

LINCOLN COUNTY, NV

2021-161496

\$37.00

10/12/2021 01:58 PM

Rec:\$37.00

FIRST AMERICAN TITLE INSURANCE COMPANY 4 AK

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, Successor Trustee
4415 S. Topaz
Las Vegas, NV 89121

Space Above This Line for
Recorder's Use Only

A.P.N. 001-260-25

File No.: 116-2636310 (IK)

Affidavit - Death of Trustee

State of)
County of)ss.
)

Leslie A. Park, Successor Trustee ("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, NV** (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 and Leslie A. Park, co-Trustees of the James L. Park Separate Property Trust, dated February 23, 2015, as amended or restated, or his successors** 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. **0146900** in Book **293**, Page **0520**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 9/17/2021

DECLARANT:

Leslie A. Park
Leslie A. Park, Successor Trustee

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 24 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

Signature See

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 Clark

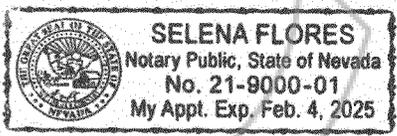
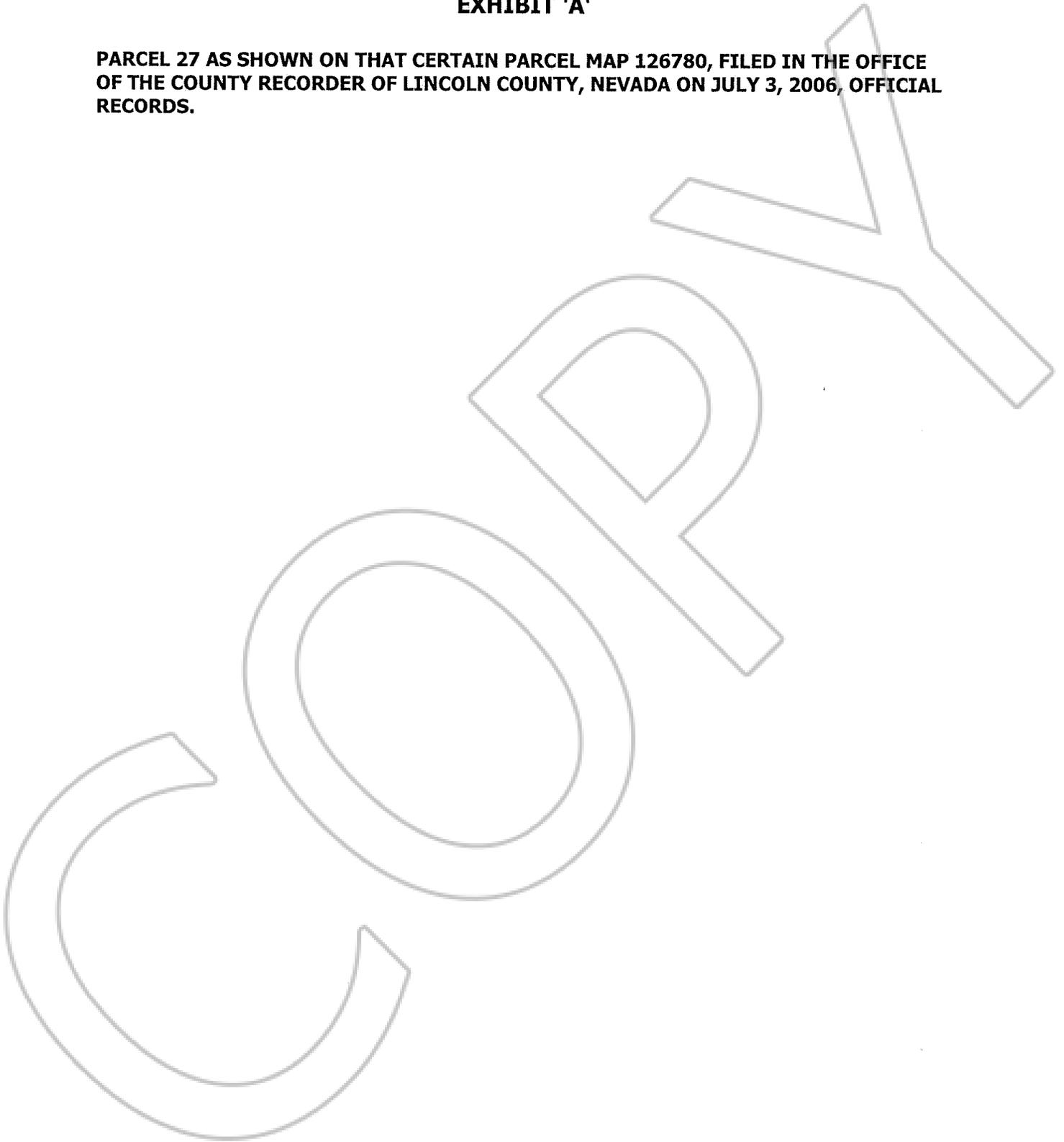


EXHIBIT 'A'

PARCEL 27 AS SHOWN ON THAT CERTAIN PARCEL MAP 126780, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA ON JULY 3, 2006, OFFICIAL RECORDS.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3819415

CERTIFICATE OF DEATH

2015003329
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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 or Inpatient)(Specify) 341 East Long Acres Drive 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	7c. UNDER 1 DAY HOURS MINS	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		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

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) Edwin PARK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sima KESTI		
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DISPOSITION

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 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

TRADE CALL - NAME AND ADDRESS

CERTIFIER

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)

REGISTRAR

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"/>

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) Hepatocellular Carcinoma		5 Years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 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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DATE ISSUED: APR 07 2017

Registrar of Vital Statistics
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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE