

APN: 002-043-11

EUREKA COUNTY, NV
LAND-DTR
Rec:\$37.00
Total:\$37.00
GERBER LAW OFFICE

2021-247508
12/06/2021 01:29 PM
Pgs=4

Recorded at the Request of:
GERBER LAW OFFICES, LLP
491 4th Street
Elko, Nevada 89801



00015082202102475080040040

LISA HOEHNE, CLERK RECORDER

When Recorded Return to:
GERBER LAW OFFICES, LLP
491 4th Street
Elko, Nevada 89801

AFFIDAVIT OF SUCCESSOR TRUSTEE

AFFIRMATION

I, the undersigned, hereby affirm that this document submitted for recording **does** contain a Social Security number of at least one person, as required by law. Legal requirement cited in the following specific statute: NRS 440.380(1)(a).



ZACHARY A. GERBER, ESQ.

APN: 002-043-11

Mail Tax Statements to:

Kevin Huffman
831 6th Street
Elko, Nevada 89801

When Recorded Return to:

GERBER LAW OFFICES, LLP
491 4th Street
Elko, Nevada 89801

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, KEVIN HUFFMAN, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated December 7, 2020, and all amendments thereto, JAY M. CADY executed the JAY M. CADY LIVING TRUST, wherein he was Trustor and Trustee.

(3) Said trust appointed KEVIN HUFFMAN to serve as Successor Trustee upon the death or incapacity of Trustee JAY M. CADY.

(4) JAY M. CADY died on September 25, 2021, in Eureka County, Nevada. A certified copy of the Death Certificate of said Decedent is attached to this Affidavit as Exhibit "A" and made a part hereof.

(5) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

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(6) The following described real property in the County of Eureka, State of Nevada, is a part of the trust estate:

Parcel 6B of Parcel Map prepared for Jay Cady, recorded in the office of the County Recorder of Eureka County on May 20, 2020 as File No. 2020-240485. A division of the Easterly half of Lot 6 of Block 24, of CRESCENT VALLEY RANCHES & FARMS, UNIT #1 as shown on the official map filed in the office of the County Recorder of Eureka County Nevada.

TOGETHER WITH all buildings and improvements thereon.

(7) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the above-described property and all assets of the JAY M. CADY LIVING TRUST, dated December 7, 2020.

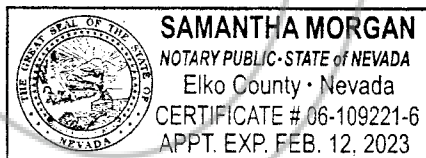
Executed on this 12 day of November, 2021, at Elko, Nevada.

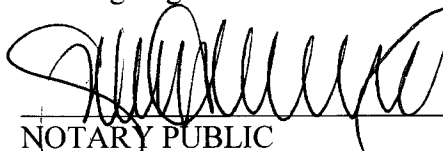


KEVIN HUFFMAN, Successor Trustee of the
JAY M. CADY LIVING TRUST, dated
December 7, 2020

STATE OF NEVADA)
 : SS.
COUNTY OF ELKO)

On this 12th day of November, 2021, personally appeared before me, a Notary Public, KEVIN HUFFMAN, Successor Trustee of the JAY M. CADY LIVING TRUST, dated December 7, 2020, who acknowledged to me that he executed the foregoing instrument.





NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4239791

CERTIFICATE OF DEATH

2021024629
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jay Michael CADY				2. DATE OF DEATH (Mo/Day/Year) September 25, 2021		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and number) 286 6th Street		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 60		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13		11. MARITAL STATUS (Specify) Widowed	
13. SOCIAL SECURITY NUMBER 31		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MINING		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley		15d. STREET AND NUMBER 286 6th Street	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Norman Lee CADY				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Belinda Deal MATELSKI			
18a. INFORMANT- NAME (Type or Print) Kevin Kory HUFFMAN				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 831 6th Street Elko, Nevada 89801			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
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) MILES A UMINA SIGNATURE AUTHENTICATED				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) MILES A UMINA SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) October 27, 2021		21c. HOUR OF DEATH 10:19		22b. DATE SIGNED (Mo/Day/Yr) October 27, 2021		22c. HOUR OF DEATH 10:19	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr) September 25, 2021		22e. PRONOUNCED DEAD AT (Hour) 10:19	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Miles A Umina PO Box 736 Eureka, NV 89316						23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 27, 2021		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) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic And Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (d) Atrial Fibrillation							
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Kidney Disease						26. AUTOPSY (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			



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:

11/4/2021

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

Jan Stueck
STATE REGISTRAR

