

LINCOLN COUNTY, NV

2023-164247

\$37.00

04/27/2023 04:21 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:**
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. **Lyle B. Hurd** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **01/29/2006** at **Oklahoma City, OK** (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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

This area for official notarial seal

Signature Robin E Simmers

My Commission Expires: 11.6.2026

Notary Name: Robin E Simmers Notary Phone: 715-725-3506
Notary Registration Number: 02-78907-11 County of Principal Place of Business Lincoln

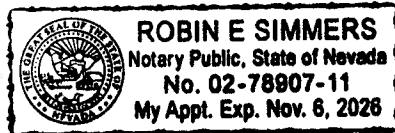
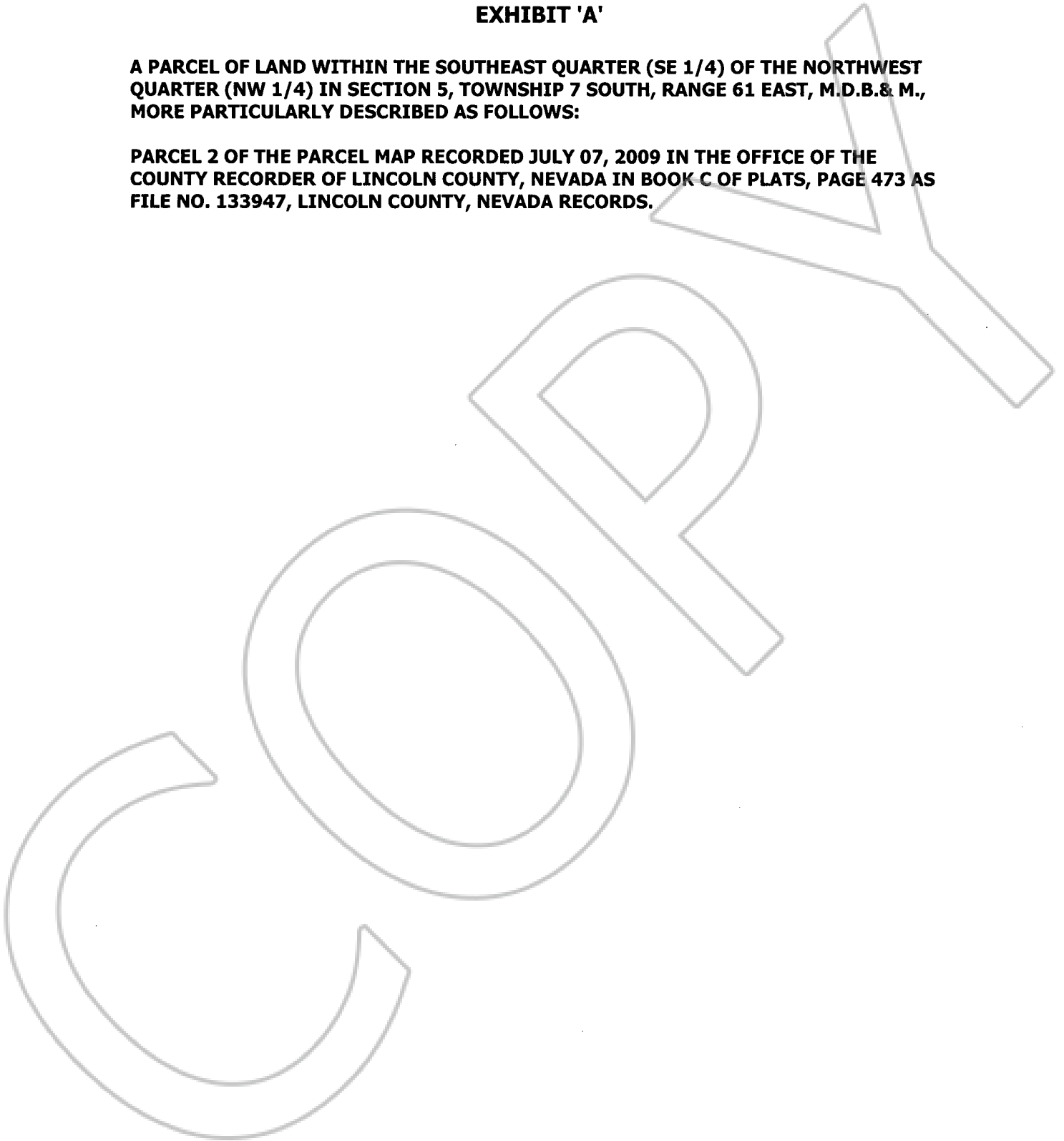


