

APN: 001-066-03

APN: 006-081-02

Recorded at the request of and  
When Recorded Return to:  
DAWSON & LORDAHL PLLC  
Attn: John E. Dawson, Esq.  
9130 West Post Road, Suite 200  
Las Vegas, Nevada 89148

Mail tax statements to:  
Mary Ann Cluff, Trustee  
Robert Alan Laubach, Trustee  
3507 N 307<sup>th</sup> Drive  
Buckeye, Arizona 85396

LINCOLN COUNTY, NV  
Rec:\$37.00  
Total:\$37.00  
ROBERT A. LAUBACH

2023-165816

08/02/2023 11:23 AM

Pgs=7 KC



00012858202301658160070072

OFFICIAL RECORD  
AMY ELMER, RECORDER

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA )  
 )  
COUNTY OF CLARK )

MARY ANN CLUFF and ROBERT ALAN LAUBACH, being first duly sworn, depose and say:

1. THE DUANE AND HELEN LAUBACH TRUST was originally established on January 21, 2000 and thereafter totally amended and restated on October 15, 2018 ("Trust"), by DUANE G. LAUBACH and HELEN F. ORR LAUBACH, as Trustors and Trustees.

2. DUANE G. LAUBACH died on October 17, 2020, leaving HELEN F. ORR LAUBACH as the surviving Trustee. A certified copy of his Death Certificate is attached hereto as **Exhibit A** and by this reference incorporated herein.

3. HELEN F. ORR LAUBACH died on November 19, 2022. A certified copy of her Death Certificate is attached hereto as **Exhibit B** and by this reference incorporated herein.

4. The Trust holds real property situated in the County of Lincoln, State of Nevada, and more particularly described as follows:

APN: 001-066-03

One-half undivided interest in all of lots numbered Five (5), Six (6), Seven (7), and Eight (8), in Block numbered Thirteen (13) in the Pioche Mines Consolidated, Inc. Addition Supplement B, to the Town of Pioche, Nevada, and as shown on the

Revised Map of said Block 13, and said lots and Block are shown on the official maps of said subdivision, now on file and of record in the office of the County Recorder of said Lincoln County, Nevada, and to which plat and the records thereof reference in hereby made or further particular description.

Commonly known as 169 Hinman, Pioche, Nevada.

**APN: 006-081-02**

Eight (8) acres in the West half (W1/2) of the Forty Acres known as Willow and being more particularly described as:

Beginning at a point 264 Feet East of the Southwest Corner of the Northeast Quarter of the Northeast Quarter (NE ¼ NE ¼ ) of Section 23, Township Three North (T3N), Range Sixty Nine East (R69E) thence North 1320 feet to the North Boundary, thence East 264 Feet, thence South 1320 Feet to the South Boundary, thence West 264 Feet to the Point of Beginning in Patent No. 1048554.

Also one fifth (1/5) of the Water and Water Rights to Willow Springs. Said Willow Springs being situate in the Northwest Quarter of the Northwest Quarter (NW ¼ NW ¼) of Section Twenty Three (23), Township Three North (T3N), Range Sixty Nine East (R69E), M.D.B. & M, evidenced by Certificate No. 1914, Application No. 7866 on File and of record with the State Engineer of Nevada, at Carson City, Nevada.

We certify, under penalty of perjury that the foregoing is true and correct and by signing this Affidavit accept the Trusteeship of this Trust.

Witness our hands as of the date set forth below.

Dated this 1 day of August, 2023.

THE DUANE AND HELEN LAUBACH TRUST  
Dated January 21, 2000

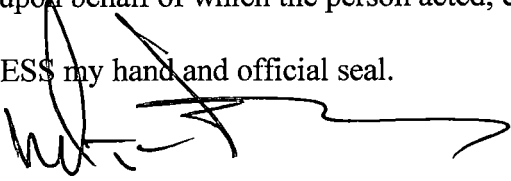
By: Mary Ann Cluff Trustee  
Mary Ann Cluff, Trustee

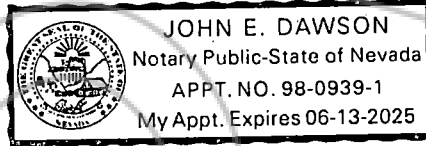
By: [Signature]  
Robert Alan Laubach, Trustee

STATE OF Nevada )  
COUNTY OF Clark ) SS.:

On August 1, 2023, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared MARY ANN CLUFF, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

