

APN: 001-164-03

When recorded return to:
Gwen Thomas
PO Box 84
Eureka, NV 89316

Mail Tax Statements To:
Gwen Thomas
PO Box 84
Eureka, NV 89316

DOC # 0229705

07/31/2015 02:45 PM

Official Record

Recording requested By
GWEN THOMAS

Eureka County - NV

Sara Simmons - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LH
Book- 581 Page- 0347



AFFIDAVIT OF DEATH OF TRUSTEE

GWENDOLYN M. THOMAS, of legal age, being duly sworn, deposes and says:

That CARLTON S. THOMAS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CARLTON S. THOMAS named as the Trustee in that certain Grant Deed, dated April 10, 1997, recorded on July 2, 1998, as document 170236 in the County of Eureka, Nevada, executed by CARLTON S. THOMAS and GWENDOLYN M. THOMAS as Trustees of THE C & G THOMAS TRUST.

At the time of the demise of the decedent, the decedent was one of the record owners, as Trustee, of real property in the County of Eureka, State of Nevada, commonly known as 480 S. Main St, Eureka, Nevada, which is described as follows:

SOUTH ONE-HALF OF LOT SIX (6); ALL OF LOT SEVEN (7); AND LOT EIGHT (8); IN BLOCK THIRTY-ONE (31); OF THE TOWN OF EUREKA, COUNTY OF EUREKA, STATE OF NEVADA, AND ON RECORD IN THE OFFICE OF THE COUNTY RECORDER, OF THE TOWN OF EUREKA, COUNTY OF EUREKA, STATE OF NEVADA.

I, Gwendolyn M. Thomas, am the surviving Trustee under the above reference trust, which was in effect at the time of the death of the decedent mentioned above, and which has not been revoked, and I hereby consent to act as such.

I declare under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct.

DATED on July 31 20 2015

Gwen Thomas
GWEN THOMAS

On July 31, 2015, personally appeared before me, a notary public, GWEN THOMAS, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.

Kathy Bacon-Bowling
Notary Public



COPY



0229705

Book: 581
Page: 348

07/31/2015
Page: 2 of 3

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013014693

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) Carlton Stewart THOMAS		2. DATE OF DEATH (Mo/Day/Year) August 31, 2013		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 480 S Main St.		3e. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 83		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) September 03, 1929		9a. STATE OF BIRTH (If not U.S.A., name country) Georgia		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED? NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Gwendolyn MORRISON	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Hoist Engineer		14b. KIND OF BUSINESS OR INDUSTRY Mining	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 480 S Main St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Syl THOMAS			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Bertha RUTLEDGE		
18a. INFORMANT - NAME (Type or Print) Gwendolyn M THOMAS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 84 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) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 298		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) [Signature]			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) KENNETH E JONES SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) September 09, 2013	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 02:00		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 31, 2013	
22e. PRONOUNCED DEAD AT (Hour) 10:25		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones, PO Box 736 Eureka, NV, 89316			
23b. LICENSE NUMBER				24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 10, 2013		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) Alzheimer's Disease with Advanced Dementia				Interval between onset and death Immediate	
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d) DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Prostate Cancer				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC, SUICIDE, HOM., UNDER 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

371E1219



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Book 581 07/31/2015
Page 349 Page 3 of 3

VRS-Rev-20120523a

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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.

DATE ISSUED:

09/12/2013

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

[Signature]
SIGNATURE AUTHENTICATED

