

EUREKA COUNTY, NV  
LAND-DTR  
\$37.00  
Total:\$37.00  
MARK A WINTER

2024-251933  
04/15/2024 02:01 PM  
Pgs=7

APN# 002-012-04



KATHERINE J. BOWLING, CLERK RECORDER

**Recording Requested by/Mail to:**

Name: MARK A. WINTER

Address: 801 N. DIVISION STREET

City/State/Zip: CARSON CITY, NV 89703

**Mail Tax Statements to:**

Name: SUZANNE C. JONES

Address: PO BOX 2471

City/State/Zip: CARSON CITY, NV 89702

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

**Title of Document (required)**

**Document # \_\_\_\_\_ is being (re-)recorded to correct;**

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge- NRS 419.020(2)

Signature  
MARK A. WINTER

Printed Name

Recorded at the request of:  
Mark A. Winter  
801 N. Division Street  
Carson City, NV 89703  
When recorded, mail to:  
Mail tax statements to:  
Suzanne C. Jones  
PO Box 2471  
Carson City, NV 89702

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

APN: 002-012-04

STATE OF NEVADA) : ss.  
CARSON CITY )

Suzanne C. Jones being first duly sworn, deposes and says:

1. Ward S. Jones died on December 28, 2023, in the state of Nevada, and that a certified copy of his Death Certificate is attached hereto.

3. That at the date of his death, Ward S. Jones and Suzanne C. Jones were Co-Trustees of the WS Jones Family Trust dated March 08, 2007, which is the owner of certain real property located in the County of Eureka, state of Nevada, described as follows:

Lot 1, Block 18, Crescent Valley Ranch & Farms,  
Unit I as recorded

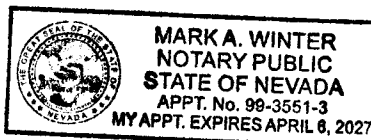
4. That said ownership was created by a Deed dated October 14, 2011, and recorded on October 20, 2011, as Document Number 0218817 in the Eureka County Recorder's Office.

5. That upon the death of Ward S. Jones, Suzanne C. Jones became the sole Trustee of the WS Jones Family Trust dated March 08, 2007.

  
Suzanne C. Jones

SUBSCRIBED and SWORN to before me  
this 4th day of March, 2024.

  
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. 4389265

### CERTIFICATE OF DEATH

2023029126  
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

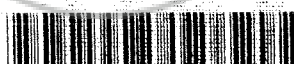
CERTIFIER

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) <b>Ward Stanley JONES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 28, 2023</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>88</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 12, 1935</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Suzanne C FALKE</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of State Appointed Brigadier General		14b. KIND OF BUSINESS OR INDUSTRY <b>U S Army National Guard</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>5003 Hells Bells Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Wesley JONES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lillian BURKES</b>		
18a. INFORMANT-NAME (Type or Print) <b>Suzanne C JONES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>5003 Hells Bells Road Carson City, Nevada 89701</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society Of Nevada - Capitol City 1614 N. Curry Street Carson City NV 89703</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>REBAKA CHOPRA MD SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 05, 2024</b>		21c. HOUR OF DEATH <b>23:41</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Rebeka Chopra MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>23991</b>	
24a. REGISTRAR (Signature) <b>JACKIE LYNN LARUE SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 08, 2024</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
(a) <b>Acute Hypoxic Respiratory Failure</b>				1 Day	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Covid 19 Pneumonia</b>				1 Day	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Acute Congestive Heart Failure Exacerbation</b>				1 Day	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Atrial Fibrillation With Rapid Response</b>				1 Day	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Severe Coronary Artery Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



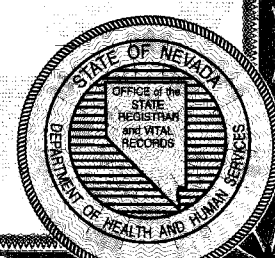
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **1/8/2024**

STATE REGISTRAR

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



**CERTIFICATE OF TRUST**

This is a Certificate of Trust for the WS Jones Family Trust, dated March 8, 2007 as amended in its entirety on March 4, 2024, hereinafter referred to as the "Trust Document".

**IDENTIFICATION OF THE TRUST**

1. Ward S. Jones and Suzanne C. Jones, husband and wife, were the Grantors of a Trust Document.
2. The name of the Trust created under the terms of the Trust Document is the WS Jones Family Trust.
3. The date of the trust is March 8, 2007.
4. Ward S. Jones died on December 28, 2023, and a copy of his certificate of death is attached hereto.
5. The entire Trust Document is revocable and amendable during the lifetime of the Surviving Grantor (Suzanne C. Jones).
6. On March 4, 2024, Suzanne C. Jones amended said Trust Document in its entirety.
7. The identifying number of the trust is the Social Security Number of Suzanne C. Jones.
8. This trust has not been revoked or amended to make any of the representations contained in this certificate incorrect.

**THE TRUSTEES**

1. Suzanne C. Jones is the Trustee of this Trust Document.
2. If Suzanne C. Jones shall for any reason cease to act as Trustee of this Trust Document, Kathleen Hansen shall act as Trustee of this Trust Document. If Kathleen Hansen shall, for any reason, fail to qualify or cease to act as Trustee, then Christopher Ripplingham shall act as Trustee of this Trust Document. If Christopher Ripplingham shall, for any reason, fail to qualify or cease to act as Trustee, then Chandler K. Allen shall act as Trustee of this Trust Document. If Chandler K. Allen shall, for any reason, fail to qualify or cease to act as Trustee, then Carson Allen shall act as Trustee of this Trust Document.
3. If at any time there is no individual willing to serve as Trustee, the last nominated individual who is capable of acting as a Trustee shall have the power (in writing) to designate a Successor Trustee (individual or corporate). If at any time all named Successor Trustees are unable to act and they have not designated a Successor Trustee, then a court of competent jurisdiction shall appoint a Trustee (individual or corporate) to act as Trustee of this Trust Document.
4. Death of a Trustee shall be evidenced by a certified copy of the death certificate delivered to the Successor Trustee. Resignation of a Trustee shall be effected by a written resignation delivered to the Successor Trustee. Removal of a Trustee shall be mandatory if, at any time, a licensed physician states in writing that said Trustee by



reason of mental illness, mental deficiency, advanced age, disease, weakness of mind or any other cause, is unable, without assistance, to properly manage the trust assets.

#### THE POWERS OF THE TRUSTEE

The Trustee is vested with the following powers in addition to those powers now or hereafter conferred by law:

1. To continue to hold any property and to operate, at the risk of the Trust Estate, any business that the Trustee receives or acquires under the Trust as long as the Trustee deems advisable;
2. To manage, control, grant option on, sell (for cash or on deferred payments), convey, exchange, partition, divide, improve and repair Trust property;
3. To lease Trust property for terms within or beyond the term of the Trust and for any purpose, including exploration for and removal of gas, oil and other minerals; and to enter into community oil leases, pooling and unitization agreements;
4. To borrow money, and to encumber or hypothecate Trust property by mortgage, deed of trust, pledge or otherwise;
5. To carry, at the expense of the Trust, insurance, of such kinds and in amounts as the Trustee deems advisable to protect the Trust Estate and the Trustee against any hazard;
6. To commence or defend such litigation with respect to the Trust or any property of the Trust Estate as the Trustee may deem advisable, at the expense of the Trust;
7. To compromise or otherwise adjust any claims or litigation against or in favor of the Trust;
8. To invest and reinvest the Trust Estate in every kind of property, real, personal or mixed, and every kind of investment, specifically including, but not by way of limitation, corporate obligations of every kind, stocks, preferred or common, shares or investment trusts, investment companies and mutual funds, and mortgage participations, which men of prudence, discretion and intelligence acquire for their own account, including any common Trust fund administered by the Trustee;
9. With respect to securities held in Trust, to have all the rights, the powers and privileges of an owner, including, but not by way of limitation, the power to vote, give proxies and pay assessments; to participate in voting trusts, pooling agreements, foreclosures, reorganizations, consolidations, mergers, liquidations, sales and leases, and incident to such participation to deposit securities with and transfer title to any protective or other committee on such terms as the Trustee may deem advisable; and to exercise or sell stock subscription or conversion rights;
10. The Trustee may postpone distribution of all or part of the Trust assets until the Trustee has determined in the Trustee's discretion that all Trust liabilities and tax obligations have been satisfied;
11. To employ any custodian, investment adviser, attorney, accountant

or any other agents to assist the Trustee in the administration of this Trust and to rely on the advice given by these agents. Reasonable compensation for all services performed by these agents shall be paid from the Trust Estate out of either income or principal as the Trustee, in the Trustee's absolute discretion, shall determine and shall not decrease the compensation to which the Trustee is entitled;

