

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 Page 1 of 4
RPTT: Recorded By: LH
Book- 576 Page- 0432



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.



0229079

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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		3e. If Hosp. or Inst. indicate DOA, OPI, 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. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 11, 1942		
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		Ever in US Armed Forces? No		
PARENTS	13. SOCIAL SECURITY NUMBER		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		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY White Pine		15c. CITY, TOWN OR LOCATION White Pine		
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		
	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		
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 849 Parkridge Parkway Spring Creek, Nevada 89815		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		20b. FUNERAL DIRECTOR LICENSE 622		
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St - Reno, NV 89503		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.		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)		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)		
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) John Michael Watson M.D. 75 Pringle Way, Suite 606 Reno, NV 89502		23b. LICENSE NUMBER 8648		
CAUSE OF DEATH	24a. REGISTRAR (Signature) BRIDGES SANDI		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"/>		
	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).) PART I (a) Spontaneous non traumatic interventricular hemorrhage		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Etiology unknown		(c) 		Interval between onset and death 24 Hours		
	(d) 		PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I		26. AUTOPSY (Specify Yes or No) No		
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY		27b. DESCRIBE HOW INJURY OCCURRED	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28c. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR

3798811

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000168176 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.

PRNCO (Rev. 03/12)

VRS-Rev-20120523a