

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

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RPTT:

Recorded By: LH

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0229705

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above reference trust, which was in effect at the time of the death of the decedent mentioned above, and which has not been revoked, and I hereby consent to act as such.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



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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
DEATHCONDITIONS 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: HOURS: MINS:		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) [Signature]			22b. DATE SIGNED (Mo/Day/Yr) September 09, 2013		
21c. HOUR OF DEATH [Signature]			22c. HOUR OF DEATH 02:00		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Signature]			22d. PRONOUNCED DEAD (Mo/Day/Yr) August 31, 2013		
22e. PRONOUNCED DEAD AT (Hour) 10:25			23b. LICENSE NUMBER		
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					
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 Interval between onset and death: (c) DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death: (d) DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death:					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Prostate Cancer					
26a. ACC, SUICIDE, HOM., UNDER OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. AUTOPSY (Specify Yes or No) No			
26f. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		26g. INJURY AT WORK (Specify Yes or No)			
26h. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		26i. LOCATION: STREET OR R.F.D. No.: CITY OR TOWN: STATE:			

STATE REGISTRAR

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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

SIGNATURE AUTHENTICATED

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

