

APN # 005-210-01

Recording Requested By:

Name Anthony Selm

Address 1385 Plum Ave

City/State/Zip Simi Valley, CA 93065

EUREKA COUNTY, NV
LAND-DTR
Rec:\$37.00
Total:\$37.00
ANTHONY S. SELM

2023-250735
06/12/2023 11:40 AM
Pgs=4



00018613202302507350040043

KATHERINE J. BOWLING, CLERK RECORDER

Affidavit

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

RECORDING REQUESTED BY
Anthony S. Selm

WHEN RECORDED MAIL THIS
AFFIDAVIT TO:

Anthony S. Selm
1385 Plum Ave
Simi Valley, CA 93065

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss
COUNTY OF EUREKA)

ANTHONY S. SELM, TRUSTEE, of legal age, being first sworn, deposes and says:

1) That William Peter Joseph, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as William P. Joseph as Trustee in that certain Declaration of Trust dated April 25, 1992, executed by William P. Joseph and Nancy J. Joseph, as Trustors and Trustees.

2) At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on July 06, 1992, as Instrument No. 141475, in the Official Records of Eureka County, State of Nevada, covering the following described property: The North half of the North half of the Northwest quarter of section 15, Township 30 North, Range 48 East, M.D.B.M., and The North half of the North half of the Northwest quarter of the Northeast quarter of Section 15, Township 30 North, Range 48 East, as per Government Survey. Reserving therefrom an easement of 30 feet along all boundaries for ingress and egress, with power to delegate.

3) I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am I designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: 6-8-2023

Anthony S. Selm
Anthony S. Selm, Trustee

State of California)
County of _____)

SUBSCRIBED AND SWORN TO (or affirmed) before me on this _____ day of _____, 2023,
by Anthony S. Selm, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

See attached

Signature of Notary

(This area for official notarial seal)

CALIFORNIA JURAT CERTIFICATE

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

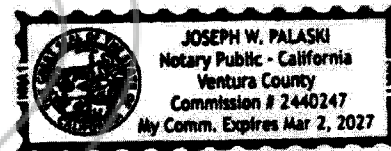
County of Ventura

Subscribed and sworn to (or affirmed) before me on this 8th day of June
2023, by Anthony S. Salm

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS MY HAND AND OFFICIAL SEAL.

Joseph W. Palaski
Signature of Notary Public



(Notary Seal)

OPTIONAL INFORMATION

The jurat contained within this document is in accordance with California law. Any affidavit subscribed and sworn to before a notary shall use the preceding wording or substantially similar wording pursuant to Civil Code sections 1189 and 8202. A jurat certificate cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. The seal and signature cannot be affixed to a document without the correct notarial wording. As an additional option an affiant can produce an affidavit on the same document as the notarial certificate wording to eliminate the use of additional documentation.

DESCRIPTION OF ATTACHED DOCUMENT

Affidavit
(Title of document)

Number of Pages 4 (Including jurat)

Document Date _____

(Additional Information)

CAPACITY CLAIMED BY THE SIGNER

☒ Individual
☐ Corporate Officer
☐ Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Other: _____

STATE OF NORTH CAROLINA

CERTIFICATION OF VITAL RECORD

MOORE COUNTY
OFFICE OF REGISTER OF DEEDSNORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NO.