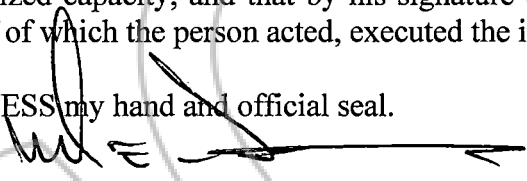
  
\_\_\_\_\_  
NOTARY PUBLIC



STATE OF NEVADA )  
COUNTY OF CLARK ) SS.:

On August 1, 2023, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared ROBERT ALAN LAUBACH, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
NOTARY PUBLIC

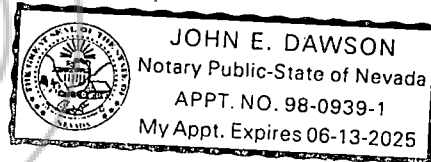


EXHIBIT A  
DEATH CERTIFICATE  
DUANE G. LAUBACH

COPY

**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. 4173440

2020023010  
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>Duane Gilbert LAUBACH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 17, 2020</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Henderson</b>		3c. HOSPITAL OR OTHER INSTITUTION Name(if not either, give street and 3e. if Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>236 East Country Club Drive Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>88</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
9a. STATE OF BIRTH (If not US/CA, name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>16</b>	11. MARITAL STATUS (Specify) <b>Married</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Helen Frances ORR</b>
13. SOCIAL SECURITY NUMBER <b>530-14-8928</b>		14a. USUAL OCCUPATION (Give Kind of Work Done, During Most of <b>REAL ESTATE AGENT</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>	Ever in US Armed Forces? <b>Yes</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Clark</b>	15c. CITY, TOWN OR LOCATION <b>Henderson</b>	15d. STREET AND NUMBER <b>236 East Country Club Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Alvin Ernest LAUBACH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose HUMBERG</b>		
18a. INFORMANT - NAME (Type or Print) <b>Mary Ann L CLUFF</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>620 Du Fort Avenue Henderson, Nevada 89002</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY 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>JOSEPH PALMER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD856</b>	20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Henderson</b> <b>800 S Boulder Hwy Henderson NV 89015</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</b> <b>SABRINA C RAROQUE 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>October 19, 2020</b>		21c. HOUR OF DEATH <b>12:22</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>Sabrina C Raroque MD 10624 S Eastern Ave Henderson, NV 89052</b>				23b. LICENSE NUMBER <b>16177</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 21, 2020</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 (a) <b>Cardiac And Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Cardiac And Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Acute On Chronic Obstructive Pulmonary Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death <b>2 Days</b> <b>2 Days</b> <b>2 Days</b> <b>2 Days</b>	
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>	
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

STATE REGISTRAR

VRS-Rev-20120529a

"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.

**OCT 23 2020**

DATE ISSUED:

Registrar of Vital Statistics

By: *Alvin Smith*

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

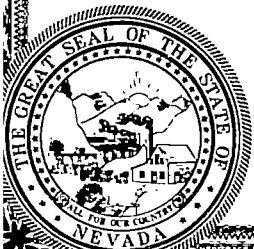


EXHIBIT B  
DEATH CERTIFICATE  
HELEN F. ORR LAUBACH

COPY



**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. 4318106

2022027807  
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) Helen Frances LAUBACH		2. DATE OF DEATH (Mo/Day/Year) November 19, 2022		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) BeeHive Homes of Henderson		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Assisted Living Facility	
4. SEX Female		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) December 03, 1931	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 03, 1931		9a. STATE OF BIRTH (if not US/CA, name country) Nevada	
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18		11. MARITAL STATUS (Specify) Widowed	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER 530-18-9600		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER	
14b. KIND OF BUSINESS OR INDUSTRY EDUCATION		15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark	
15c. CITY, TOWN OR LOCATION Henderson		15d. STREET AND NUMBER 236 E Country Club Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Roy ORR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bertha RUTHERFORD		
18a. INFORMANT - NAME (Type or Print) Mary Ann L CLUFF			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 236 E Country Club Drive Henderson, Nevada 89015		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KAREN M UMBRIACO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD942		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015	
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) SIGNATURE AUTHENTICATED JENNIFER L WHITMORE DO			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) November 29, 2022		21c. HOUR OF DEATH 14:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Mary-liberty Gibbs DO		22c. HOUR OF DEATH		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) Jennifer L Whitmore DO 7842 W Sahara Ave Las Vegas, NV 89117		23b. LICENSE NUMBER DO2579	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 2022		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 (a) Parkinson's Disease DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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.

Registrar of Vital Statistics SIGNATURE AUTHENTICATED

DATE ISSUED: 11/30/2022

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

