

LINCOLN COUNTY, NV

2024-167404

\$37.00

09/05/2024 10:02 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 and Janice Barr Trust C/O
Richard Alex Barr
P.O. Box 700612
Dallas, TX 75370

Space Above This Line for
Recorder's Use Only

A.P.N. 002-074-11

File No.: 16277-2677038 (RC)

Affidavit - Death of Trustee

State of NV)
County of Clark)ss.
)

Ricahrred Alex Barr ("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. **Janice Ruth Nickell Barr** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **4/4/2024** at **Panaca, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **10/3/2018** executed by **Richard Arnold Barr and Janice Ruth Nickell Barr, Trustees of the Richard and Janice Barr Trust, dated October 3rd, 2018** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **10/3/2018** which was recorded as Instrument No. **155271** in Book **2018**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 08/30/2024

DECLARANT:

Richard Alex Barr

Richard Alex Barr

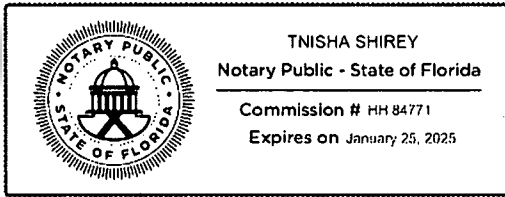
State of Florida)
)ss
County of Pasco)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Pasco and State Florida, this 30th day of August, 20 24 by Richard Alex Barr, 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 Tnisha Shirey

My Commission Expires: 01/25/2025

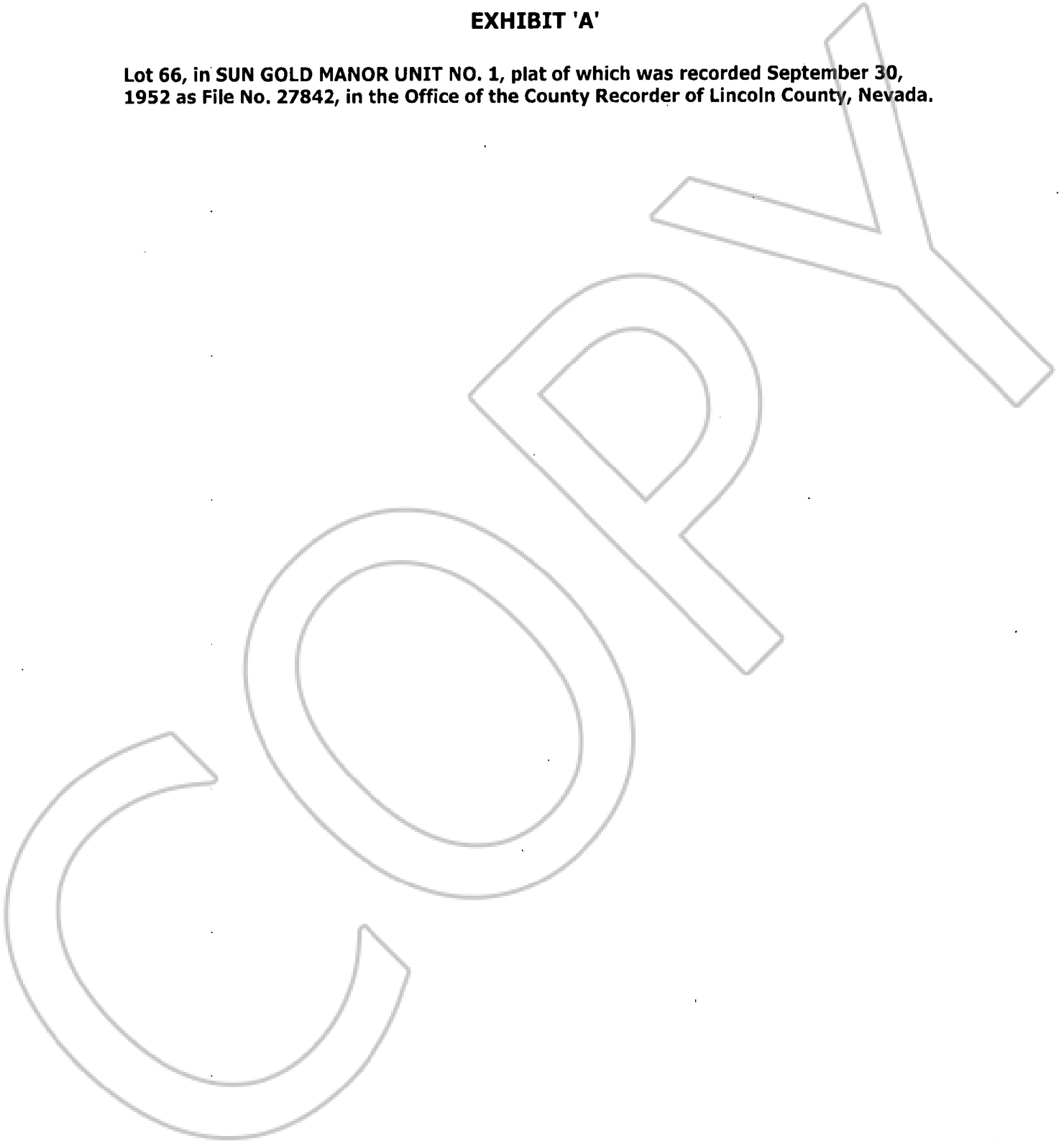


Notary Name: Tnisha Shirey Notary Phone: 813) 261-5888
Notary Registration Number: HH 84771 County of Principal Place of Business Pasco

Notarized remotely online using communication technology via Proof.

EXHIBIT 'A'

Lot 66, in SUN GOLD MANOR UNIT NO. 1, plat of which was recorded September 30, 1952 as File No. 27842, in the Office of the County Recorder of Lincoln County, Nevada.



STATE OF NEVADA
CERTIFICATE OF VITAL RECORDS

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

CASE FILE NO. 4406659

CERTIFICATE OF DEATH

2024007780
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) Janice Ruth BARR		2. DATE OF DEATH (Mo/Day/Year) April 04, 2024		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Callente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Grover C Dils Medical Center		3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
9a. STATE OF BIRTH (If not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 13	
13. SOCIAL SECURITY NUMBER		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 Panaca	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alex NICKELL		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth JOLLEY		16a. INSIDE CITY LIMITS (Specify Yes or No) Yes	
18a. INFORMANT- NAME (Type or Print) Cathy POVIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P O Box 267 Panaca, Nevada 89042		14b. KIND OF BUSINESS OR INDUSTRY School District	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada 89042	
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 Callente 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) DAVID A DALTON DO			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) April 10, 2024		21c. HOUR OF DEATH 12:08		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) David A Dalton DO 700 North Spring Street Callente, NV 89008				23b. LICENSE NUMBER DO2594	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 11, 2024		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) Asphyxiation					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Food In Respiratory Tract					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Dementia					
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.					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		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	



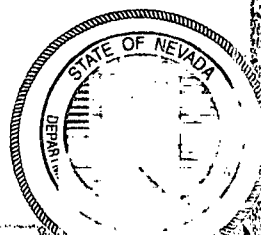
CERTIFIED COPY OF VITAL RECORDS

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: **4/16/2024**

Cody D. Storey

STATE REGISTRAR



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