

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

(Title of Document)

(for Recorder's use only)

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)

Signature

Title

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

2510700 CY

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.



232151

Book: 597 10/31/2016
Page: 155 2 of 4

Dated:

DECLARANT:

Fay Ward
Fay Ward

State of Nevada)
County of Churchill)ss

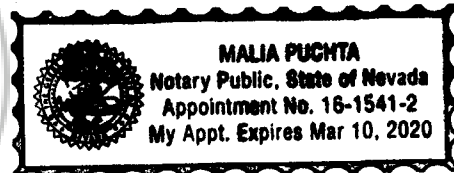
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State Nevada this 26th day of October, 2016 by Fay Ward, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

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) 50-8773
Notary Registration Number: 16-1541-2 County of Principal Place of Business Washoe

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Dowell P. WARD JR.		2. DATE OF DEATH (Month, Day, Year) September 11, 2001	
3. CITY, TOWN OR LOCATION OF DEATH Reno		4. COUNTY OF DEATH Washoe	
3b. Select Specialty Hospital		3c. Inpatient	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. SEX Male	
7a. AGE—Last Birthday (Years) 78		7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) September 25, 1922			
9a. STATE OF BIRTH (If not U.S.A., name country) New Mexico		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Fay M. Johnson			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	
14b. KIND OF BUSINESS OR INDUSTRY Mining Business			
15a. RESIDENCE—STATE Nevada		15b. COUNTY Eureka	
15c. CITY, TOWN, OR LOCATION Crescent Valley		15d. STREET AND NUMBER 3088 Crescent Way	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Dowell P. Ward Sr.		17. MOTHER—MAIDEN NAME First Middle Last Minnie Satathite	
18a. INFORMANT—NAME (Type or Print) Fay M. Ward		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 21137, Crescent Valley, Nevada 89821	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sierra Crematory	
19c. LOCATION City or Town State Reno Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Jimmy Benson		20b. FUNERAL DIRECTOR LICENSE NUMBER 9	
20c. NAME AND ADDRESS OF FACILITY 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) Calvin van Riken		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)	
21b. DATE SIGNED (Mo., Day, Yr.) 9/13/01		21c. HOUR OF DEATH 1605	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CALVIN VAN RIKEN, 2345 E. PRATER, SPARKS, NV		22c. PRONOUNCED DEAD (Hour)	
21f. LICENSE NUMBER 4220		22d. ON	
21g. AT			
24a. REGISTRAR Dandi B. Dep.		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 13, 2001	
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) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) Dementia, Senile type DUE TO, OR AS A CONSEQUENCE OF: (c) Congestive Heart Failure		Interval between onset and death 2 days 4 years	
26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Congestive Heart Failure		27. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST.		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION	
28g. STREET OR R.F.D. No.		28h. CITY OR TOWN	
28i. STATE			



232151 Book: 597 10/31/2016 Page: 157 4 of 4 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**