

APN: 007-140-05

Send tax statements to:

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

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	

When recorded return to:

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

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.

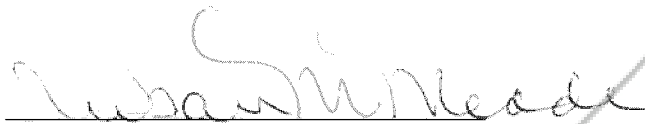
The remaining original Trustor and original Trustee of the **LEROY W. ETCHEGARAY AND MARY JEAN ETCHEGARAY FAMILY TRUST**, dated **March 14, 2000**, is **MARY JEAN ETCHEGARAY**.

DATED this 15th day of December, 2022.

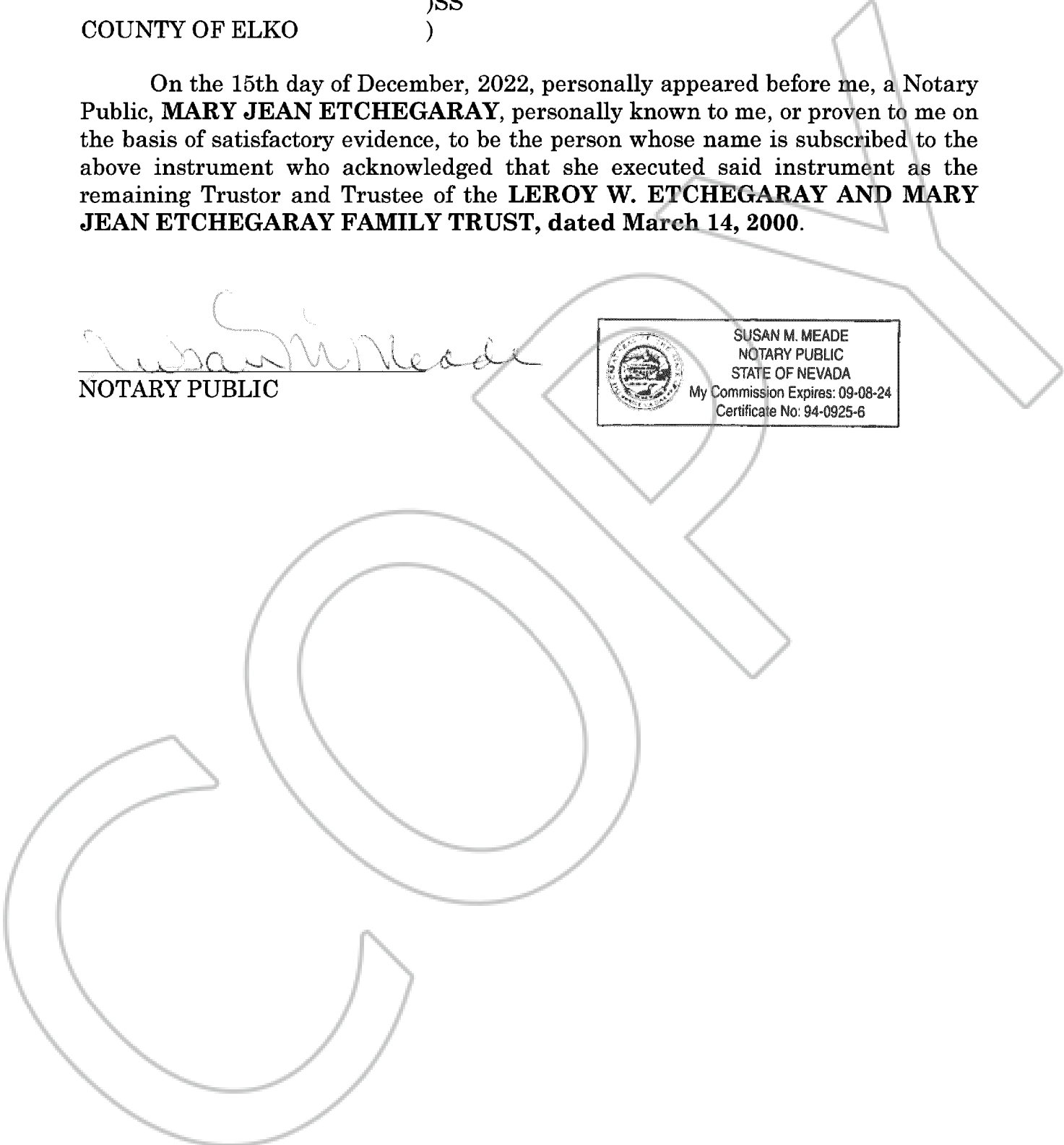
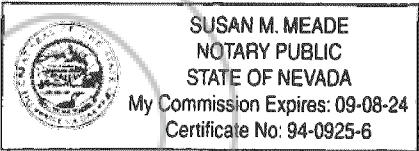
By: 
MARY JEAN ETCHEGARAY,
Trustor and Trustee

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		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1929		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		12. SURVIVING SPOUSE (if wife, give maiden name) Mary Jean ETCHEVERRY	
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	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 1801 Keg Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
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		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		
21b. DATE SIGNED (Mo/Day/Yr) November 17, 2009		21c. HOUR OF DEATH -13:00		22b. DATE SIGNED (Mo/Day/Yr) November 17, 2009	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 14:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 18, 2009	
22e. PRONOUNCED DEAD AT (Hour)		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			
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					
(a) Heart Failure				Interval between onset and death Immediate	
(b) Lung Cancer				Interval between onset and death 9 Months	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
PART II					
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

3505316

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.

Rod Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED

