

LINCOLN COUNTY, NV

2023-166026

\$37.00

Rec:\$37.00

10/11/2023 02:18 PM

FIRST AMERICAN TITLE INSURANCE COMPANY 4 KC

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:**
Joseph Lewis Sharp, Jr.
113 Weeping Willow Ave
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. **Joseph Lewis Sharp** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **05/07/2023** at **Caliente, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **08/23/1990** 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 **08/23/1990** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

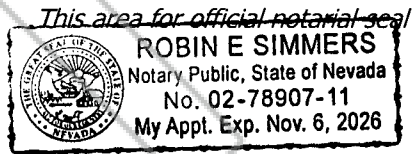
State of Nevada)
County of Lincoln)ss
Alamo)

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, 20 23 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: 11-6-2026



Notary Name Robin E Simmers Notary Phone: 775-725-8586
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 PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4348510

CERTIFICATE OF DEATH

2023010774
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

TRACE 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) Joseph Lewis SHARP | | 2. DATE OF DEATH (Mo/Day/Year) May 07, 2023 | | 3a. COUNTY OF DEATH Lincoln | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Caiente | | 3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Grover C Dis Medical Center | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer, Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Male | | 5 RACE (Specify) White | | 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 (M/C/Day/Yr) May 01, 1933 | | 9a. STATE OF BIRTH- (If not US/CA, name country) Utah | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 14 | | 11. MARITAL STATUS (Specify) Widowed | | 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) SUPERVISOR | | 14b. KIND OF BUSINESS OR INDUSTRY Nevada State Highway Department | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 15c. CITY, TOWN OR LOCATION Alamo | |
| 15d. STREET AND NUMBER 115 Weeping Willow Avenue | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in U.S Armed Forces? No | |
| 13. FATHER/PARENT - NAME (First Middle Last Suffix) Anislee Joseph SHARP | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hulda ROBINSON | | |
| 13a. INFORMANT- NAME (Type or Print) Jolene HOSIER | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 284 Alamo, Nevada 89001 | | | |
| 13a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Richardville. | | 19c. LOCATION City or Town State Alamo Nevada 89001 | |
| 22a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BODIE L TOPHAM | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD959 | | 20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caiente NV 89008 | |
| 21. 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) R WILLIAM KATSCHKE MD | | | 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) May 16, 2023 | | 21c. HOUR OF DEATH 19:07 | | 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) R William Katschke MD P.O. Box 1010 Caiente, NV 89008 | | | | 23b. LICENSE NUMBER 10509 | |
| 24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 17, 2023 | | 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) Acute Respiratory Failure | | | | Hours | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) Pneumonia | | | | Days | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) Unknown | | | | Days | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (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) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | | | | |
| 33a. ACC., SUICIDE, H.C.M., 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 COPY OF VITAL RECORDS

Cody H. Hines

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.

5/23/2023

DATE ISSUED:

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

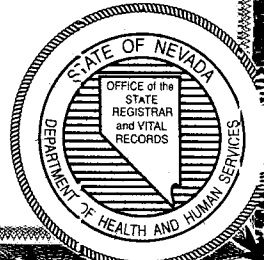


EXHIBIT 'A'

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.