267
ORIGINAL

1. DECEASED'S LEGAL NAME		15. MIDDLE	16. LAST	17. SUFFIX	18. LAST NAME PRIOR TO FIRST MARRIAGE
12. FIRST William		Peter	Joseph	aka	aka
19. SEX Male		20. AGE (LAST BIRTHDAY) (Yrs)	21. UNDER 1 YEAR	22. UNDER 1 DAY	23. DATE OF BIRTH
80		Months	Days	Hours	Minutes
JAN 13, 1943		24. BIRTHPLACE (Country or Foreign Country)		25. DATE OF DEATH	
MI Carmel, PA		February 27, 2023			
26. PLACE OF DEATH Decedent's Home		27. FACILITY NAME (If not residence, give level, number, city or town)			
186 Juniper Creek Boulevard, Pinehurst, NC 28374					
28. COUNTY OF DEATH Moore		29. MARITAL STATUS Widowed		30. SURVIVING SPOUSE (Give name prior to first marriage)	
31. DECEASED'S USUAL OCCUPATION Program Manager		32. KIND OF BUSINESS/INDUSTRY Government Contractor		33. DECEASED'S SOCIAL SECURITY NUMBER	
34. RESIDENCE-STATE OR FOREIGN COUNTRY North Carolina		35. RESIDENCE-CITY/TOWN Moore		36. RESIDENCE-CITY OR TOWN Pinehurst	
37. RESIDENCE-STREET AND NUMBER 186 Juniper Creek Boulevard		38. RESIDENCE-CITY/STATE Yes		39. ZIP CODE 28374	
40. DECEASED'S EDUCATION High School graduate or GED completed		41. DECEASED'S RACE ORIGIN Not Spanish/Hispanic/Latino		42. DECEASED'S RACE White	
43. FATHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) William Joseph		44. MOTHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage) Josephine Stanekuska		45. DECEASED'S PLACE OF BIRTH White	
46. DECEASED'S NAME Anthony Seim		47. RELATIONSHIP TO DECEASED Son		48. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1365 Plum Avenue, Elm Valley, CA 93085	
49. METHOD OF DISPOSITION Cremation		50. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Triad Cremation & Funeral Service		51. LOCATION (City or town and state) Greensboro, North Carolina	
52. SIGNATURE OF FUNERAL DIRECTOR Shanell Grace Christie (Signature Authenticated)		53. LICENSE NO. FD4246		54. NAME OF EMBALMER	
55. ADDRESS AND ADDRESS OF FUNERAL HOME Midstate Cremation & Funeral Service, 304 Lenter Ave, Asheboro, NC 27203		56. LICENSE NO. FD4246		57. NAME OF EMBALMER	
58. PART I: Enter the cause of death (Immediate, remote or contributory) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory arrest without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. respiratory failure Due to (or as a consequence of)					
b. emphysema Due to (or as a consequence of)					
c. chronic obstructive pulmonary disease Due to (or as a consequence of)					
d. _____ Due to (or as a consequence of)					
PART II: Enter the condition(s) or conditions or causes that led to the immediate cause but not resulting in the underlying condition(s).					
prolonged cancer, severe protein calorie malnutrition, extensive pressure injuries, peripheral vascular disease, _____					
59. MANNER OF DEATH Natural		60. WAS CASE REFERRED TO MEDICAL EXAMINER? No		61. TIME OF DEATH (Approximate) 04:27 PM	
62. DATE PRONOUNCED		63. DATE OF DEATH		64. DID YOU/DO YOU CONTRIBUTE TO DEATH? Unknown	
65. DATE OF DEATH		66. DATE OF DEATH		67. PREGNANCY STATUS, IF APPLICABLE Not Applicable	
68. DATE OF DEATH		69. DATE OF DEATH		70. DATE OF DEATH	
71. DATE OF DEATH		72. DATE OF DEATH		73. DATE OF DEATH	
74. DATE OF DEATH		75. DATE OF DEATH		76. DATE OF DEATH	
77. DATE OF DEATH		78. DATE OF DEATH		79. DATE OF DEATH	
80. DATE OF DEATH		81. DATE OF DEATH		82. DATE OF DEATH	
83. DATE OF DEATH		84. DATE OF DEATH		85. DATE OF DEATH	
86. DATE OF DEATH		87. DATE OF DEATH		88. DATE OF DEATH	
89. DATE OF DEATH		90. DATE OF DEATH		91. DATE OF DEATH	
92. DATE OF DEATH		93. DATE OF DEATH		94. DATE OF DEATH	
95. DATE OF DEATH		96. DATE OF DEATH		97. DATE OF DEATH	
98. DATE OF DEATH		99. DATE OF DEATH		100. DATE OF DEATH	

FORM 1001
(REVISED 8/15/2019)
N.C. VITAL RECORDS

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

063-409087

Witness my hand and official seal

this the 9th day of March, 2023

DHHS 3914 (REVISED 8/15) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

Judy D. Martin
Register of Deeds
Moore CountyBy: *Rita E. Seawell*
Deputy/Assistant Register of Deeds