

APN: 001-071-06

**Recording Requested by and
Mail Tax Statements to:**

RUTH J. BIALE
610 Martin Street
Carson City, Nevada 89701

EUREKA COUNTY, NV
This is a no fee document
NO FEE
EUREKA COUNTY

2018-234863
03/23/2018 03:36 PM
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LISA HOEHNE, RECORDER

Affidavit of Surviving Trustee
Title of Document
(Required Field)

FILL IN ALL THAT APPLY:

The Undersigned Hereby Affirms That This Document Submitted For Recording Contains Personal Information As Required By Law*:

440.380 (1)(A)
Specify Law*

Ruth J. Biale
Signature

40.525 (5)
Specify Law*

Ruth J. Biale
Print Name

Surviving Trustee
Title

*If there is no applicable State or Federal Law, Personal Information must be removed prior to recording.

If this document is a re-record or correction, fill out below:

Correcting Document#: _____ Amending: _____

Reason for re-record:

(For Re-records, all pages from original document must be included, \$25 Non-conforming Fee Applies)

If legal description is in metes & bounds, indicate where it was obtained:

Grant, Bargain And Sale Deed (Document Title), Book 281 Page 228 or

Document # 157232 recorded March 23, 1995 (date) in the

Eureka County Recorder's Office.

-OR-

If prepared by a surveyor, provide name and address:

"Personal information" means a natural person's first name or first initial and last name in combination with any one or more of the following data elements:

1. Social security number.
2. Driver's license number or identification card number.
3. Account number, credit card number or debit card number, in combination with any required security code, access code or password.

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(\$1.00 Additional Recording Fee Applies)

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Recording requested by and
Mail Tax Statements to:

RUTH J. BIALE
610 Martin Street
Carson City, Nevada 89701

Surviving Trustee's Affidavit

I, RUTH J. BIALE, being first duly sworn, depose and say that:

1. By instrument dated February 24, 1995, the JOHN T. BIALE FAMILY TRUST was created.
2. Said trust appointed myself and JOHN T. BIALE to serve as Co-Trustees.
3. JOHN T. BIALE died on July 9, 2011, in Carson City, Nevada, and was a resident of Carson City, Nevada pursuant to the attached certified copy of the Certificate of Death.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
5. The real property is part of the Trust Estate, situated in the County of Eureka, State of Nevada, bounded and described as follows:

All of Lots 5, 6, 7, 8 and the South fifteen (15) feet of Lot 9, in Block 21, of the town of Eureka, Nevada, as the same is delineated and described on the official plat of said Township, on file in the office of the County Recorder of Eureka County, Nevada, comprising 11,374 square feet, more or less, and commonly referred to as 151 North Main Street.

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6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to RUTH J. BIALE, as Surviving Trustee.

That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

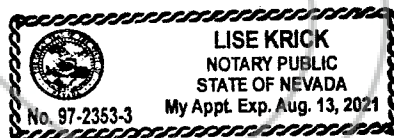
DATED: March 15, 2018.

Ruth J. Biale
RUTH J. BIALE, Surviving Trustee of The
JOHN T. BIALE FAMILY TRUST dated
February 24, 1995

STATE OF NEVADA)
Carson City)

This instrument was acknowledged before me on this 15 day of Mar,
20 18, by RUTH J. Biale.

[Signature]
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011010657

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INKIF 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) John T BIALE | | 2. DATE OF DEATH (Mo/Day/Year) July 09, 2011 | | 3a. COUNTY OF DEATH Carson City | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 610 Martin Street | | 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) 79 | | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) January 25, 1932 | | 9a. STATE OF BIRTH (if not U.S.A., name country) Utah | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 13 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Ruth J ACHURRA | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Traffic Engineer | | 14b. KIND OF BUSINESS OR INDUSTRY Transportation | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Carson City | | 15c. CITY, TOWN OR LOCATION Carson City | |
| 15d. STREET AND NUMBER 610 Martin Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles VACCARO | |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Coltilda BIALE | | 18a. INFORMANT- NAME (Type or Print) Ruth J BIALE | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 610 Martin Street Carson City, Nevada 89703 | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory | | 19c. LOCATION City or Town State Fallon Nevada 89407 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 47 | | 20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407 | |
| 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) KAREN SUE MCDERMOTT M.D. | | 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) | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) July 12, 2011 | | 21c. HOUR OF DEATH 05:00 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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) Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434 | | 23b. LICENSE NUMBER 6450 | |
| 24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 13, 2011 | | 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) End Stage Parkinson's Disease | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | | |
| 26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 26b. DATE OF INJURY (Mo/Day/Yr) | | 26c. HOUR OF INJURY | |
| 26d. DESCRIBE HOW INJURY OCCURRED | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | |
| 28a. INJURY AT WORK (Specify Yes or No) | | 28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |

STATE REGISTRAR

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.

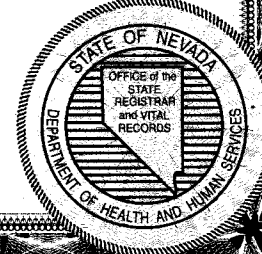
DATE ISSUED: 07/13/2011

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



SIGNATURE AUTHENTICATED

VRS-Rev-20110104



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE