

DOC # 0210369

08/03/2007

03:25 PM

APN: 010-540-04

When Recorded return to: Lee Thomas  
6616 Ward Road  
Arvada, CO 80004

Official Record

Recording requested By  
ROBERT J WINES PC

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$17.00

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RPTT:

Recorded By: FES

Book- 0461 Page- 0035



**AFFIDAVIT NOTICE OF DEATH OF TRUSTEE**

STATE OF COLORADO )  
 ) SS.  
COUNTY OF JEFFERSON )

LEE WARD THOMAS and NEIL HAINES THOMAS, being first duly sworn, depose and say:

That Affiants are the successor Co-Trustees, as set forth in the Certified Extract and Certification of Trust for GERALDINE E. THOMAS 1990 TRUST, which is the Grantee named in that certain Grant Deed, dated November 21, 1990, wherein GERALDINE E. THOMAS as party of the first part, granted to GERALDINE E. THOMAS, as Trustee Under Declaration of Trust dated November 21, 1990, party of the second part; conveying those certain lots, pieces or parcels of land situate in the County of Lander, State of Nevada, more particularly described as follows:

The Southwest 1/4 of the Northwest 1/4, known as Lot 2, of Section 19, Township 31 North, Range 48 East, M.D.B. &M.

TOGETHER WITH the tenements, hereditament and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

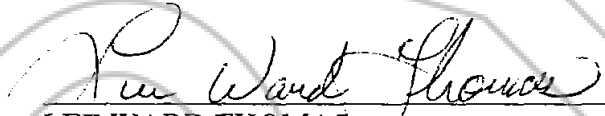
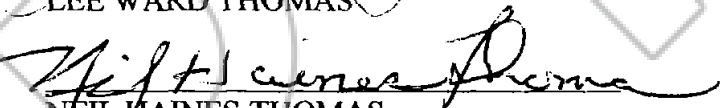
SUBJECT to covenants, conditions, restrictions, and reservations of record.

That said Deed was recorded on December 14, 1990, in Book 355, at Page 32, as File

Number 167725, Official Records, Lander County Nevada Recorder's Office.

That the said GERALDINE E. THOMAS, the Trustee and second party named in the aforesaid Deed, died in the Westminister, Adams County, Colorado, on April 18, 2007, and is the identical person named as GERALDINE EDITH THOMAS in that Certificate of Death, duly certified, attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

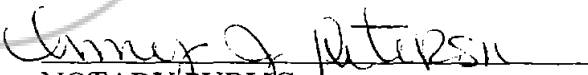
FURTHER AFFIANT SAITH NOT.

  
LEE WARD THOMAS  
  
NEIL HAINES THOMAS

STATE OF COLORADO     )  
                                      ) ss.  
COUNTY OF Jefferson     )

SUBSCRIBED AND SWORN to before me this 16 day of July, 2007, by LEE WARD THOMAS, who personally appeared before me and known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal

  
NOTARY PUBLIC  
Commission expires: 10/20/2010



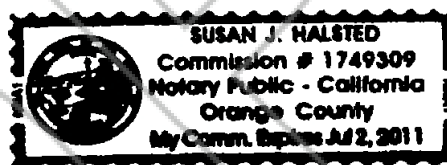
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STATE OF California )  
 ) ss.  
COUNTY OF Orange )

SUBSCRIBED AND SWORN to before me this 20<sup>th</sup> day of July, 2007, by  
NEIL HAINES THOMAS, who personally appeared before me and ~~known to me, or~~ proved to me  
on the basis of satisfactory evidence, to be the person whose name is subscribed to the within  
instrument and acknowledged that he executed the same.

WITNESS my hand and official seal

Susan J. Halsted  
NOTARY PUBLIC  
Commission expires: July 2, 2011



# CERTIFICATION OF VITAL RECORD

## STATE OF COLORADO COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT HOLD TO LIGHT TO VIEW WATERMARK

### STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

#### DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) <b>Geraldine Edith THOMAS</b>				2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>April 18, 2007</b>
4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years) <b>79</b>	5b. UNDER 1 YEAR Mos: Days: Hrs: Mins:	5c. UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year) <b>January 3, 1928</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Cadott, WI</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):					
9b. FACILITY NAME (If not institution, give street and number) <b>Clear Creek Care Center</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Westminster</b>		9d. COUNTY OF DEATH <b>Adams</b>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	
12. SPOUSE (If wife, give maiden name) <b>Thomas</b>					
13a. RESIDENCE STATE <b>CO</b>	13b. COUNTY <b>Jefferson</b>	13c. CITY, TOWN, OR LOCATION <b>Arvada</b>		13d. STREET AND NUMBER <b>6616 Ward Road</b>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <b>80004</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify) <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) <b>12</b>

#### PARENTS

17. FATHER'S NAME (First, Middle, Last) <b>Jack Kohls</b>	18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) <b>Mildred Wood</b>	19. INFORMANT'S NAME and relationship to deceased <b>Lee Thomas, Son</b>
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#### DISPOSITION

20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>All Mortuary &amp; Crematory</b>	20c. LOCATION - City or Town, State <b>Denver, Colorado</b>
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21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>	21b. NAME AND ADDRESS OF FACILITY: <b>All States Cremation Services, Inc., 3200 Wadsworth Blvd., Wheat Ridge, CO ZIP: 80033</b>
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22a. REGISTRAR'S SIGNATURE <i>[Signature]</i>	22b. DATE FILED (Month, Day, Year) <b>APR 23 2007</b>
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23. TIME OF DEATH <b>Unknown</b>	24. DATE PRONOUNCED DEAD Month: <b>April</b> Day: <b>18</b> Year: <b>2007</b>	25. WAS CORONER NOTIFIED? (Yes or No) <b>Yes</b>
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#### TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

#### TO BE COMPLETED BY CORONER

#### CERTIFIER

26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i>	27. 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) and manner as stated. Signature: <i>[Signature]</i> <b>Chief Deputy Coroner</b>
28. DATE SIGNED (Month, Day, Year) <b>4/20/07</b>	29. DATE SIGNED (Month, Day, Year) <b>April 23, 2007</b>

30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) <b>REZA ESEFANI, DO 4231 W. 16TH AVE. DENVER CO 80204</b>
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)

#### CAUSE OF DEATH

32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY <b>M</b>	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33d. DESCRIBE HOW INJURY OCCURRED
34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.] PART I (a) <b>Renal Insufficiency 2 to 4 intake</b> (b) <b>General Decline</b> (c) <b>Dementia</b>		Interval between onset and death <b>more than 6 months</b>		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker)		35. AUTOPSY (Yes or No) <b>No</b>	36. IF YES were findings considered in determining cause of death?	

DATE ISSUED

**APR 23 2007**

*Ronald S Hyman*

RONALD S. HYMAN  
STATE REGISTRAR

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW. Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



REV 07/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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