

LINCOLN COUNTY, NV

2024-167343

\$37.00

08/13/2024 10:10 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:**

Richard Lewis

1215 Ovation Pl #139

Washington, UT

84780

Space Above This Line for  
Recorder's Use Only

A.P.N. 001-073-02

001-073-03

File No.: 13896-2675090 (TV)

**Affidavit - Death of Trustee**

State of

Utah

)

County of

Washington

)ss.

)

**Richard Lewis Sidford** ("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. **Ruth Ann Sidford** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **6/18/2006** at **Saint George, UT** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **4/3/92** executed by **Ruth Ann Sidford** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Special Warranty Deed** dated **4/3/92** which was recorded as Instrument No. **n/a** in Book **100**, Page **573**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 07-12-24

**DECLARANT:**

R.L. Sidford  
Richard Lewis Sidford, Successor Trustee

Richard Lewis Sidford,  
Successor Trustee

State of Utah )  
County of Washington )<sup>SS</sup>

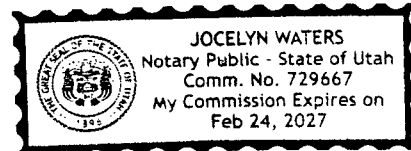
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washington and State Utah, this 12<sup>th</sup> day of July, 20 24 by Richard Lewis Sidford, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

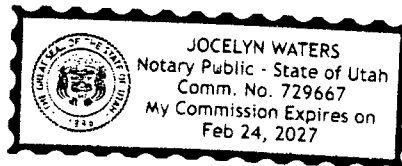
*This area for official notarial seal*

Signature J. Waters

My Commission Expires: 2/24/27



Notary Name: Jocelyn Waters Notary Phone: 435-256-5954  
Notary Registration Number: 729667 County of Principal Place of Business Washington



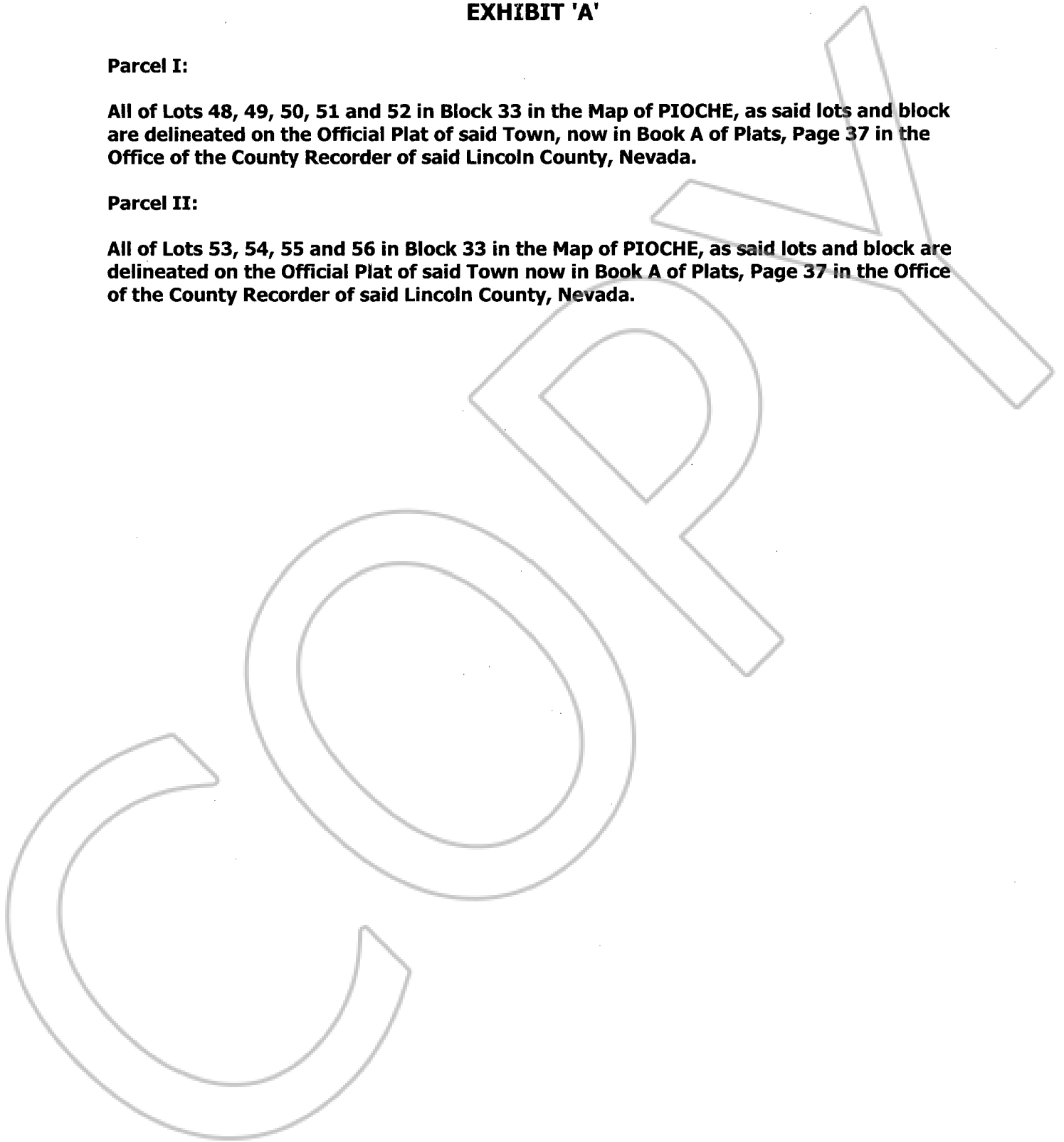
**EXHIBIT 'A'**

**Parcel I:**

**All of Lots 48, 49, 50, 51 and 52 in Block 33 in the Map of PIOCHE, as said lots and block are delineated on the Official Plat of said Town, now in Book A of Plats, Page 37 in the Office of the County Recorder of said Lincoln County, Nevada.**

