

DOC# 232151

10/31/2016

04:38PM

APN# 002-017-15

Official Record

Requested By
FIRST AMERICAN TITLE SPARKS

Eureka County - NV

Lisa Hoehne - Recorder

Recording Requested by:

Name: Fay Ward
Address: PO Box 15
City/State/Zip: Fallon NV 89407
Order Number: 125-2510700

Page: 1 of 4 Fee: \$17.00
Recorded By LH RPTT: \$0.00
Book- 0597 Page- 0154



0232151

Affidavit - Death of Trustee

(for Recorder's use only)

(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

NRS 440.380
(State specific law)

[Handwritten Signature]
Signature Title

[Handwritten Signature]
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Fay Ward
P.O. Box 15
Fallon, NV 89407

2510700CY

Space Above This Line for
Recorder's Use Only

A.P.N. 002-017-15

File No.: 125-2510700 (CY)

Affidavit - Death of Trustee

State of Nevada)
County of Churchill)ss.
)

Fay Ward ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. D.P. Ward ("Decedent") is the person referenced in the attached copy of the Certificate of Death who died on September 11, 2001 at Reno, Nevada (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated July 23, 1997 executed by D.P. Ward, aka Dowell Ward, aka Dowell P. Ward, aka Dowel Parrett Ward, and Fay Ward, aka Fay M. Ward, aka Fay Etchinek Ward as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant Deed dated July 23, 1997 which was recorded as Instrument No. 171570 in Book 324, Page 293 - 295, of Official Records of Eureka County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



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Dated:

DECLARANT:

Fay Ward
Fay Ward

State of Nevada)
County of Churchill)ss

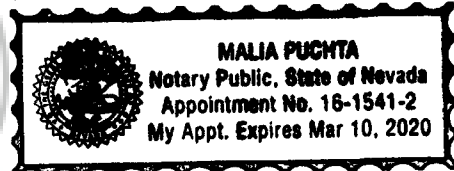
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State Nevada this 20th day of October, 2016 by Fay Ward, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Maria Puchta

My Commission Expires: March 10, 2020

This area for official notarial seal



Notary Name: Malia Puchta Notary Phone: (775) 750-8773
Notary Registration Number: 16-1541-2 County of Principal Place of Business Washoe

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 104 IMAGE 662

2181

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER 2181		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Dowell P. WARD JR.		DATE OF DEATH (Month, Day, Year) 2. September 11, 2001	COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Select Specialty Hospital	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 78	DATE OF BIRTH (Mo., Day, Yr.) 8. September 25, 1922
STATE OF BIRTH (If not U.S.A., name country) 9a. New Mexico	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13.	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner	KIND OF BUSINESS OR INDUSTRY 14b. Mining Business	SURVIVING SPOUSE (If wife, give maiden name) 12. Fay M. Johnson
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Eureka	CITY, TOWN, OR LOCATION 15c. Crescent Valley	STREET AND NUMBER 15d. 3088 Crescent Way
FATHER—NAME First Middle Last 16. Dowell P. Ward Sr.		MOTHER—MAIDEN NAME First Middle Last 17. Minnie Satathite	
INFORMANT—NAME (Type or Print) 18a. Fay M. Ward		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 21137, Crescent Valley, Nevada 89821	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory	LOCATION City or Town State 19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Jimmy Benson</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 9	NAME AND ADDRESS OF FACILITY 20c. Northern Nevada Memorial 616 South Wells Avenue Reno Nevada 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Calvin van Reken</i>		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) and manner stated. (Signature and Title) _____	
DATE SIGNED (Mo., Day, Yr.) 21b. 9/13/01	HOUR OF DEATH 21c. 1605	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. CALVIN VAN REKEN, 2345 E. PRATER, SPARKS, NV			LICENSE NUMBER 23b. 4220
REGISTRAR 24a. (Signature) <i>Dandi B... Dep.</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 13, 2001	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Aspiration Pneumonia	Interval between onset and death 2 days	
	(b) Dementia, Senile type	Interval between onset and death 4 years	
PART II	(c) Congestive Heart Failure	Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Congestive Heart Failure		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE



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No. 173068

This is to certify that the STATE REGISTRAR and legal copy of the certificate on file in this office.

Deputy Registrar: *Barbara Lee Hunt*

Date: **SEP 20 2001**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT