

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

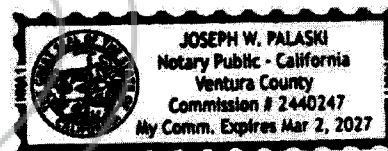
County of Ventura

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 DEEDS**

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
N.C. VITAL RECORDS  
**CERTIFICATE OF DEATH**

STATE FILE NO. **267 ORIGINAL**

<b>DECEASED</b> TYPE PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	<b>10. DECEASED'S LEGAL NAME</b>		<b>11. FIRST</b>	<b>12. MIDDLE</b>	<b>13. LAST</b>	<b>14. SUFFIX</b>	<b>15. LAST MADE PRIOR TO FIRST MARRIAGE</b>
	William		Peter	Joseph	None	None	None
<b>SEX</b>	<b>16. SEX</b>	<b>17. AGE (LAST BIRTHDAY) (Yrs)</b>	<b>18. UNDER 1 YEAR</b>	<b>19. UNDER 1 DAY</b>	<b>20. DATE OF BIRTH</b>	<b>21. BIRTH PLACE (Country or Foreign Country)</b>	<b>22. DATE OF DEATH</b>
	Male	80	Months	Days	JAN 13, 1943	Mt Carmel, PA	February 27, 2023
<b>PLACE OF DEATH</b>	<b>23. PLACE OF DEATH</b>		<b>24. FACILITY NAME (If applicable, give street, number, city or town)</b>				
	Decedent's Home		186 Juniper Creek Boulevard, Pinehurst, NC 28374				
<b>COUNTY OF DEATH</b>	<b>25. COUNTY OF DEATH</b>	<b>26. MARITAL STATUS</b>	<b>27. SURVIVING SPOUSE (Give name prior to first marriage)</b>				
	Moore	Widowed	None				
<b>DECEASED'S USUAL OCCUPATION</b>	<b>28. DECEASED'S USUAL OCCUPATION</b>		<b>29. KIND OF BUSINESS/INDUSTRY</b>		<b>30. DECEASED'S SOCIAL SECURITY NUMBER</b>		
	Program Manager		Government Contractor		[REDACTED]		
<b>RESIDENCE-STATE OR FOREIGN COUNTRY</b>	<b>31. RESIDENCE-STATE OR FOREIGN COUNTRY</b>		<b>32. RESIDENCE-COUNTY</b>		<b>33. RESIDENCE-CITY OR TOWN</b>		
	North Carolina		Moore		Pinehurst		
<b>RESIDENCE-STREET AND NUMBER</b>	<b>34. RESIDENCE-STREET AND NUMBER</b>		<b>35. RESIDENCE-CITY OR TOWN</b>	<b>36. ZIP CODE</b>	<b>37. WAS DECEASED EVER IN U.S. ARMED FORCES?</b>		
	186 Juniper Creek Boulevard		Yes	28374	Yes		
<b>DECEASED'S EDUCATION</b>	<b>38. DECEASED'S EDUCATION</b>		<b>39. DECEASED'S RACE OR ETHNIC ORIGIN</b>		<b>40. DECEASED'S RACE</b>		
	High School graduate or GED completed		Not Spanish/Hispanic/Latino		White		
<b>FATHER'S NAME</b>	<b>41. FATHER'S NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage)</b>		<b>42. MOTHER'S NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage)</b>				
	William Joseph		Josephine Stankeuskas				
<b>SPONSOR'S NAME</b>	<b>43. SPONSOR'S NAME</b>		<b>44. RELATIONSHIP TO DECEASED</b>	<b>45. MAILING ADDRESS (Street and Number, City, State, Zip Code)</b>			
	Anthony Seim		Son	1385 Plum Avenue, Sirm Valley, CA 93085			
<b>METHOD OF DISPOSITION</b>	<b>46. METHOD OF DISPOSITION</b>		<b>47. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)</b>		<b>48. LOCATION (City or town and State)</b>		
	Cremation		Triad Cremation & Funeral Service		Greensboro, North Carolina		
<b>SIGNATURE OF FUNERAL DIRECTOR</b>	<b>49. SIGNATURE OF FUNERAL DIRECTOR</b>		<b>50. LICENSE NO.</b>	<b>51. NAME OF EMPLOYER</b>		<b>52. LICENSE NO.</b>	
	Shanell Grace Christa (Signature Authenticated)		FD4246	[REDACTED]		[REDACTED]	