**Parcel II:**

**All of Lots 53, 54, 55 and 56 in Block 33 in the Map of PIOCHE, as said lots and block are delineated on the Official Plat of said Town now in Book A of Plats, Page 37 in the Office of the County Recorder of said Lincoln County, Nevada.**



# STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Statistics Act and Rules

## STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER <b>27-470</b>		<b>CERTIFICATE OF DEATH</b>		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) <b>Ruth Ann Sidford</b>		2. SEX <b>Female</b>		3a. DATE OF DEATH (Mo., Day, Yr.) <b>June 18, 2006</b>	
3b. TIME OF DEATH (24 hr. Clock) <b>2130</b>		4. DATE OF BIRTH (Mo., Day, Yr.) <b>September 29, 1909</b>		5. AGE - Last Birthday (Years) Months Days <b>96</b>	
6. BIRTHPLACE (City & State or Foreign Country) <b>Pioche, Nevada</b>		7. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input checked="" type="checkbox"/> 7. Other (specify) <b>Assisted Living</b>	
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) <b>The Meadows 950 South 400 East #134</b>		8c. COUNTY OF DEATH <b>Washington</b>		8d. CITY, TOWN OR LOCATION OF DEATH <b>Saint George</b>	
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unk.		10. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired.) <b>Homemaker</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		13a. RESIDENCE - STREET AND NUMBER <b>99 McCannon Street</b>	
13b. STATE <b>Nevada</b>		13c. COUNTY <b>Lincoln</b>		13d. CITY, TOWN, COMMUNITY, OR RURAL <b>Pioche</b>	
13e. ZIP CODE <b>89043</b>		13f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			
14. FATHER'S NAME (First, Middle, Last) <b>Walter Magnus Christian</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Miriam Edith Price</b>			
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) <b>Richard Lewis Sidford Son P.O. Box 37 Pioche, Nevada 89043</b>					
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input checked="" type="checkbox"/> 2. Donation <input checked="" type="checkbox"/> 3. Burial <input type="checkbox"/> 4. Removal <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Other		18a. DATE OF DISPOSITION <b>June 21, 2006</b>		18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Pioche Masonic Cemetery</b>	
18c. LOCATION OF DISPOSITION - City or Town, State <b>Pioche, Nevada</b>		19. LICENSEE NUMBER <b>102993</b>		20. FUNERAL HOME (Name and complete address) <b>Southern Utah Mortuary 190 North 300 West Cedar City, Utah 84720</b>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>					
22. CERTIFIER (Check only one) <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated. M.E. Case No. _____ SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> LIC. NO. <b>164563</b> DATE SIGNED <b>06/20/2006</b>		22a. Was Medical Examiner Contacted? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) <b>Dr. Robert Rignell 515 South 300 East, St George, Utah 84770</b>		23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN <b>6/11/06</b>			
24. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on this line. <b>coronary atherosclerosis</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			
26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death. <input type="checkbox"/> 5. NON USER		27. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be determined <input type="checkbox"/> 6. Investigation		28. IF FEMALE <input checked="" type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year	
29a. DATE OF INJURY (Mo., Day, Yr.)		29b. TIME OF INJURY (24 hr. Clock)		29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
29d. LOCATION (Street or rural route number, city or town, county and state)		29e. PLACE OF INJURY -At home, farm, street, factory, office, building, etc. (Specify) <input type="checkbox"/> 1. Driver <input type="checkbox"/> 2. Passenger <input type="checkbox"/> 3. Pedestrian <input type="checkbox"/> 4. Other <input type="checkbox"/> 5. Unknown			
29f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 24)					
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown (If yes, Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.) <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Hispanic/Latino (Specify)		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Samoan <input type="checkbox"/> 12. Vietnamese <input type="checkbox"/> 13. Guamanian or Chamorro <input type="checkbox"/> 14. Unknown <input type="checkbox"/> 15. Other Pacific Islander (Specify) <input type="checkbox"/> 00. Other (Specify)		32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 0. None <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade; no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input checked="" type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEng, MEd, MSw, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.D., JD) <input type="checkbox"/> 9. Unknown	
UDOH-OVRS Form 12 Rev. 11/2004		33. REGISTRAR'S SIGNATURE <i>[Signature]</i>		34. DATE FILED (Mo., Day, Yr.) <b>JUN 20 2006</b>	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **Washington JUN 20 2006**  
 County: **Barry E Nangle**  
 Registrar: **Barry E. Nangle**  
 DIRECTOR OF VITAL RECORDS



\* 0 1 8 0 2 5 2 9 \*



BOOK **219** PAGE **125**

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.