

LINCOLN COUNTY, NV

2022-162838

\$37.00

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08/01/2022 11:39 AM

TITLE DEEDS & NEEDS, LLC

Pgs=4 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

APN NO.: 001-033-10 & 001-033-11

RECORDING REQUESTED BY:  
TITLE DEEDS & NEEDS, LLC

WHEN RECORDED MAIL TO AND  
MAIL TAX STATEMENTS TO:  
JAMES A. ERNST & DEREK D. ERNST  
P.O. BOX 278  
PIOCHE, NV 89043

File No. 22-998

**AFFIDAVIT - DEATH OF TRUSTEES**

STATE OF NEVADA  
COUNTY OF LINCOLN

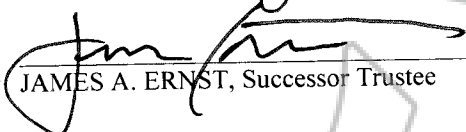
} ss:

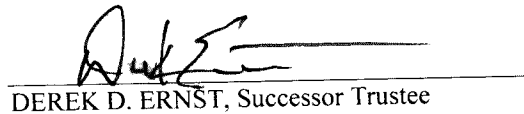
JAMES A. ERNST AND DEREK D. ERNST, being of legal age, and being first duly sworn, deposes and says:

1. That the decedents, GORDON L. ERNST AND KAREN S. ERNST, mentioned in the attached certified copies of the Certificate of Death are the same person(s) named as the Trustee(s) in that certain ERNST FAMILY TRUST, dated October 6, 1995, executed by, GORDON L. ERNST AND KAREN S. ERNST, as Trustors.
2. That we, JAMES A. ERNST AND DEREK D. ERNST, are named and appointed as "Successor Trustees" under the terms of the above referenced Trust, which Trust was in effect at the time of the death of the Decedents set out herein, and which Trust is still in full force and effect, having not been revoked, amended or terminated, and we hereby consent to act as Successor Trustees.
3. That there is no outstanding, unpaid Federal Estate Tax as a result of death of the said decedents.

We declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Executed on July 30, 2022 at Pioche, Nevada.

  
JAMES A. ERNST, Successor Trustee

  
DEREK D. ERNST, Successor Trustee

STATE OF NEVADA  
COUNTY OF LINCOLN

} ss:

This instrument was acknowledged before me on July 30, 2022  
By: James A. Ernst & Derek D. Ernst

  
Notary Public



STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2013012478

Gordon Lyle Ernst

DECEDENT INFORMATION

Date of Death: September 30, 2013  
City of Death: Saint George  
Age: 79  
Place of Birth: Columbus, Nebraska  
Armed Services: Yes  
Spouse's Name: Karen Sue McConnell  
Industry/Business: Phone Company  
Residence: Pioche, Nevada  
Mother's Name: Bessie Kershaw  
Facility or Address: Dixie Regional Medical Center

Time of Death: 10:50  
County of Death: Washington  
Date of Birth: November 17, 1933  
Sex: Male  
Marital Status: Married  
Usual Occupation: Telecommunication  
Education: High School or GED  
Father's Name: Arnold Ernst  
Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Name: Karen Ernst Relationship: Wife  
Mailing Address: 330 4th Street, P.O. Box 278, Pioche, Nevada 89043

DISPOSITION INFORMATION

Method of Disposition: Cremation  
Place of Disposition: Utah Cremation Services, St George, Utah  
Date of Disposition: October 2, 2013

FUNERAL HOME INFORMATION

Funeral Home: Cremation Center of Southern Utah  
Address: 1316 South 400 East #A5, , St George, Utah 84790  
Funeral Director: Arvin Hansen

MEDICAL CERTIFICATION

Certifying Physician: Jason L Hansen MD, 577 South River Road, St George, Utah 84790

CAUSE OF DEATH

Congestive Heart Failure  
Due to (or as a consequence of): Chronic Obstructive Pulmonary Disease  
Tobacco Use: Unknown  
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: October 1, 2013  
Date Issued: October 22, 2021

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

*Linda S. Winger*  
Linda S. Winger LCSW  
State Registrar  
Rev. 4/19



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UTAH DEPARTMENT OF HEALTH  
Office of Vital Records & Statistics  
Salt Lake City, Utah



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

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

**CERTIFICATE OF DEATH**

2021008353  
STATE FILE NUMBER

CASE FILE NO. 4205890

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Karen Sue ERNST</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 28, 2021</b>		3a. COUNTY OF DEATH <b>Clark</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>North Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>1310 Stable Glen Drive</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>81</b>	
	7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 07, 1939</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>PUBLIC RELATIONS OFFICER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>HEALTHCARE</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>North Las Vegas</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1310 Stable Glen Drive</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>James Carson MCCONNELL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gladys Eva BALL</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>James A ERNST</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1310 Stable Glen Drive North Las Vegas, Nevada 89031</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Paradise Valley Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89119</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAYE MACPHERSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD202</b>		20c. NAME AND ADDRESS OF FACILITY <b>Davis Funeral Home - Rainbow</b> <b>1401 S Rainbow Blvd Las Vegas NV 89146</b>	
	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>BEN J MURIE DO</b> SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		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>BEN J MURIE DO</b> SIGNATURE AUTHENTICATED	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) <b>May 06, 2021</b>		22c. HOUR OF DEATH <b>09:05</b>	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Ben J Murie DO 1704 Pinto Lane Las Vegas, NV 89106</b>				23b. LICENSE NUMBER <b>DO2745</b>	
	24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 11, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Metastatic Carcinoma And Sequelae Thereof</b>				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. <b>Chronic Lymphocytic Leukemia</b>				26. AUTOPSY (Specify Yes or No) <b>Yes</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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.

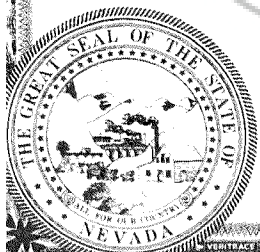
SIGNATURE AUTHENTICATED

Registrar of Vital Statistics

By: *Susan Zannis*

DATE ISSUED: 5/13/2021

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



**EXHIBIT "A"**

Parcels One (1) and Two (2), as shown by Parcel Map of a portion of Block 40, in the Township of Pioche thereof on file in Book A of Plats, Page 484 of Official Records, in the Office of the County Recorder of Lincoln County, Nevada.

