

When recorded mail to:

Priscilla Travis
9631 Old Mill St.
Rachel, Nevada 89001

Mail Tax Notices to:

Priscilla Travis
9631 Old Mill St.
Rachel, Nevada 89001



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT OF TRUSTEE

COMES NOW, affiant, upon first being duly sworn, upon her oath deposes and states:

1. That PRISCILLA ELAINE TRAVIS, also known as PRISCILLA TRAVIS is a citizen of the United States over the age of 21 years and a resident of Lincoln County, State of Nevada, and is the legal spouse of JOE HALE TRAVIS.

2. That JOE HALE and PRISCILLA ELAIN TRAVIS created the JOE HALE AND PRISCILLA ELAINE TRAVIS FAMILY TRUST UAD 7/27/1983 (the "Trust") and are the Original Trustees and Original Trusters of the Trust.

3. That the JOE HALE TRAVIS died on September 13, 2003 in Washington County, State of Utah (see attached Certificate of Death).

4. That pursuant to the terms of the Trust, the remaining Initial Trustee PRISCILLA ELAINE TRAVIS shall serve SOLELY as TRUSTEE of the Trust until her resignation, death or incapacity, and shall act as:

PRISCILLA ELAINE TRAVIS, TRUSTEE
OF THE JOE HALE AND PRISCILLA ELAINE TRAVIS FAMILY TRUST UAD 7/27/1983.

5. That as Trustee is one and the same person as that certain individual who acquired certain real property located in **Rachel, Lincoln County, State of Nevada** with Assessor Parcel Number **010-171-04** pursuant to Document #1999-112150, recorded 01/13/1999 Book/Page: 139 – 261.

6. That as Trustee is one and the same person as that certain individual who acquired certain real property located in **Mohave County, State of Arizona** with Assessor Parcel Number **343-07-348** pursuant to Document #99005767, recorded 02/01/1999 Book/Page: 3239 – 481.

7. That as Trustee is one and the same person as that certain individual who acquired certain real property located in **Mohave County, State of Arizona** with Assessor Parcel Number **351-11-052** pursuant to Document #99005768, recorded 02/01/1999 Book/Page: 3239 – 482.

SEE ATTACHED EXHIBIT A FOR LEGAL DESCRIPTIONS

EXHIBIT A

PROPERTY LOCATED IN LINCOLN COUNTY, NEVADA:

Parcel Number: 010-171-04

LOT 4, BLOCK 2, SUNSET ACRES TRACT 1, BEING A PORTION OF THE
NW¹/₄ AND SW¹/₄, NE¹/₄ OF SECTION 36, T35, R55E, M.D.M.

1976 CHAMPION DOUBLEWIDE, 24X60 MOBILE HOME AND ALL
FIXTURES AND EQUIPMENT

PROPERTIES LOCATED IN MOHAVE COUNTY, ARIZONA:

Parcel 1: Parcel Number: 343-07-348

Lot 891 MEADVIEW UNIT THREE, ACCORDING TO THE PLAT RECORDED AS FEE
#102818 IN THE OFFICE OF THE RECORDER, MOHAVE COUNTY, ARIZONA

Parcel 2: Parcel Number: 351-11-052

Lot 57, TRACT 6, SECTION 13, TOWNSHIP 24 NORTH, RANGE 20 WEST, GATEWAY ACRES AS
RECORDED IN THE OFFICE OF THE RECORDER, MOHAVE COUNTY, ARIZONA

Dated this MARCH 28, 2024

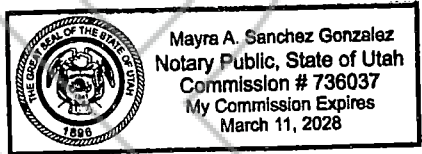
Priscilla Elaine Travis
PRISCILLA ELAINE TRAVIS

Priscilla Elaine Travis, TTEE
PRISCILLA ELAINE TRAVIS, Trustee

State of Utah)
) ss
County of Washington)

On the 28th day of March, 2024 personally appeared **Priscilla Elaine Travis, individually and as Trustee**, signer of the above **AFFIDAVIT OF TRUSTEE**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed above, duly acknowledged to me that they executed the same voluntarily for its stated purpose.

