

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Joseph Lewis Sharp, Jr
113 Weeping Willow St
Alamo, NV 89001

Space Above This Line for
Recorder's Use Only

A.P.N. 004-071-27

File No.: 13895-2667693 (DP)

Affidavit - Death of Trustee

State of Nevada)
County of Lincoln)ss.
)

Joseph Lewis Sharp, Jr. ("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. **Dorlene Cutler Sharp** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **12/13/2014** 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 **August 23, 1990** executed by **Joseph L. Sharp and Dorlene C. Sharp** 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 **09/23/1990** which was recorded as Instrument No. **94875** in Book **92**, Page **135-137**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

DECLARANT:

Joseph Lewis Sharp, Jr.
Joseph Lewis Sharp, Jr.

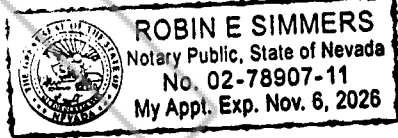
State of Nevada)
)ss
County of Lincoln)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Lincoln and State Nevada, this 4 day of October, 2023 by Joseph Lewis Sharp Jr, 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: 11-6-2023

This area for official notarial seal



Notary Name: Robin E Simmers Notary Phone: 775-725-3506
Notary Registration Number: 02-78907-11 County of Principal Place of Business Lincoln

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2014020673

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) Dorlere Cutler SHARP | | 2. DATE OF DEATH (Mo/Day/Year) December 13, 2014 | | 3a. COUNTY OF DEATH Clark | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas | | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and city) Mountainview Hospital | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Female | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 81 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) August 08, 1933 | | 9a. STATE OF BIRTH (If not U.S.A., Nevada | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 13 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife give maiden name) Joseph Lewis SHARP | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Life) Librarian | | 14b. KIND OF BUSINESS OR INDUSTRY Education | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 15c. CITY, TOWN OR LOCATION Alamo | |
| 15d. STREET AND NUMBER 115 Weeping Willow St. | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Morton CUTLER | |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel Hortense BRUNO | | 18a. INFORMANT- NAME (Type or Print) Joseph Lewis SHARP | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 253 Alamo, Nevada 89001 | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Richardville | | 19c. LOCATION City or Town State Richardville Nevada | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD C BOBO SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 242 | | 20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101 | |
| TRADE CALL - NAME AND ADDRESS | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to ARA GUEYIKIAN MD SIGNATURE AUTHENTICATED | | 22a. On the basis of examination and/or investigation, in my opinion death occurred at the date and place and due to the cause(s) stated. (Signature & Title) | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) December 17, 2014 | | 21c. HOUR OF DEATH 10:20 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRO-OUNCED DEAD AT (Hour) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) ARA GUEYIKIAN MD 3100 N Tenaya Way Las Vegas, NV 89128 | | | | 23b. L CENSE NUMBER 10769 | |
| 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 2014 | | 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) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) | | | | Interval between onset and death Days Interval between onset and death Interval between onset and death 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. Dementia | | | | 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 | |

STATE REGISTRAR

3806476

NRS-Rev-20120523a

"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.

DATE ISSUED: **DEC 19 2014**

Registrar of Vital Statistics
By: *[Signature]*

This Copy not valid unless prepared on engraved board displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-015173

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT 'A'

THAT PORTION OF THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 5, TOWNSHIP 7 SOUTH, RANGE 61 EAST M.D.M. DESCRIBED AS FOLLOWS:

PARCEL ONE (1) AS SHOWN BY PARCEL MAP FOR JOSEPH & DORLENE SHARP TRUST THEREOF RECORDED SEPTEMBER 18, 2012 IN BOOK D OF PARCEL MAPS, PAGE 71, AS FILE NO. 0141986 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

