

LINCOLN COUNTY, NV

2024-166882

\$37.00

05/15/2024 10:28 AM

Rec:\$37.00

FIRST AMERICAN TITLE INSURANCE COMPANY

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:**

Laurie Williams

2230 Murphy Dr
Woodland, CA
95776

Space Above This Line for
Recorder's Use Only

A.P.N. 001-121-11 & 001-121-10

File No.: 13896-2673836 (TV)

Affidavit - Death of Trustee

State of

California

County of

Yolo

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)ss.
)

Laurie Williams ("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. **Orel H Bender and Marion E Bender** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **7/28/2021 (Orel H Bender) and 3/17/2023 (Marion E Bender)** at **Lincoln Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **5/4/2018** executed by **Orel H Bender and Marion E Bender** 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 and Sale Deed** dated **5/4/2018** which was recorded as Instrument No. **2018-154734 and 2018-154792** in Book **n/a**, Page **n/a**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

Dated: 5/6/24

DECLARANT:

Laurie Williams
Laurie Williams, Successor Trustee

Laurie Williams, Successor Trustee

State of _____)

County of _____)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County _____ and State _____, this _____ day of _____, 20____ by _____, 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.

This area for official notarial seal

Signature See Attached Certificate

My Commission Expires: 10/27/2024

Notary Name: Blanca Ibarra
Notary Registration Number: 2336580

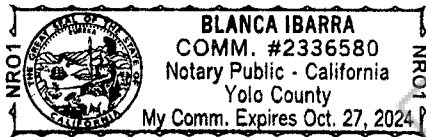
Notary Phone: (916) 718-2454
County of Principal Place of Business: 4010

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Yolo

Subscribed and sworn to (or affirmed) before me on this 6
day of May, 2024, by Laurie Williams

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature *Blanca Ibarra*

EXHIBIT 'A'

Lots Thirty (30), Thirty-One (31), Thirty-Two (32), Thirty-Three (33), Thirty-Four (34), Thirty-Five (35), Thirty-Six (36), and Thirty-Seven (37) in Block 24, in the Town of Pioche, County of Lincoln, State of Nevada, together with any and all improvements situated thereon.

Excepting therefrom that portion of Lot 37 in Block 22 as depicted in the Record of Survey Map of Boundary Line Adjustments, Document #0148425, Book D, Page 174, recorded in the Recorder's Office of Lincoln County, Nevada; and further described as the Revised Lot 37.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4340068

CERTIFICATE OF DEATH

2023006009
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) Marion Elaine BENDER		2. DATE OF DEATH (Mo/Day/Year) March 17, 2023		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address and number) 775 Meadow Valley Street		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
8. DATE OF BIRTH (Mo/Day/Yr) October 04, 1942		9a. STATE OF BIRTH (If not US/CA, name country) California		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 [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 775 Meadow Valley Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) James William MOBERLY	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lola Elizabeth APLEY		18a. INFORMANT - NAME (Type or Print) William James MOBERLY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 326 Pythian Road Santa Rosa, California 95409	
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		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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]		21b. DATE SIGNED (Mo/Day/Yr) March 22, 2023		21c. HOUR OF DEATH 11:15	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) CHASE D DIRKS		22b. DATE SIGNED (Mo/Day/Yr) March 22, 2023	
22c. SIGNATURE AUTHENTICATED		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 04, 2023		22e. PRONOUNCED DEAD AT (Hour) 11:15	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Pioche, NV 89043		23b. LICENSE NUMBER 40		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 22, 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	
(a) Cardiovascular Failure, Stroke		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
(b) Hypertension		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(c) [REDACTED]		Interval between onset and death		28a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)	
(d) [REDACTED]		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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	



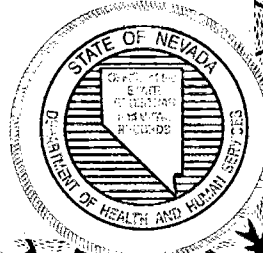
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 3/28/2023

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

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4227734

CERTIFICATE OF DEATH

2021018405
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) Orel Huffman BENDER JR			2. DATE OF DEATH (Mo/Day/Year) July 28, 2021		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Boulder City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Nevada State Veterans Home Boulder City		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 89	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS HOURS	7d. UNDER 1 DAY MINS MINS
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Marion Elaine MOBERLY
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY	
		Salesman			Wholesale	
15a. RESIDENCE - STATE Nevada	15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Pioche		15d. STREET AND NUMBER 775 Meadow Valley Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Orel Huffman BENDER SR				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Fern BROWN		
18a. INFORMANT- NAME (Type or Print) Marion Elaine BENDER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 222 Pioche, Nevada 89043			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/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						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) PAVAN JANAPATI MD 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)			
21b. DATE SIGNED (Mo/Day/Yr) August 05, 2021		21c. HOUR OF DEATH 06:37		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) Pavan Janapati MD 7391 W Charleston Blvd Las Vegas, NV 89117					23b. LICENSE NUMBER 9471	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 06, 2021		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) Senile Degeneration Of Brain					Interval between onset and death Months	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:					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.						
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 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.

DATE ISSUED:

8/6/2021

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

Nancy Barry
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE