

APN: 007-140-05

Send tax statements to:

Mary Etchegaray
P.O. Box 477
Eureka, NV 89316

When recorded return to:

McConnell Law Office, PC
950 Idaho Street
Elko, NV 89801

EUREKA COUNTY, NV **2022-249128**
Rec:\$37.00
\$37.00 Pgs=3 12/16/2022 03:16 PM
MCCONNELL LAW OFFICE
KATHERINE J. BOWLING, CLERK RECORDER

The undersigned hereby affirms that this document submitted for recording does not contain the personal information of any person or persons per N.R.S. 239B.030.

**NOTICE OF DEATH OF
ORIGINAL TRUSTEE AND ORIGINAL TRUSTOR
OF THE
LEROY W. ETCHEGARAY AND MARY JEAN ETCHEGARAY
FAMILY TRUST, dated March 14, 2000**

TO WHOM IT MAY CONCERN:

Please take notice that on the 18th day of October, 2009, **LEROY W. ETCHEGARAY**, one of the original Trustors and original Trustees of the **LEROY W. ETCHEGARAY AND MARY JEAN ETCHEGARAY FAMILY TRUST, dated March 14, 2000**, died in the County of Eureka, State of Nevada .

A certified copy of the Certificate of Death of the Trustor and Trustee, **LEROY W. ETCHEGARAY**, is attached hereto.

The remaining original Trustor and original Trustee of the **LEROY W. ETCHEGARAY AND MARY JEAN ETCHEGARAY FAMILY TRUST, dated March 14, 2000**, is **MARY JEAN ETCHEGARAY**.

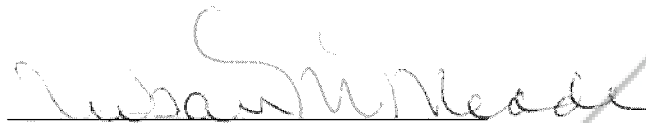
DATED this 15th day of December, 2022.

By:

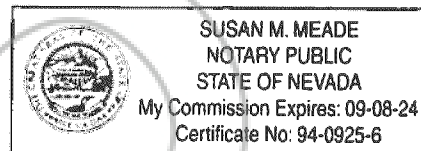

MARY JEAN ETCHEGARAY,
Trustor and Trustee

STATE OF NEVADA)
)SS
COUNTY OF ELKO)

On the 15th day of December, 2022, personally appeared before me, a Notary Public, **MARY JEAN ETCHEGARAY**, personally known to me, or proven to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the above instrument who acknowledged that she executed said instrument as the remaining Trustor and Trustee of the **LEROY W. ETCHEGARAY AND MARY JEAN ETCHEGARAY FAMILY TRUST**, dated March 14, 2000.



NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2009016725
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) LeRoy Wayne ETCHEGARAY				2. DATE OF DEATH (Mo/Day/Year) October 18, 2009		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) 1801 Keg Road		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) 80		7b. UNDER 1 YEAR MOS 7c. UNDER 1 DAY HOURS MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
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		12. SURVIVING SPOUSE (If wife, give maiden name) Mary Jean ETCHEVERRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 1801 Keg Road	
16. FATHER - NAME (First Middle Last Suffix) Fred ETCHEGARAY				17. MOTHER - NAME (First Middle Last Suffix) Pietrina DAMELE			
18a. INFORMANT- NAME (Type or Print) Mary Jean ETCHEGARAY				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 477 Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eureka Catholic Cemetery		19c. LOCATION City or Town State Eureka Nevada 89316			
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 - 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) [Signature]				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			
21b. DATE SIGNED (Mo/Day/Yr) November 17, 2009		21c. HOUR OF DEATH 13:00		22b. DATE SIGNED (Mo/Day/Yr) November 17, 2009		22c. HOUR OF DEATH 14:05	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Signature]				22d. PRONOUNCED DEAD (Mo/Day/Yr) October 18, 2009			
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	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 19, 2009		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						Interval between onset and death	
(a) Heart Failure						Immediate	
(b) Lung Cancer						9 Months	
(c) [REDACTED]						[REDACTED]	
(d) [REDACTED]						[REDACTED]	
PART II						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			

STATE REGISTRAR

VRS-Rev-20090602

304922

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: 12/08/2009

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

STATE REGISTRAR
SIGNATURE AUTHENTICATED

