. Topaz
Las Vegas, NV 89121

Space Above This Line for
Recorder's Use Only

A.P.N. 001-260-21

File No.: 116-2635814 (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 **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:

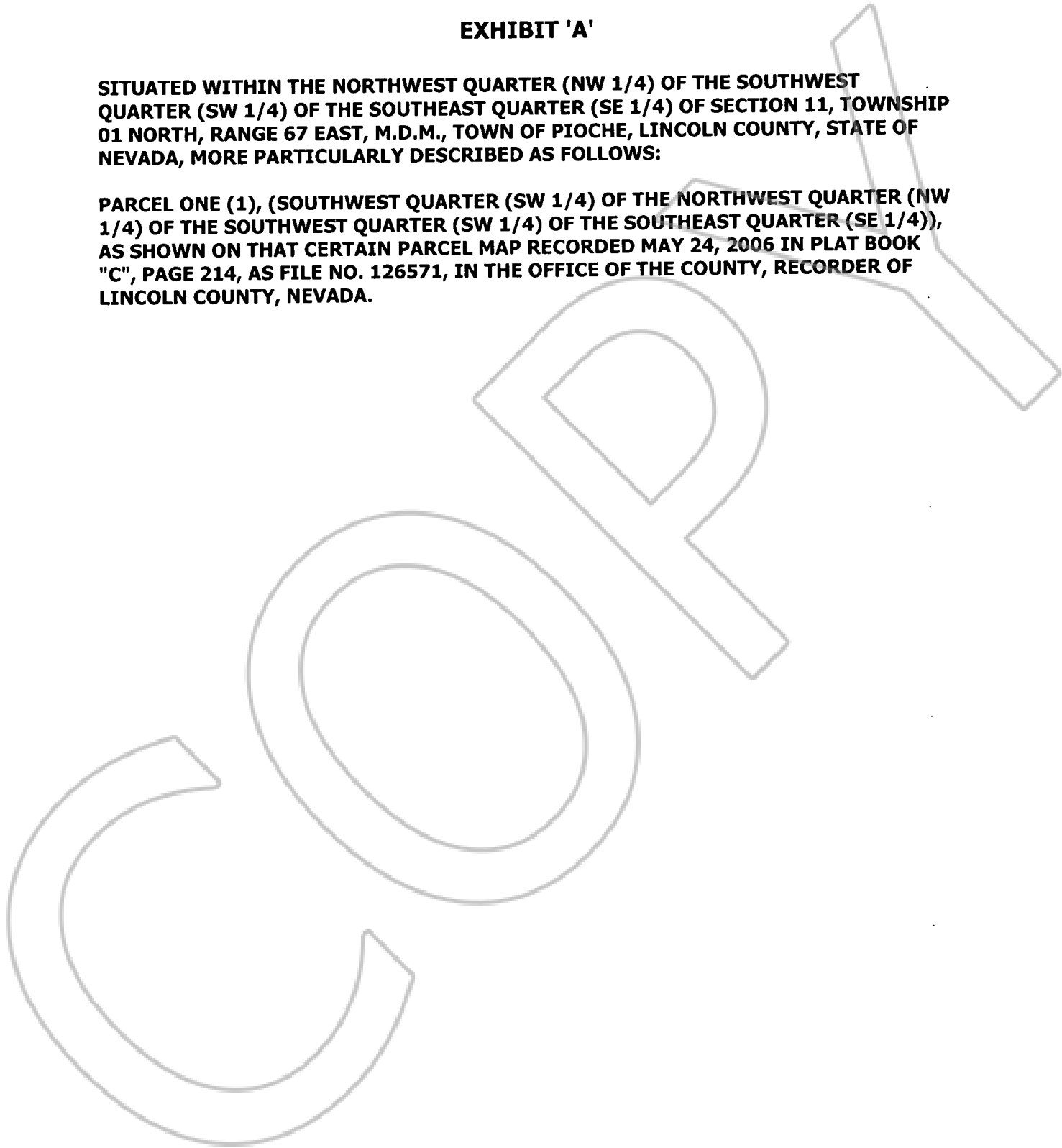
Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

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.



STATE OF 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	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 address) 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		7c. UNDER 1 DAY HOURS	
DECEDENT	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)		14b. KIND OF BUSINESS OR INDUSTRY Construction	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
PARENTS	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 (Of Person Acting as Such) NEGIE A MARUCCI		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015	
DISPOSITION	21a. TRADE CALL - NAME AND ADDRESS		21b. TRADE CALL - NAME AND ADDRESS		21c. 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		21b. DATE SIGNED (Mo/Day/Yr) March 02, 2015		21c. HOUR OF DEATH 03:15	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CERTIFIER	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	
	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).) (a) Hepatocellular Carcinoma	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 5 Years		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (c) DUE TO, OR AS A CONSEQUENCE OF:	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (d) DUE TO, OR AS A CONSEQUENCE OF:	
REGISTRAR	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

LOCAL REGISTRAR

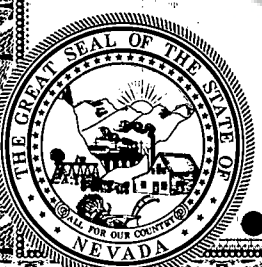
"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



391889

DATE ISSUED: **APR 07 2017**
 Registrar of Vital Statistics
 By: *Deacey 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 • 702-759-1070 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE