

LINCOLN COUNTY, NV

2024-166629

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TITLE DEEDS & NEEDS

OFFICIAL RECORD

AMY ELMER, RECORDER

APN NO.: 003-174-21

RECORDING REQUESTED BY:
TITLE DEEDS & NEEDS, LLC

WHEN RECORDED MAIL TO AND
MAIL TAX STATEMENTS TO:
THE JEAN MARIE LEAVITT
REVOCABLE LIVING TRUST
C/O KRISSY MARIE MILLIGAN
P.O. BOX 466
CALIENTE, NV 89008

File No. 23-672

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF UTAH
COUNTY OF IRON

} ss:

KRISSY MARIE MILLIGAN, being of legal age, and being first duly sworn, deposes and says:

1. That the decedent, JEAN MARIE LEAVITT, mentioned in the attached certified copy of the Certificate of Death is the same person(s) named as the Trustee(s) in that certain THE JEAN MARIE LEAVITT REVOCABLE LIVING TRUST, dated October 29, 2019, executed by, JEAN MARIE LEAVITT, as Trustor.
2. That I, KRISSY MARIE MILLIGAN, am named and appointed as a "Successor Trustee" under the terms of the above referenced Trust, which Trust was in effect at the time of the death of the Decedent set out herein, and which Trust is still in full force and effect, having not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
3. That there is no outstanding, unpaid Federal Estate Tax as a result of death of the said decedent.

I declare under penalty of perjury, under the laws of the State of Nevada and Utah, that the foregoing is true and correct.

Executed on February 22, 2024 at Cedar City, Utah.

KRISSY MARIE MILLIGAN, Successor Trustee

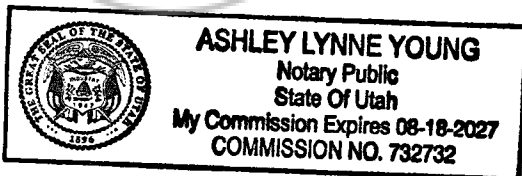
} ss:

STATE OF UTAH
COUNTY OF IRON

This instrument was acknowledged before me on
By: KRISSY MARIE MILLIGAN.

February 22, 2024

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4394098

CERTIFICATE OF DEATH

2024002063
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) Jean Marie LEAVITT		2. DATE OF DEATH (Mo/Day/Year) January 24, 2024		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) 207 Clover St.		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 27, 1952		9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 12		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) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 207 Clover St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Colin Francis BEATON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eleanor Mildred CALLAHAN		
18a. INFORMANT- NAME (Type or Print) Sarah Elizabeth WATKINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7790 Rio Rancho Rd Flagstaff, Arizona 86004			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BODIE L TOPHAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS Southern Utah Mortuary 190 North 300 West Cedar City UT 84720					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TYLER A THOMPSON 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) TYLER A THOMPSON SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) February 02, 2024		21c. HOUR OF DEATH 19:17		22b. DATE SIGNED (Mo/Day/Yr) February 02, 2024	
22c. HOUR OF DEATH 19:17		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 24, 2024		22e. PRONOUNCED DEAD AT (Hour) 19:17	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tyler A Thompson 1050 SR 322 Pioche, NV 89043					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 05, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Aspiration					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Medication Overdose (baclofen)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
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. Hypertension And Hyperlipidemia					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) January 24, 2024		28c. HOUR OF INJURY 1917	
28d. DESCRIBE HOW INJURY OCCURRED Leavit Overdosed On Baclofen, Prescription Medication Was Filled On 1/16/24 With A Total Of 30 Tablets, Prescription Dosage Was For 1 Tablet Daily. On 1/24/24 The Prescription Bottle Was Found Containing Only 1 Tablet.					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Not Applicable		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 207 Clover St. Caliente, Nevada 89008 Caliente Nevada	

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.

2/13/2024

DATE ISSUED:

STATE REGISTRAR

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

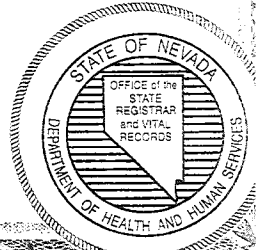


EXHIBIT "A"

THAT CERTAIN PARCEL OF LAND SITUATE WITHIN THE NORTH HALF (N 1/2) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 8, TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.B.&M., BEING A PORTION OF THE MODERN TOWNSITE OF CALIENTE, NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

LOT 7-A, AS SHOWN ON PARCEL MAP FILED APRIL 25, 1991 IN THE LINCOLN COUNTY REORDER'S OFFICE IN BOOK A OF PLATS, PAGE 341, AS FILE NO. 96563, LINCOLN COUNTY, NEVADA RECORDS.

APN: 003-174-21

