

LINCOLN COUNTY, NV

2022-162289

\$37.00

05/05/2022 01:42 PM

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:**  
Roxie Ann Biggs  
94 W 1360 North  
Pleasant Grove, UT 84062

Space Above This Line for  
Recorder's Use Only

**A.P.N. 008-061-13**

File No.: 119-2649748 (EDH)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Lincoln )ss.  
)

**Roxie Ann Biggs** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Wilfred Niel Biggs** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **January 16, 2022** at **Alamo, Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 21, 1997** executed by **Wilfred Niel Biggs and Roxie Ann Biggs** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain, Sale Deed** dated **09/07/2010** which was recorded as Instrument No. **0136423** in Book , Page , 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**

- Decedent 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 5/03/2022

**DECLARANT:**

Roxie Ann Biggs  
Roxie Ann Biggs

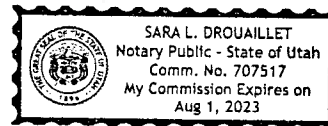
State of Utah )  
 )ss  
County of Utah )

SUBSCRIBED AND SWORN TO (or affirmed) before me, the undersigned, a Notary Public in and for said County Utah and State Utah, this 3rd day of May, 2022 by Roxie Ann Biggs, 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] Notary Public  
My Commission Expires: 08/01/2023



Sara L. Drouaillet  
707517  
8/1/2023

Notary Name: Sara Drouaillet Notary Phone: (801) 903-0022  
Notary Registration Number: 707517 County of Principal Place of Business Utah

**EXHIBIT 'A'**

**PARCEL ONE :**

**THAT PORTION OF SECTION 16, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.M, MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**PARCEL #2B**

**A TRIANGULAR PARCEL ADJOINING THE ONE-QUARTER SECTION LINE OF SAID SECTION 16 AND A PORTION OF THE SOUTHEAST QUARTER (SE1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF SAID SECTION 16; DESCRIBED AS FOLLOWS:**

**BEGINNING AT A POINT 130 FEET WEST OF THE CENTER OF SAID SECTION 16, AT THE WEST FENCE LINE OF U.S. HIGHWAY NO. 93 AND RUNNING WEST 735 FEET ALONG THE ONE-QUARTER SECTION LINE; THENCE NORTH 44 DEGREES 30', A DISTANCE OF 720 FEET TO SAID HIGHWAY FENCE, THENCE SOUTH 15 DEGREES EAST ALONG SAID FENCE LINE, AS DISTANCE OF 560 FEET TO THE TRUE POINT OF BEGINNING.**

**AS AFFECT 008-061-13**

**PARCEL TWO:**

**THAT PORTION OF SECTION 16, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.B. & M., LINCOLN COUNTY, NEVADA MORE PARTICULARLY DESCRIBED AS:**

**LOT TWO (2) AS SHOWN BY MAP THEREOF ON FILE IN FILE PLAT "A" OF PARCEL MAPS, PAGE 269 AS DOCUMENT NO. 86340 IN LINCOLN COUNTY, NEVADA RECORDS.**

**AS AFFECT APN 008-061-15.**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4261363

**CERTIFICATE OF DEATH**

2022001033  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Wilfred Niel BIGGS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 16, 2022</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>153 S. Thumper Lane</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>October 14, 1939</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Roxie Ann MADSEN</b>	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>United States Steel</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Maintenance</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
DISPOSITION	15d. STREET AND NUMBER <b>153 S. Thumper Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Wilfred Alven BIGGS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sylvia Marie PETERSON</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Roxie Ann BIGGS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>153 S. Thumper Lane Alamo, Nevada 89001</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Lehi City Cemetery</b>		19c. LOCATION City or Town State <b>Lehi Lehi City Cemetery 84043</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CLARENCE RAY</b> SIGNATURE AUTHENTICATED		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) <b>CLARENCE RAY</b> SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr) <b>January 18, 2022</b>		21c. HOUR OF DEATH <b>21:50</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>January 16, 2022</b>	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo/Day/Yr) <b>January 16, 2022</b>		22e. PRONOUNCED DEAD AT (Hour) <b>21:50</b>	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Clarence Ray 1050 SR 322 Pioche, NV 89043</b>			23b. LICENSE NUMBER <b>059</b>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 20, 2022</b>		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).)					
CAUSE OF DEATH	PART I		(a) <b>Intracranial Hemorrhage</b>		Interval between onset and death <b>Minutes</b>	
			(b) <b>Blunt Force Trauma To The Head</b>		Interval between onset and death <b>Minutes</b>	
CAUSE OF DEATH			(c) <b>Accidental Fall</b>		Interval between onset and death <b>Minutes</b>	
			(d) <b>Balance Issues brought on by Advanced Age</b>		Interval between onset and death <b>Years</b>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Diabetes Mellitus Type 2, Hypertension, Hyperlipidemia, Moderate COPD</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>January 16, 2022</b>		28c. HOUR OF INJURY <b>2120</b>		
28d. DESCRIBE HOW INJURY OCCURRED <b>Accidental Fall At Home Causing Blunt Force Trauma To The Head As A Result Of The Fall.</b>		28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Home</b>		
28g. LOCATION <b>153 S Thumpers Lane</b>		28h. STREET OR R.F.D. No. <b>Alamo</b>		28i. CITY OR TOWN <b>Alamo</b>		
28j. STATE <b>Nevada</b>						

000912394



**CERTIFIED COPY OF VITAL RECORDS**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Jan Skyles*  
STATE REGISTRAR

DATE ISSUED: 1/31/2022

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

