

LINCOLN COUNTY, NV

2023-164246

\$37.00

04/27/2023 04:21 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:**  
Sylvia Harris  
13706 NE 9th Street  
Choctaw, OK 73020

Space Above This Line for  
Recorder's Use Only

**A.P.N. 004-141-18**

File No.: 13895-2663285 (DP)

**Affidavit - Death of Trustee**

State of Nevada )  
County of ~~Clark~~ *Lincoln* )ss.  
)

**Sylvia Harris** ("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. **Merlene N. Hurd** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **11/29/2022** at **Las Vegas, 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 1, 2001** executed by **Lyle B. Hurd and Merlene N. Hurd** 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 **04/30/2018** which was recorded as Instrument No. **2018-154172** 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**

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 18 APR 2023

**DECLARANT:**

Sylvia Harris  
Sylvia Harris

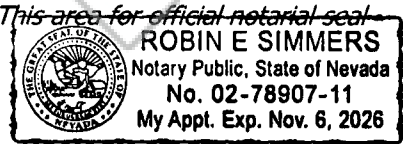
State of Nevada )  
                                  )ss  
County of Lincoln )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevada, this 18 day of April, 2023 by Sylvia Harris, 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.

Signature Robin E Simmers

My Commission Expires: 11-6-2026

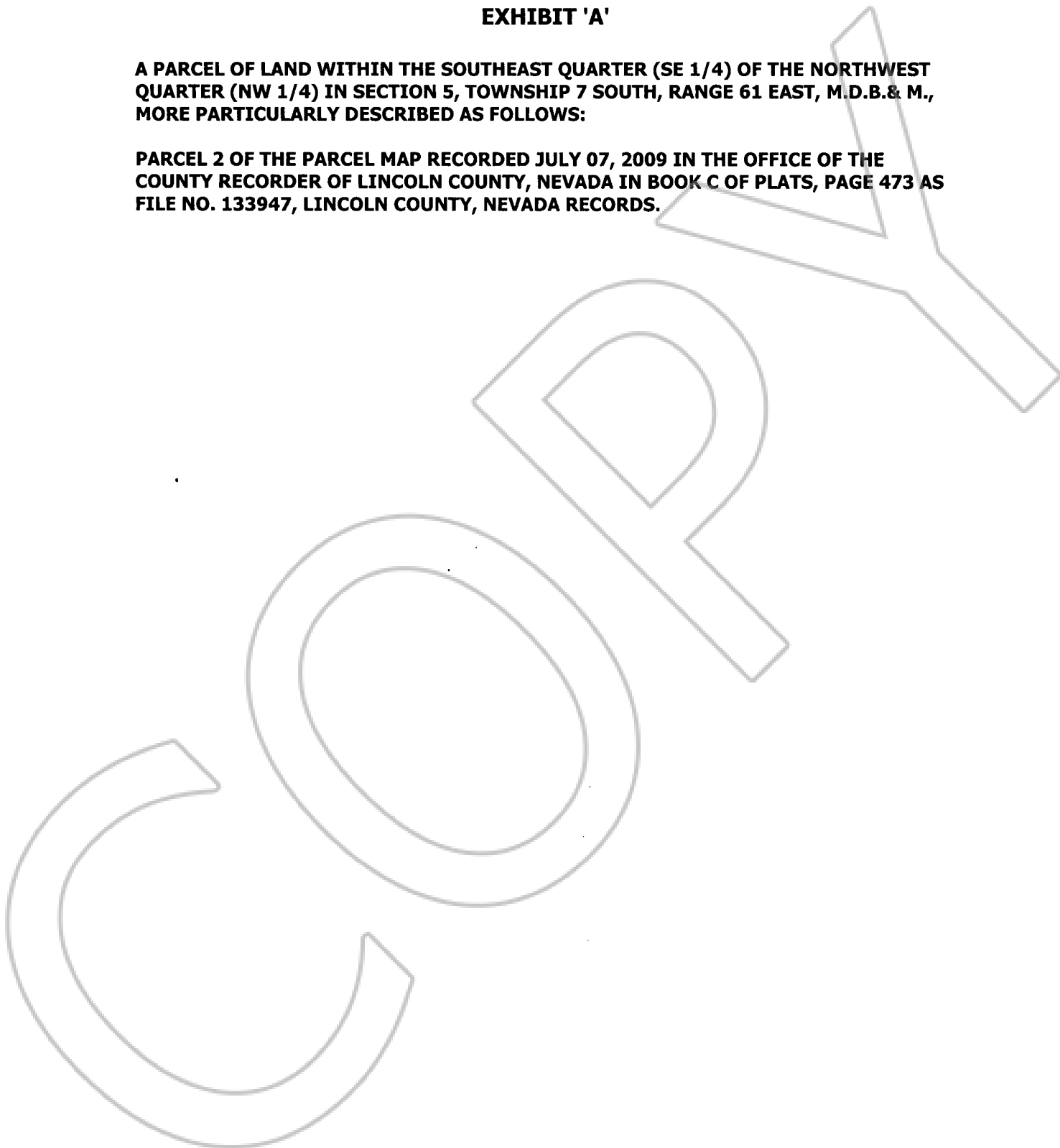


Notary Name: Robin E Simmers Notary Phone: 775-725-3526  
Notary Registration Number: 02-78907-11 County of Principal Place of Business: Lincoln

**EXHIBIT 'A'**

**A PARCEL OF LAND WITHIN THE SOUTHEAST QUARTER (SE 1/4) OF THE NORTHWEST QUARTER (NW 1/4) IN SECTION 5, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.B.& M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**PARCEL 2 OF THE PARCEL MAP RECORDED JULY 07, 2009 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK C OF PLATS, PAGE 473 AS FILE NO. 133947, LINCOLN COUNTY, NEVADA 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. 4319918

**CERTIFICATE OF DEATH**

2022028453  
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 STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Merlene Anne HURD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 29, 2022</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 or number) <b>Centennial Hills Hospital Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 01, 1935</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		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	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
15d. STREET AND NUMBER <b>413 North Main Street</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>Merle Leon NEAL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lizzie Lorraine DECKER</b>		
18a. INFORMANT- NAME (Type or Print) <b>David HARRIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>13706 NE 9th Street Choctaw, Oklahoma 73020</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Snowville Cemetery</b>		19c. LOCATION City or Town State <b>Snowville Utah 84336</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BODIE L TOPHAM</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD959</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					
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>JENNIFER L WHITMORE DO</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>December 06, 2022</b>		21c. HOUR OF DEATH <b>09:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Mary-liberty Y Gibbs DO</b>		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>Jennifer L Whitmore DO 7842 W Sahara Ave Las Vegas, NV 89117</b>				23b. LICENSE NUMBER <b>DO2579</b>	
24a. REGISTRAR (Signature) <b>JESSICA N ANDRADE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 06, 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).)					
PART I				Interval between onset and death	
(a) <b>Acute Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Bilateral, Multifocal Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>COVID 19 Infection</b> DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (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	

AKA: Merlene Anne Neal Hurd STIRLING



CERTIFIED COPY OF VITAL RECORDS

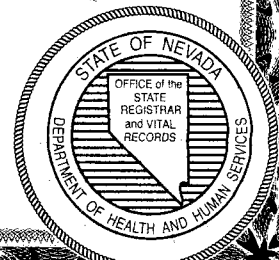
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

1/9/2023

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE