

LINCOLN COUNTY, NV 2022-162310  
Rec:\$37.00  
Total:\$37.00 05/12/2022 12:37 PM  
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OFFICIAL RECORD  
AMY ELMER, RECORDER

RECORDING REQUESTED BY  
of Nevada

AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:

apn: 124-30-315-130

91038671 LA

Space Above This Line for  
Recorder's Use Only

A.P.N. 124-30-315-130

File No.: 91038671LA (ddd)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Clark )ss.  
)

**SANDRA JANE CUNNINGHAM** ("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. **ROGER FREDERIC CUNNINGHAM** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **JULY 23, 2021** at **LAS VEGAS, NEVADA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **MARCH 21, 2011** executed by **ROGER FREDERIC CUNNINGHAM AND SANDRA JANE CUNNINGHAM** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **QUIT CLAIM DEED** dated **FEBRUARY 5, 2021** which was recorded as Instrument No. **202103100003975** in Book , Page , of Official Records of **CLARK** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: APRIL 28, 2022

**DECLARANT:**

Sandra Jane Cunningham  
**SANDRA JANE CUNNINGHAM**

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 28 day of April, 2022 by \_\_\_\_\_, 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 Mindy M Truelove-Smith

My Commission Expires: May 15, 2024

Notary Name: Mindy M Truelove-Smith Notary Phone: 702-968-1263

Notary Registration Number: 20-2990-01 County of Principal Place of Business Clark



**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: 4225854

2021017249  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) <b>Roger Frederic CUNNINGHAM</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 23, 2021</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either give street number) <b>Centennial Hills Hospital Medical Center</b>		3e. If Hosp. or inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 01, 1947</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Sandra J LAGSTROM</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Computers</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN, OR LOCATION <b>North Las Vegas</b>	
15d. STREET AND NUMBER <b>5904 Sea Hunter St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First-Middle Last Suffix) <b>Burt CUNNINGHAM</b>			17. MOTHER/PARENT - NAME (First-Middle Last Suffix) <b>Winifred HOPEWELL</b>		
18a. INFORMANT - NAME (Type or Print) <b>Sandra J CUNNINGHAM</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>5904 Sea Hunter St. North Las Vegas, Nevada 89031</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. GEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas-Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>ABRAHAM ESPINOSA</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD956</b>		20c. NAME AND ADDRESS OF FACILITY <b>Affordable Cremation and Burial Services 2127 W Charleston Blvd Las Vegas NV 89102</b>	
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) <b>SIGNATURE AUTHENTICATED MUHAMMAD K GONDAL MD</b>			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) <b>July 26, 2021</b>		21c. HOUR OF DEATH <b>13:22</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Muhammad K Gondal MD 1050 W Galleria Dr Henderson, NV 89052</b>				23b. LICENSE NUMBER <b>16756</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 26, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE: <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) <b>Cardiorespiratory Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute Encephalopathy</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Cerebrovascular Accident With Left Hemiplegia</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Right Basal Ganglia Infarct</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	

\*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 the State Board of Health pursuant to NRS 440.175.

**SIGNATURE AUTHENTICATED**

Registrar of Vital Statistics

DATE ISSUED: 7/28/2021

By: *Susan Zannus*

This Copy not valid unless prepared on engraved border 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