<b>ADDRESS AND ADDRESS OF FUNERAL HOME</b>	<b>53. ADDRESS AND ADDRESS OF FUNERAL HOME</b>						
	Midstate Cremation & Funeral Service, 304 Lenter Ave, Asheboro, NC 27203						
<b>PART I: Enter the cause of death (Immediate, Remote or Complicated) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.</b>	<b>54. PART I: Enter the cause of death (Immediate, Remote or Complicated) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.</b>					<b>55. APPROXIMATE DURATION OF ONSET TO DEATH FOR IMMEDIATE CAUSE</b>	
	<b>56. IMMEDIATE CAUSE (Final disease or condition resulting in death)</b>	a. respiratory failure Due to (or as a consequence of)					days
<b>57. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST</b>	b. Emphysema Due to (or as a consequence of)					years	
	c. chronic obstructive pulmonary disease Due to (or as a consequence of)					years	
<b>PART II: Enter the most immediate condition or conditions in cause but not resulting in the underlying cause (Event in Part I)</b>	<b>58. PART II: Enter the most immediate condition or conditions in cause but not resulting in the underlying cause (Event in Part I)</b>					<b>59. WAS AN AUTOPSY PERFORMED?</b>	
	prostate cancer, severe protein excretion, metastatic breast cancer, peripheral vascular disease, hypertension					No	
<b>MANNER OF DEATH</b>	<b>60. MANNER OF DEATH</b>	<b>61. WAS CASE REFERRED TO MEDICAL EXAMINER?</b>	<b>62. TIME OF DEATH (Approximate)</b>	<b>63. DID YOUR/COO USE CONTRIBUTE TO DEATH?</b>		<b>64. PREGNANCY STATUS, IF APPLICABLE</b>	
	Natural	NO	04:27 PM	Unknown		Not Applicable	
<b>MEDICAL EXAMINER ONLY</b>	<b>65. DATE PRONOUNCED</b>	<b>66. DATE OF INJURY</b>	<b>67. TIME OF INJURY</b>	<b>68. INJURY AT WORK?</b>	<b>69. PLACE OF INJURY</b>	<b>70. IF YOUR/REPORTATION INJURY SPECIFY:</b>	
<b>CERTIFIER</b>	<b>71. DESCRIBE HOW INJURY OCCURRED</b>						
<b>CERTIFYER</b>	<b>72. CERTIFYER</b>						
	I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
<b>SIGNATURE AND TITLE OF CERTIFYER</b>	<b>73. SIGNATURE AND TITLE OF CERTIFYER</b>		<b>74. LICENSE NO.</b>	<b>75. DATE SIGNED</b>			
	Aaron Michael Gavett, D.O (Signature Authenticated)		2007-01986	03/04/2023			
<b>NAME AND ADDRESS OF CERTIFYER</b>	<b>76. NAME AND ADDRESS OF CERTIFYER</b>		<b>77. LOCAL FILE DATE</b>	<b>78. DATE REGISTERED BY STATE</b>			
	Aaron Michael Gavett, 251 Campground Rd, West End, NC 27376		03/08/2023	03/06/2023			
<b>SIGNATURE OF LOCAL REGISTRAR</b>	<b>79. SIGNATURE OF LOCAL REGISTRAR</b>		<b>80. LOCAL FILE DATE</b>		<b>81. DATE REGISTERED BY STATE</b>		
	Jeanie Garcia (Signature Authenticated)		03/08/2023		03/06/2023		
<b>79. (PRINT AND DATE(S) CORRECTED BY/DATE(S))</b>							

FORM 1029 (REVISED 8/15/21) N.C. VITAL RECORDS

Volume 110 Page 267

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

**063-409087**

**Judy D. Martin**  
Register of Deeds  
Moore County

Witness my hand and official seal  
this the 9 th day of March, 2023

By: Lisa E. Seawell  
Deputy/Assistant Register of Deeds

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