Mayra A. Sanchez Gonzalez
Notary Public



STATE OF UTAH CERTIFICATION OF VITAL RECORD

2003 009869

SEP 25 2003 07-553 **CERTIFICATE OF DEATH**

LOCAL FILE NUMBER: 07-553 STATE FILE NUMBER: 2003 009869

1. NAME OF DECEASED - FIRST MIDDLE LAST Joe Male TRAVIS		2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) Sept 13, 2003	4. TIME OF DEATH (24 hr. clock) Confidential
5. DATE OF BIRTH (Mo., Day, Yr.) July 27, 1939	6. AGE - Last Birthday 64	7. UNDER 1 YEAR OF AGE (Check one) <input type="checkbox"/> Suckling <input type="checkbox"/> Lactating <input type="checkbox"/> Infant <input type="checkbox"/> Adolescent	8. BIRTHPLACE (City & State or Foreign Country) Golden, Pond, KY	9. TIME OF BIRTH (24 hr. clock) Confidential
10. PLACE OF DEATH (Specify codes for Hospital, Hospice, or Other Location) <input checked="" type="checkbox"/> 1. Hospital <input type="checkbox"/> 2. Hospice <input type="checkbox"/> 3. D.O.A. <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence (any) <input type="checkbox"/> 6. Other (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name) Priscilla Elaine Keller		
12. CITY, TOWN OR LOCATION OF DEATH Washington		13. COUNTY OF DEATH Lincoln		14. STATE Nevada
15. RESIDENCE - STREET AND NUMBER HC 61 Box 45		16. CITY, TOWN OR COMMUNITY Alamo		17. STATE Nevada
18. ZIP CODE 89001		19. HUSBAND OR WIFE (Specify) <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		20. EDUCATION (Specify only highest grade completed) High School
21. FATHER'S NAME (Last, Middle, First) Milton Estelita TRAVIS		22. MOTHER'S NAME (Last, Middle, First) Mary Geneva Higgins		
23. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Priscilla Elaine TRAVIS, Wife, HC 61 Box 45, Alamo, Nevada 89001				
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1. Burial <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other		25. DATE OF DISPOSITION Sept 19, 2003		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) St. George, UT 84770
27. SIGNATURE OF PERSON SERVING AS REGISTRAR <i>[Signature]</i>		28. LICENSE NUMBER 354034		
29. DATE OF EXAMINATION BY PHYSICIAN 9/13/03		30. PLACE OF EXAMINATION (Name and address) 288 W. St. George Blvd. St. George, UT 84770		
31. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL		32. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		
33. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) Gordon L. SMITH M.D., 577 South River Road, St. George, UT 84770		34. DATE DEATH REPORTED TO DEATH REGISTRAR SEP 17 2003		35. DATE FILED (Mo., Day, Yr.) SEP 17 2003
36. PART I - ENTER THE DISEASE, INJURY, OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS SUICIDE OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Chronic Collapse of Lung (with pneumonia)				
37. IMMEDIATE CAUSE OF DEATH (Disease or condition resulting in death) myocardial infarction				
38. SEQUELAE (List conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.) Chronic Cor Pulmonale; Pulmonary Hypertension				
39. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accidental <input type="checkbox"/> 3. Suicidal <input type="checkbox"/> 4. Homicidal <input type="checkbox"/> 5. Undetermined if injured <input type="checkbox"/> 6. Pending investigation		40. DATE OF INJURY (Mo., Day, Yr.) Sept 13, 2003		
41. TIME OF INJURY (24 Hour Clock) 11:00 AM		42. PLACE OF INJURY (Home, farm, street, factory, office, building, etc. (Specify)) Home		
43. DESCRIBE HOW INJURY OCCURRED (Time, location or event which resulted in injury; nature of activity should be stated if relevant)				

DATE ISSUED
SEPTEMBER 14, 2022

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in-top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.

Linda S. Wininger
Linda S. Wininger, MSW, LCSW
State Registrar



UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE