

APN: 002-023-31
003-401-01
003-402-01
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003-405-01
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003-415-01
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



KATHERINE J. BOWLING, CLERK RECORDER

Mail Tax Statements to:

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

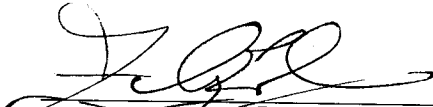
When Recorded Return to:

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.

Mail Tax Statements to:

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

When Recorded Return to:

Gerber Law Offices, LLP
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

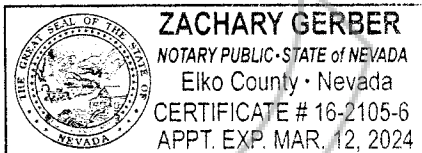
NANCY G. LOUDEN, Trustor of the LEE AND NANCY LOUDEN FAMILY TRUST dated January 30, 2020

Nina Louden

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.



Zachary Gerber
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 or number) 240 Dean Dann Spa Road		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) 69	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY HOURS	7d. UNDER 1 DAY MIN
9a. STATE OF BIRTH (if not USCA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy Gene COCKE
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? No
14a. Lapidary Artist		14b. Self-employed				
15a. RESIDENCE - STATE Nevada	15b. COUNTY Eureka	15c. CITY, TOWN OR LOCATION Crescent Valley	15d. STREET AND NUMBER 240 Dean Dann Spa Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert LOUDEN			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Marceline RICE			
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			
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) January 12, 2023	21c. HOUR OF DEATH 17:30	22b. DATE SIGNED (Mo/Day/Yr) January 12, 2023	22c. HOUR OF DEATH 17:30			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) October 27, 2022	22e. PRONOUNCED DEAD AT (Hour) 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		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					Interval between onset and death Unknown	
(b) Unknown Etiology					Interval between onset and death	
(c) Unknown Etiology					Interval between onset and death	
(d) Unknown Etiology					Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
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.

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

