APN: 007-200-08; 007-200-70
007-200-71; 007-240-02

DOC# 232660
02/28/2017 03:15PM
Official Record
Requested By
COPENHAVER & MCCONNELL, PC
Eureka County - NV
Lisa Hoehne - Recorder
Page: 1 of 6 Fee: $19.00
Recorded By CH RPTT: $0.00
Book- 0599 Page- 0309

0232660

When recorded return to:
Copenhaver & McConnell, PC
950 Idaho Street
Elko, NV 89801

AFFIDAVIT
REGARDING DEATHS OF JOSEPH L. RAND AND ELLEN M. RAND

COUNTY OF ELKO

STATE OF NEVADA

KATIE HOWE MCCONNELL, being duly sworn, deposes and says that

1. On the 9th day of May, 1996, JOSEPH L. RAND and ELLEN M. RAND formed a revocable living trust, the JOSEPH L. RAND AND ELLEN M. RAND REVOCABLE LIVING TRUST ("THE TRUST").

2. The Trust owned property in Eureka County Nevada.

3. On 17th day of October, 2008, JOSEPH L. RAND died in the County of Eureka, State of Nevada.

4. On the death of JOSEPH L. RAND, the Trust split and the JOSEPH L. RAND DECEDENTS TRUST dated the 17th day of October, 2008 was formed. A certified copy of his Certificate of Death is attached as Exhibit A.

5. Upon JOSEPH L. RAND's death, ELLEN M. RAND was the Trustee of both the JOSEPH L. RAND AND ELLEN M. RAND REVOCABLE LIVING TRUST and the JOSEPH L. RAND DECEDENTS TRUST.

6. On March 31, 2013, ELLEN M. RAND, died in the City of Reno, County of Washoe, State of Nevada. A certified copy of her Certificate of Death is attached as Exhibit B.

7. That following the deaths of JOSEPH L. RAND and ELLEN M. RAND, LEORA A. BETSCHART was appointed as the Successor Trustee of the JOSEPH L. RAND DECEDENTS TRUST, dated the 17th day of October, 2008, is and the successor Trustee of the JOSEPH L. RAND AND ELLEN M. RAND REVOCABLE LIVING TRUST dated May 9, 1996.

8. That this affidavit is being recorded to correct and clarify any vesting issues with respect to the Trustees of the JOSEPH L. RAND DECEDENTS TRUST, dated the 17th day of October, 2008, is and the JOSEPH L. RAND AND ELLEN M. RAND REVOCABLE LIVING TRUST dated May 9, 1996.

9. That the undersigned attorney has personal knowledge of the Trustees and Successor Trustees of the Trust and is therefore making the following

DATED this 28th day of February, 2017.

By: Katie Howe McConnell
KATIE HOWE MCCONNELL

State of Nevada
County of Elko

This instrument was acknowledged before me on the 28th day of February, 2017 by KATIE HOWE MCCONNELL.

Kelli Baker
NOTARY PUBLIC

KELLI BAKER
NOTARY PUBLIC - STATE of NEVADA
Elko County - Nevada
CERTIFICATE # 12-7497-6
APPT. EXP. APRIL 23, 2020

EXHIBIT 'A'

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008019844
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)	2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Joseph Leo RAND	October 17, 2008	Eureka

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3d.If Hosp. or inst. indicate DOA,CP/Emer. Rm. Inpatient(Specify)	4. SEX
Eureka	Hc-62 Box 140		Male

5. RACE (Specify)	6. Hispanic Origin? Specify	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White	No - Non-Hispanic	83			October 19, 1924

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

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10.EDUCATION	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden)
Nevada	United States	12	Married	Ellen Marie THOMPSON

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
[redacted]	Rancher	Ranching	Yes

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Eureka	Eureka	Hc-62 Box 140	No

PARENTS

16. FATHER - NAME (First Middle Last Suffix)	17. MOTHER - NAME (First Middle Last Suffix)
William RAND	Ella HILDEBRAND

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Ellen Marie RAND	HC-62 Box 140 Eureka, Nevada 89316

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Burial	Pine Valley Cemetery	Pine Valley Nevada

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE	20c. NAME AND ADDRESS OF FACILITY
R SCOTT BURNS SIGNATURE AUTHENTICATED	07	Burns Funeral Home PO BOX 689 Elko NV 89803

TRADE CALL TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)

21b. DATE SIGNED (Mo/Day/Yr)

21c. HOUR OF DEATH

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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

22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
January 23, 2009	18:30
22d. PRONOUNCED DEAD (Mo/Day/Yr)	**22e. PRONOUNCED DEAD AT (Hour)**
October 17, 2008	18:45

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

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	January 23, 2009	YES ☐ NO ☒

CAUSE OF DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		Interval between onset and death
PART I (a)	Myocardial Infarction	Immediate
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	
(d)		Interval between onset and death

PART II

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	Yes

28a. ACC., SUICIDE, HOM., UNDET. 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

5611111

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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: 01/23/2009

SIGNATURE AUTHENTICATED STATE REGISTRAR

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

SEAL OF THE STATE OF NEVADA

STATE OF NEVADA OFFICE of the STATE REGISTRAR and VITAL RECORDS DEPARTMENT OF HUMAN SERVICES

EXHIBIT 'B'

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS – RENO, NEVADA

CERTIFICATE OF DEATH

2013006806
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Ellen Marie	RAND	March 31, 2013	Washoe

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number)	3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify)	4. SEX
Reno	Renown Regional Medical Center	Inpatient	Female

5. RACE (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White		82			August 09, 1930

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

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. EDUCATION	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
California	United States	12	Widowed	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
[redacted]	Farmer	Farming	No

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Eureka	Eureka	11th St. Diamond Valley	No

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
Theodore M THOMPSON	Georgiabell SHUMWAY

18a. INFORMANT - NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Patti BENSON	P.O. Box 158 Eureka, Nevada 89316

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Burial	Pine Valley Cemetery	Pine Valley Nevada

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE	20c. NAME AND ADDRESS OF FACILITY
JOHNNY KOMINEK SIGNATURE AUTHENTICATED	203	Mountain View Mortuary 425 Stoker Ave Reno NV 89503

TRADE CALL TRADE CALL - NAME AND ADDRESS: Burns Funeral Home PO BOX 889 Elko NV 89803

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

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 AUTHENTICATED JAMES HEMSLEY DO

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
April 16, 2013	18:23

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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)

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): James Hemsley DO 235 W 6th Street Reno, NV 89503

23b. LICENSE NUMBER: 999

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
BRIDGES SANDI SIGNATURE AUTHENTICATED	April 26, 2013	YES ☐ NO ☒

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

		Interval between onset and death
(a)	Cardiopulmonary arrest	
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)	Pulseless electrical activity	Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)	Unknown causes and acute interior wall myocardial infarction	Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	
(d)	Otherosclerotic vascular disease	Interval between onset and death

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

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	No

28a. ACC., SUICIDE, HOM., UNDET. 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

232660

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VRS-Rev-20120523a

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.

04/26/2013 DATE ISSUED:

DEPUTY REGISTRAR

Joseph P. Iser MD, DrPH, MS
SIGNATURE AUTHENTICATED

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

SEAL OF THE STATE OF NEVADA

RENO WASHOE COUNTY SPARKS