EXHIBIT 'A'

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 OKLAHOMA CERTIFICATE OF DEATH

LOCAL FILE NUM ER

STATE FILE NUM ER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) LYLE BURKE HURD			2. SEX M	3. SOCIAL SECURITY NUMBER [REDACTED]	4. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a. AGE- Last Birthday (years) 75	5b. Under 1 Year Months: 0 Days: 0	5c. Under 1 Day Hours: 0 Minutes: 0	6. DATE OF BIRTH 3/23/1930 (Mo/Day/Yr)	7. BIRTHPLACE (City, and State, or Foreign Country) Snowville, Utah	
8a. RESIDENCE-State Nevada		8b. RESIDENCE-County Lincoln		8c. RESIDENCE-City or Town Alamo	8d. RESIDENCE-Zip Code 89001
8e. RESIDENCE-Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					8f. RESIDENCE-Street and Number 350 North Main
8g. RESIDENCE-Apartment Number N/A					9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Merlene Neal			11. FATHER'S NAME (First, Middle, Last) Edmund Hurd		
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Rebecca Maude Vanderhoff			13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____		
14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of entitled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____			15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input checked="" type="checkbox"/> Master's degree (e.g. MEd, MA, MEng, MSW, MBA) <input type="checkbox"/> Doctorate or Professional Degree (e.g. PhD, EdD or MD, JD, etc.)		
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) DO NOT USE RETIRED. Educator			17. KIND OF BUSINESS/INDUSTRY High School Teacher		
18a. INFORMANT'S NAME Merlene Neal Hurd		18b. RELATIONSHIP TO DECEDENT Wife		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 350 N. Main Alamo, Nevada 89001	
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (specify) _____			20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Snowville City Cemetery		21. LOCATION- City, Town and State Snowville, Utah
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Fallon Mortuary Service 73148 PO Box 82004 Oklahoma City, OK			23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH <i>Janice Hill</i>		
			24. FH ESTABLISHMENT LICENSE # 1203ES		

25. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home or Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____		
26. FACILITY NAME (If not institution, give street & number) SELECT SPECIALTY HOSPITAL BAPTIST		27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH OKLAHOMA CITY, OKLAHOMA		28. COUNTY OF DEATH OKLAHOMA	
29. DATE OF DEATH 01/29/2006 (Mo/Day/Yr)	30. TIME OF DEATH 12:24	31. WAS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAUSE OF DEATH (See Instructions and Examples)					
34. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest or respiratory arrest, ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PROBABLE PNEUMONIA Due to (or as a consequence of): _____ b. QUADREPLEGIA Due to (or as a consequence of): _____ c. COMPLICATION OF CERVICAL CORD COMPRESSION Due to (or as a consequence of): _____ d. C6-C7 SUBLUXATION			Approximate interval: Onset to death: Undetermined		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. TRAUMATIC BRAIN INJURY
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
39. DATE OF INJURY (Mo/Day/Yr) 11/23/2005	40. TIME OF INJURY 18:47	41. PLACE OF INJURY (e.g. Decedent's home, construction site, wooded area) ROADWAY		42. DESCRIBE HOW INJURY OCCURRED MOTOR VEHICLE COLLISION	
43. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. LOCATION OF INJURY: State: _____ City or Town: YUKON Zip Code: _____ Street & Number: 140 EASTBOUND AT STATE HIGHWAY 92 Apartment Number: _____			
45. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify) _____		46. CERTIFIER (Check only one): ATTENDING PHYSICIAN: <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER: 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) and manner stated. Signature of Certifier: <i>[Signature]</i>			
47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) JEFFERY GOFTON M.D., 901 N. STONEWALL, OKLAHOMA CITY, OK, 73117		48. LICENSE NUMBER 20695		49. DATE CERTIFIED 02/14/2006 (Mo/Day/Yr)	
50. REGISTRAR'S SIGNATURE (Local) <i>[Signature]</i>			51. DATE RECEIVED BY LOCAL REGISTRAR MAR 03 2006 (Mo/Day/Yr)		52. DATE RECEIVED BY STATE REGISTRAR MAR 03 2006 (Mo/Day/Yr)

For Use by Funeral Home Only

Name: _____ Date: _____ Physician: _____

Type or print with black, permanent ink. THIS IS A PERMANENT RECORD

Note to the Attending Physician: Do not sign unless the death occurred due to a natural disease process. Unnatural deaths are the responsibility of the Medical Examiner.

To be completed by the Funeral Home

To be completed by the Attending Physician or Medical Examiner

MARCH 3, 2006