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.

COPY

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

COPY

EXHIBIT 'A'

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

STATE FILE NUMBER: 2008019844

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX): Joseph Leo RAND
2. DATE OF DEATH (Mo/Day/Year): October 17, 2008
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): Hc-62 Box 140
3e.If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify):
4. SEX: Male
5. RACE (Specify): White
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): 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): Nevada
9b. CITIZEN OF WHAT COUNTRY: United States
10.EDUCATION: 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Ellen Marie THOMPSON
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Rancher
14b. KIND OF BUSINESS OR INDUSTRY: Ranching
Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE: Nevada
15b. COUNTY: Eureka
15c. CITY, TOWN OR LOCATION: Eureka
15d. STREET AND NUMBER: Hc-62 Box 140
15e. INSIDE CITY LIMITS (Specify Yes or No): No

PARENTS

16. FATHER - NAME (First Middle Last Suffix): William RAND
17. MOTHER - NAME (First Middle Last Suffix): Ella HILDEBRAND
18a. INFORMANT- NAME (Type or Print): Ellen Marie RAND
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip): HC-62 Box 140 Eureka, Nevada 89316

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY - NAME: Pine Valley Cemetery
19c. LOCATION City or Town State: Pine Valley Nevada
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): R SCOTT BURNS SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE: 07
20c. NAME AND ADDRESS OF FACILITY: 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): January 23, 2009
22c. HOUR OF DEATH: 18:30
22d. PRONOUNCED DEAD (Mo/Day/Yr): October 17, 2008
22e. PRONOUNCED DEAD AT (Hour): 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): CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): January 23, 2009
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

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

PART I
(a) Myocardial Infarction — Interval between onset and death: 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:

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

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

VHS-Rev-2/08T

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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

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

STATE REGISTRAR SIGNATURE AUTHENTICATED

SEAL OF THE STATE OF NEVADA

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

EXHIBIT 'B'

COPY

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): Ellen Marie RAND
2. DATE OF DEATH (Mo/Day/Year): March 31, 2013
3a. COUNTY OF DEATH: Washoe
3b. CITY, TOWN, OR LOCATION OF DEATH: Reno
3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number): Renown Regional Medical Center
3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify): Inpatient
4. SEX: Female
5. RACE (Specify): White
6. Hispanic Origin? Specify: No - Non-Hispanic
7a. AGE-Last birthday (Years): 82
7b. UNDER 1 YEAR: MOS | DAYS
7c. UNDER 1 DAY: HOURS | MINS
8. DATE OF BIRTH (Mo/Day/Yr): August 09, 1930
9a. STATE OF BIRTH (If not U.S.A., name country): California
9b. CITIZEN OF WHAT COUNTRY: United States
10. EDUCATION: 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
12. SURVIVING SPOUSE (If wife, give maiden name):
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Farmer
14b. KIND OF BUSINESS OR INDUSTRY: Farming
Ever in US Armed Forces? No

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

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

PARENTS

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

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

DISPOSITION

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

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): JOHNNY KOMINEK
SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE: 203
20c. NAME AND ADDRESS OF FACILITY: 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): April 16, 2013
21c. HOUR OF DEATH: 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): BRIDGES SANDI
SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): April 26, 2013
24c. DEATH DUE TO COMMUNICABLE DISEASE: 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).)

PART I
(a) Cardiopulmonary arrest — Interval between onset and death:
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:

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

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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.

DATE ISSUED: 04/26/2013

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