

APN: 002-023-31
003-401-01
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003-416-01
005-420-46
002-044-01
002-044-02
003-406-05
003-406-06
005-420-16
002-044-06
005-420-33
005-420-55
005-420-15

EUREKA COUNTY, NV
LAND-SUT
Rec:\$37.00
Total:\$37.00
NINA P. LOUDEN

2023-249826
02/27/2023 02:21 PM
Pgs=4



00017651202302498260040049
KATHERINE J. BOWLING, CLERK RECORDER

Mail Tax Statements to:

Nina P. Loudon
440 N 16th Street
Grand Junction, CO 81501

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.

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440 N 16th Street
Grand Junction, CO 81501

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491 4th Street
Elko, NV 89801

AFFIDAVIT OF SUCCESSOR TRUSTEE

We, NANCY G. LOUDEN and NINA P. LOUDEN, the undersigned, affirm under penalty of perjury under the law of the State of Nevada that the following is true and correct:

(1) By instrument dated January 30, 2020, and all amendments thereto, LEE A. LOUDEN and NANCY G. LOUDEN executed the LEE AND NANCY LOUDEN FAMILY TRUST, wherein they were Trustors and Trustees.

(2) Said trust appointed NANCY G. LOUDEN, to serve as Successor Trustee upon the death or incapacity of Trustor and Trustee, LEE A. LOUDEN.

(3) LEE A. LOUDEN died on October 27, 2022, in Eureka County, State of Nevada. A certified copy of the Death Certificate of said Decedent is attached to this Affidavit as Exhibit "A" and made a part hereof.

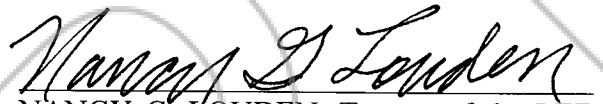
(4) Said trust appointed NINA P. LOUDEN, to serve as Successor Trustee upon the death, incapacity, or resignation of Trustor and Trustee, NANCY G. LOUDEN.

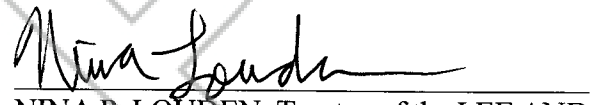
(5) Trustor and Trustee, NANCY G. LOUDEN, hereby resigns as Trustee and appoints, her daughter, NINA P. LOUDEN, as Successor Trustee of the Trust.

(6) Pursuant to the terms of the Trust, NINA P. LOUDEN has assumed the responsibilities of Successor Trustee.

(7) NINA P. LOUDEN is 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 all property, both real and personal, and all assets of the LEE AND NANCY LOUDEN FAMILY TRUST dated January 30, 2020.

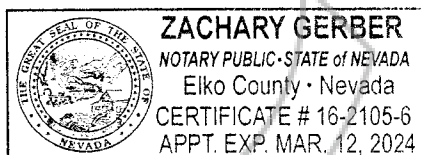
Executed on this 10 day of November, 2022



NANCY G. LOUDEN, Trustor of the LEE
AND NANCY LOUDEN FAMILY TRUST
dated January 30, 2020


NINA P. LOUDEN, Trustee of the LEE AND
NANCY LOUDEN FAMILY TRUST dated
January 30, 2020

STATE OF NEVADA)
):ss.
COUNTY OF ELKO)

On this 10th day of November, 2022, personally appeared before me, a Notary Public, NANCY G. LOUDEN, Trustor, and NINA P. LOUDEN, Trustee of the LEE AND NANCY LOUDEN FAMILY TRUST dated January 30, 2020, who acknowledged to me that they 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. 4314334

CERTIFICATE OF DEATH

2022025780
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) Lee Alan LOUDEN			2. DATE OF DEATH (Mo/Day/Year) October 27, 2022		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) 240 Dean Dann Spa Road		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home		
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69		
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley		
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert LOUDEN		17. MOTHER/PARENT -NAME (First Middle Last Suffix) Marcaine RICE		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy Gene COCKE		
18a. INFORMANT- NAME (Type or Print) Nancy Gene LOUDEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 633 6th Street Crescent Valley, Nevada 89821		15e. INSIDE CITY LIMITS (Specify Yes or No) No		
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		
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						
21b. DATE SIGNED (Mo/Day/Yr) January 12, 2023		21c. HOUR OF DEATH 17:30		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		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) January 12, 2023		22c. HOUR OF DEATH 17:30		
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		
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 12, 2023		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) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26f. DESCRIBE HOW INJURY OCCURRED		
26g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		
STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)		28. WAS CASE REFERRED TO CORONER (Specify Yes or No)		

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.

1/13/2023

DATE ISSUED:

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE