

LINCOLN COUNTY, NV

2022-162190

\$37.00

Rec:\$37.00

04/11/2022 08:13 AM

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:**

Mary McCoy
*10373 Timber Willow
Las Vegas, NV 89135*

#2649743-RC

Space Above This Line for
Recorder's Use Only

A.P.N. 001-341-18

File No.: 13895-2649743 (RC)

Affidavit - Death of Trustee

State of Colorado)
County of El Paso)ss.
)

Mary McCoy ("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. **Leland R. Dane** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **02/27/2022** at **Colorado Springs, CO** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **03/09/2021** executed by **Leland R. Dane** 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 and Sale Deed** dated **05/05/2021** which was recorded as Instrument No. **2021-160881** in Book **N/A**, Page **N/A**, of Official Records of **Lincoln County** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: Print date 04/05/2022

DECLARANT:

Mary McCoy
Mary McCoy
McCoy

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 07 day of April, 2022 by Mary McCoy, 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 [Signature]

My Commission Expires: 08-31-2024

Notary Name: Sam Leak Notary Phone: 702-809-3294
Notary Registration Number: 20-9543-01 County of Principal Place of Business Nevada

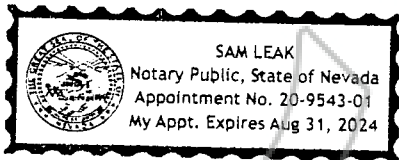
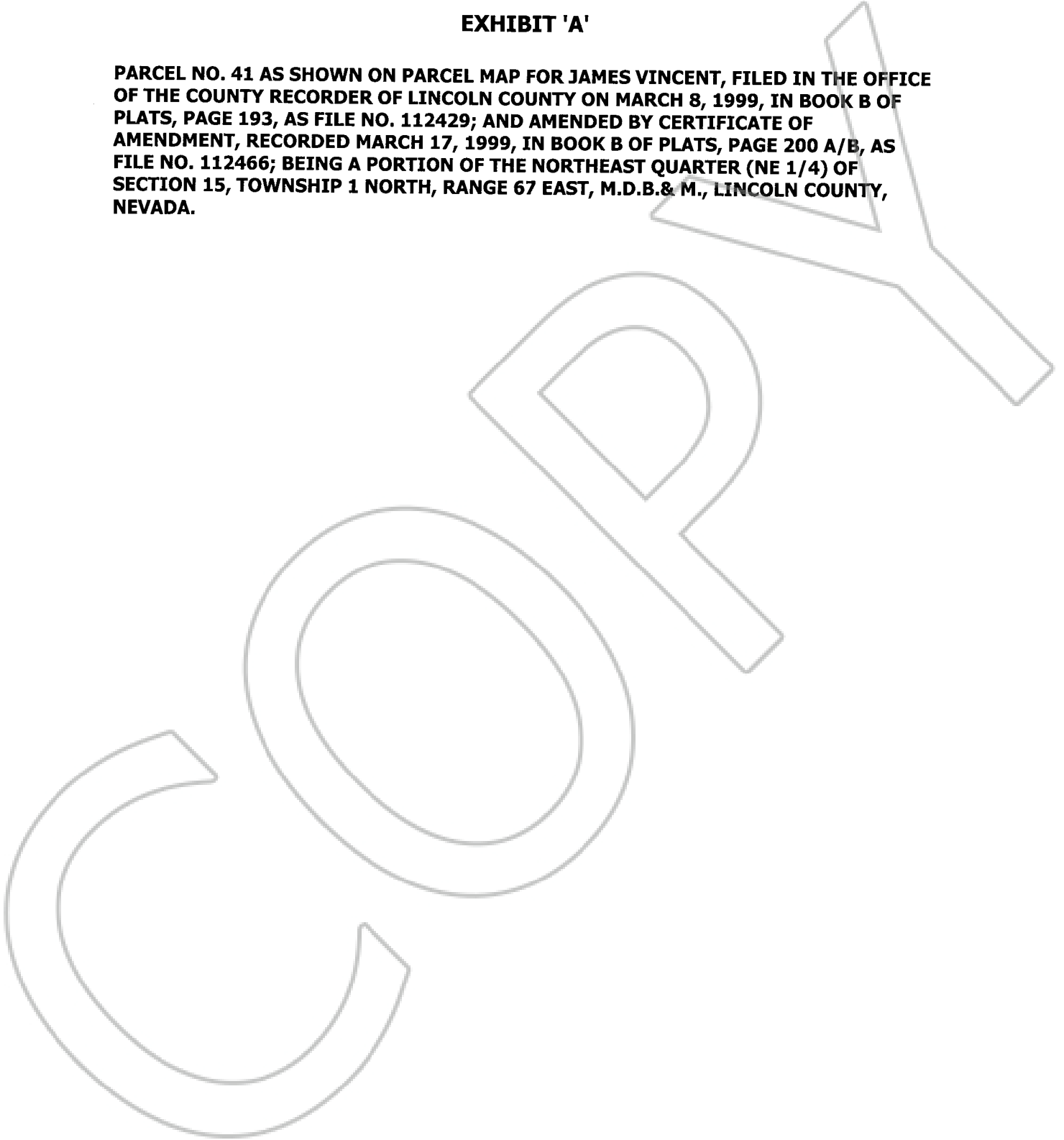


EXHIBIT 'A'

PARCEL NO. 41 AS SHOWN ON PARCEL MAP FOR JAMES VINCENT, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON MARCH 8, 1999, IN BOOK B OF PLATS, PAGE 193, AS FILE NO. 112429; AND AMENDED BY CERTIFICATE OF AMENDMENT, RECORDED MARCH 17, 1999, IN BOOK B OF PLATS, PAGE 200 A/B, AS FILE NO. 112466; BEING A PORTION OF THE NORTHEAST QUARTER (NE 1/4) OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. & M., LINCOLN COUNTY, NEVADA.



STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052022008585

DECEDENT'S LEGAL NAME LELAND R. DANE			DATE OF DEATH FEBRUARY 27, 2022				
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE-Last Birthday (Years) 84	UNDER 1 YEAR Months Days		UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Mo/Day/Yr) DECEMBER 23, 1937	BIRTHPLACE (State or Foreign Country) NEVADA
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL NURSING HOME/LONG TERM CARE FACILITY				
Facility Name (If not institution, give street & number) PIKES PEAK CARE CENTER			CITY, TOWN OR LOCATION OF DEATH COLORADO SPRINGS		COUNTY OF DEATH EL PASO		
RESIDENCE - STREET AND NUMBER 1501 CRESTVIEW WAY				APT. NO.	ZIP CODE 80863	INSIDE CITY LIMITS YES	
RESIDENCE STATE COLORADO		COUNTY TELLER		CITY OR TOWN WOODLAND PARK			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TRUCK DRIVER			KIND OF BUSINESS/INDUSTRY FUEL		DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED		
DECEDENT OF HISPANIC ORIGIN NO			DECEDENT'S RACE White				
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH WIDOWED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) MARIE CLARK				
FATHER'S NAME WALTER EDWIN DANE			MOTHER'S NAME PRIOR TO FIRST MARRIAGE VIRGINIA L. HARNEDY				
INFORMANT'S NAME TIMOTHY L. DANE			INFORMANT'S RELATIONSHIP TO DECEASED CHILD				
NAME OF FUNERAL HOME ALTERNATIVE CREMATION			CITY AND STATE OF FUNERAL HOME COLORADO SPRINGS COLORADO		WAS CORONER NOTIFIED YES		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION AFFORDABLE CREMATORY		LOCATION - CITY, COUNTY, STATE COLORADO SPRINGS EL PASO COLORADO			
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE YES	ACTUAL OR PRESUMED TIME OF DEATH 16:00 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) FEBRUARY 27, 2022		TIME PRONOUNCED DEAD 16:00 MIL		
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?		
CAUSE OF DEATH							
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the <u>chain of events</u> -diseases, injuries, or complications-that directly caused the death.				Approximate interval: Onset to death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		a ALZHEIMER'S DISEASE WITH DEMENTIA				7 MONTHS	
		b _____				_____	
		c _____				_____	
		d _____				_____	
PART II Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I							
COVID-19 INFECTION							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN DANIEL WARD DO 55 SOUTHPOINTE COURT 201 COLORADO SPRINGS CO 80906				DATE SIGNED MARCH 02, 2022			
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER SANDRA WILSON DEPUTY CORONER 2741 E LAS VEGAS STREET COLORADO SPRINGS COLORADO 80906 EL PASO				DATE SIGNED MARCH 02, 2022			
DATE FILED BY REGISTRAR MARCH 03, 2022							

DATE ISSUED

MARCH 04, 2022

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 01/19



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE