

APN 001-136-02
007-380-38
007-380-71
007-380-73
007-380-88

Mail Tax Statement to:
Donald L. Hull
Post Office Box 1068
Eureka, Nevada 89316

When Recorded Return to:
GERBER LAW OFFICES, LLP
491 4th Street
Elko, Nevada 89801

DOC # 0229079

02/02/2015

08:16 AM

Official Record

Recording requested By
GERBER LAW OFFICES

Eureka County - NV

Sara Simmons - Recorder

Fee: \$17.00

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RPTT:

Recorded By: LH

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AFFIDAVIT OF SUCCESSOR TRUSTEE

I, DONALD L. HULL, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated January 13, 2011, and all amendments thereto, DONALD L. HULL and M. VALAIRE HULL executed the DONALD L. AND M. VALAIRE HULL FAMILY REVOCABLE TRUST, dated January 13, 2011.

(2) Said trust appointed DONALD L. HULL, to serve as Successor Trustee upon the death or incapacity of Trustee, M. VALAIRE HULL.

(3) M. VALAIRE HULL died on October 22, 2014. See copy of Certificate of Death attached hereto as Exhibit A and made a part hereof by reference.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

(5) The following described real property in the County of Eureka, State of Nevada, is part of the trust estate:

A.P.N. 001-136-02

All of Lots 4, 5 and 6 in Block 7 as the same are delineated and described on the official map or plat of the Township of Eureka, approved by the United States General Land Office on November 1973 on File in the office of the County Recorder of Eureka County at Eureka, Nevada.

A.P.N. 007-380-38

All that certain real property situate in the County of Eureka, State of Nevada, described as follows:

A parcel of land being a portion of Lot 2 of Parcel 1 as shown on that certain Parcel Map for William G. Oliver recorded in the Official Records of Eureka County September 20, 1983 as File No. 89171, situate within U.S. Government Lot 16, Section 29, Township 20 North, Range 53 East, M.D.B.&M., more particularly described as follows:

Lot 1 of that certain Parcel Map for Jerry and Edward Anderson recorded October 1, 1984 in the Office of the County Recorder of Eureka County, Nevada, as File No. 96027, Eureka County, Nevada records.

EXCEPTING AND RESERVING, also, to the United States all the oil and gas in the land so patented, and to it or persons authorized by it, the right to prospect for, mine and remove such deposits from the same upon compliance with the conditions and subject to the provisions and limitations of the Act of July 17, 1914, (38 Stat. 509), as reserved in the U.S. Patent recorded March 21, 1966 in Book 10 of Official Records, page 205 as File No. 41830, Eureka County, Nevada Records.

A.P.N. 007-380-71 and 007-380-73

LOTS 2 AND 4 AS SHOWN ON THAT CERTAIN PARCEL MAP FOR EARNEST W. TAYLOR AND DONNA A. TAYLOR, FILED IN THE OFFICE OF THE COUNTY RECORDER OF EUREKA COUNTY, STATE OF NEVADA, ON DECEMBER 1, 1989, AS FILE NO. 130799, BEING A PORTION OF LOT 9, SECTION 29, TOWNSHIP 20 NORTH, RANGE 53 EAST, M.D.B.&M.

A.P.N. 007-380-88

Parcel No. 1 of Lot 9 as shown on that certain parcel map and Record of Survey for BYRON Harris, filed in the office of the County Recorder of Eureka County, Nevada, recorded on August 29, 1979, as File No. 69399, located within Lot 9, Section 29, Township 20 North, Range 53 East.



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EXCEPTING THEREFROM all oil and gas, lying in and under said land as reserved by the United States of America, in Patent recorded March 21, 1966, in Book 10, Page 205, File No. 41830, Official Records, Eureka County, Nevada.

TOGETHER with all buildings and improvements situate thereon.

SUBJECT TO all taxes and other assessments, reservations, exceptions, and all easements, rights of way, liens, contracts, leases, surveys, covenants, conditions and restrictions, as may appear of record.

TOGETHER with the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

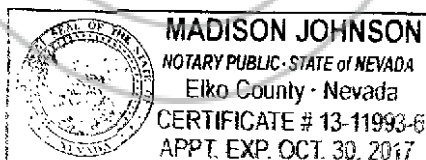
(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the above-described property and all assets of the DONALD L. AND M. VALAIRE HULL FAMILY REVOCABLE TRUST, dated January 13, 2011.

Executed on this 15 day of January, 2015, at Elko, Nevada.

Ronald L. Hull
DONALD L. HULL, Successor Trustee of the
DONALD L. AND M. VALAIRE HULL
FAMILY REVOCABLE TRUST, dated
January 13, 2011

STATE OF NEVADA)
COUNTY OF ELKO)

On this 15 day of January, 2015, personally appeared before me, a Notary Public, DONALD L. HULL, Successor Trustee of the DONALD L. AND M. VALAIRE HULL FAMILY REVOCABLE TRUST, dated January 13, 2011, who acknowledged to me that he executed the foregoing instrument.



Madison Johnson
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2014018012

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Maxine Valaire HULL		2. DATE OF DEATH (Mo/Day/Year) October 22, 2014		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Renown Regional Medical Center		3d. Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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		12. SURVIVING SPOUSE (If wife, give maiden name) Donald L. HULL		13. DATE OF BIRTH (Mo/Day/Yr) October 11, 1942	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		15. Ever in U.S. Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY White Pine		15c. CITY, TOWN OR LOCATION Eureka	
DISPOSITION	15d. STREET AND NUMBER 13 Miles S.E. Of Eureka, Newark Valley		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Neil BLACKWOOD	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) JaNeil EARDLEY		18a. INFORMANT - NAME (Type or Print) Lisa PETERS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 849 Parkridge Parkway Spring Creek, Nevada 89815	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town State Reno Nevada 89503	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St - Reno, NV 89503	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN MICHAEL WATSON M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) November 03, 2014		21c. HOUR OF DEATH 12:01	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) John Michael Watson M.D.		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)		22b. DATE SIGNED (Mo/Day/Yr) November 03, 2014	
REGISTRAR	22c. HOUR OF DEATH 12:01		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 03, 2014		22e. PRONOUNCED DEAD AT (Hour) 12:01	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John Michael Watson M.D. 75 Pringle Way, Suite 606 Reno, NV 89502		23b. LICENSE NUMBER 8648		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 05, 2014		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).) Spontaneous non traumatic interventricular hemorrhage	
	25a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) None		25b. DATE OF INJURY (Mo/Day/Yr) None		25c. HOUR OF INJURY None	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED None		25e. INJURY AT WORK (Specify Yes or No) None		25f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) None	
	25g. LOCATION - STREET OR R.F.D. No., CITY OR TOWN, STATE None		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR



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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.

11/14/2014

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

PRNCD (Rev) 03/02

VRS-Rev 20120523a

