

DOC # 0214023

10/20/2009

11:01 AM

Official Record

Recording requested By
ELIZABETH BIALE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By FES

Book- 0495 Page- 0003



0214023

RECORDING REQUESTED
AND RETURN TO:
Elizabeth O. Biale
PO Box 480
Eureka, Nevada 89316

MAIL TAX STATEMENTS TO:
Elizabeth O. Biale
PO Box 480
Eureka, Nevada 89316

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE**

A.P.N. #

Eureka County, Nevada

STATE OF NEVADA)
) SS.
COUNTY OF EUREKA)

The undersigned, Elizabeth O. Biale being first duly sworn, depose and say that, Arthur A. Biale, Trustee of the ARTHUR A. & ELIZABETH O. BIALE TRUST dated March 21, 1997, is the same Arthur A. Biale as indicated in the attached certified copy of Certificate of Death and the same Arthur A. Biale named as one of the parties in that certain Grant Deed dated September 05, 1997, executed by Arthur A. Biale & Elizabeth O. Biale, husband and wife as joint tenants, to Arthur A. Biale & Elizabeth O. Biale, Co-Trustees of the ARTHUR A. & ELIZABETH O. BIALE TRUST dated March 21, 1997, recorded as Document No. 168783 on October 17, 1997, of Official Records of the County of Eureka, State of Nevada, covering the following described real property:

LOTS 10, 11, 12, 13 AND THE SOUTH ½ OF 14 IN BLOCK 21 OF THE TOWN OF EUREKA, NEVADA. LOTS 11 AND THE SOUTH 24.6 FEET OF 12 IN BLOCK 37 OF THE TOWN OF EUREKA, NEVADA.

Elizabeth O. Biale, further declares that, as a result of the death of Arthur A. Biale, she is the Sole Trustee of the above-mentioned Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2009011009
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) Arthur Albert BIALE				2. DATE OF DEATH (Mo/Day/Year) June 03, 2009		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Highland Manor of Elko		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Nursing Home		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS	
				7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 09, 1929	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner / Operator		14b. KIND OF BUSINESS OR INDUSTRY Hardware Store		12. SURVIVING SPOUSE (if wife, give maiden name) Elizabeth Ann O'CONNOR	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 190 N Main St.	
						15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER - NAME (First Middle Last Suffix) Albert F BIALE				17. MOTHER - NAME (First Middle Last Suffix) Marie HARRIS			
18a. INFORMANT NAME (Type or Print) Elizabeth BIALE				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 480 Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) R SCOTT BURNS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803			
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) JAMES LESAR 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) July 15, 2009		21c. HOUR OF DEATH 10:00		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) Dr. James Lesar 1995 Errecart Blvd, Ste 1 Elko, NV						23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) R. SCOTT BURNS SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 16, 2009		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) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) Disease DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 						Interval between onset and death 5 Days	
PART II						26. AUTOPSY (Specify Yes or No) No	
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			

STATE REGISTRAR

574601



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Block 495 10/20/2009
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VRS-Rev-20090602

284818

CERTIFIED COPY OF VITAL RECORDS

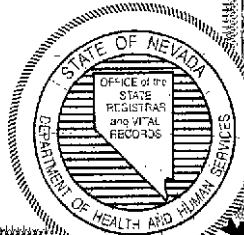
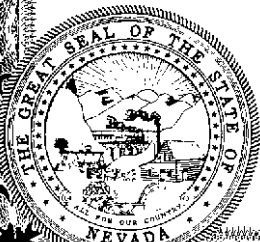
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 08/12/2009

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

INSURANCE

R. Scott Burns
STATE REGISTRAR
SIGNATURE AUTHENTICATED



DECLARATION REGARDING DEATH OF INITIAL TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE

The undersigned, Elizabeth O. Biale, hereby declares that, Arthur A. Biale, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Arthur A. Biale, named as an initial Co-Trustee in that certain Declaration of Trust titled the ARTHUR A. & ELIZABETH O. BIALE TRUST dated March 21, 1997.

Declarant further declares that he/she is the remaining Co-Trustee named in the Declaration of Trust and that he/she hereby assumes the position as Sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on October 20, 2009, in the City of Eureka, County of Eureka, State of Nevada.

Elizabeth O. Biale
Elizabeth O. Biale, Sole Trustee

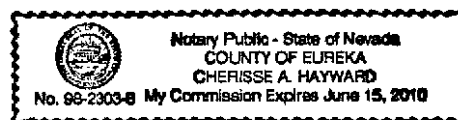
STATE OF NEVADA)
) ss.
COUNTY OF EUREKA)

On October 20, 2009, before me, Cherisse A. Hayward, Notary Public for said County and State, personally appeared Elizabeth O. Biale, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Cherisse A. Hayward
Notary Public



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Executed on October 20, 2009, in the City of Eureka, County of Eureka, State of Nevada.

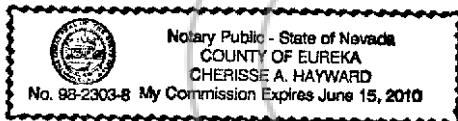
Elizabeth O. Biale
Elizabeth O. Biale.

STATE OF NEVADA)
) ss.
COUNTY OF EUREKA)

Subscribed and sworn to (or affirmed) before me on this 20th day of October 2009, by Elizabeth O. Biale, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal

Cherisse A. Hayward
Notary Public for said State



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