12. In any case in which the Trustee is required, according to the provisions of this Trust, to divide any Trust property into parts or shares for the purpose of distribution, or otherwise, the Trustee is authorized, in the Trustee's discretion, to make the division and distribution in identical interests, in kind, or partly in kind and partly in money, and for this purpose to make such sales of the Trust property as the Trustee may deem necessary on such terms and conditions as the Trustee determines; and


13. On receiving proof of death of a Grantor, the Trustee shall use reasonable efforts to collect all sums payable under any life insurance policies payable to him in his fiduciary capacity as Trustee. All sums received shall become principal of the Trust Estate, except for any interest paid by the insurer, which shall be income. The Trustee's receipt to any insurer shall be considered in full discharge of the insurer's liability under the policy, and the insurer shall not be under any duty to inquire concerning the Trustee's application of policy proceeds. The Trustee shall have full power to compromise, arbitrate, or otherwise adjust any claim, dispute or controversy arising under any policy, and shall have authority to initiate, defend, settle and compromise any legal proceeding necessary in the Trustee's opinion to collect the proceeds of any policy.

RELIANCE ON CERTIFICATE

Suzanne C. Jones hereby certifies that the foregoing Certificate is an accurate summary of the provisions of said Trust Document and that she is currently the only acting Trustee of this Trust Document. Any person or entity transacting business with the Trust may rely upon this Certificate without reviewing the entire Trust Document. Any person or entity dealing with any individual Trustee is expressly exonerated from any duty to inquire into the authority or power of that Trustee to bind the entire trust or to see to the application of money or property delivered to the Trustee.


DATED this 4th day of March, 2024.

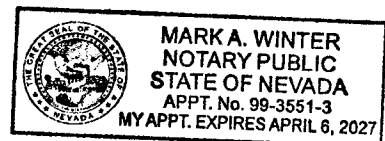
Grantor/Trustee:

  
Suzanne C. Jones

STATE OF NEVADA )  
                                  : ss.  
CARSON CITY )

On March 4, 2024, personally appeared before me, a Notary Public, Suzanne C. Jones, known or proved to me to be the person whose name is subscribed to the foregoing Certificate Of Trust, and she acknowledged to me that she executed the same.

  
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. 4389265

**CERTIFICATE OF DEATH**

2023029126  
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

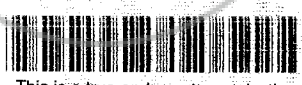
CERTIFIER

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) <b>Ward Stanley JONES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 28, 2023</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>88</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of State Appointed Brigadier General		14b. KIND OF BUSINESS OR INDUSTRY <b>U S Army National Guard</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Wesley JONES</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lillian BURKES</b>		15d. STREET AND NUMBER <b>5003 Hells Bells Road</b>	
18a. INFORMANT- NAME (Type or Print) <b>Suzanne C JONES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>5003 Hells Bells Road Carson City, Nevada 89701</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society Of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
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) <b>REBAIKA CHOPRA MD</b> 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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>January 05, 2024</b>		21c. HOUR OF DEATH <b>23:41</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Rebaika Chopra MD: 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>23991</b>	
24a. REGISTRAR (Signature) <b>JACKIE LYNN LARUE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 08, 2024</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
(a) <b>Acute Hypoxic Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF:				1 Day	
(b) <b>Covid 19 Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF:				1 Day	
(c) <b>Acute Congestive Heart Failure Exacerbation</b> DUE TO, OR AS A CONSEQUENCE OF:				1 Day	
(d) <b>Atrial Fibrillation With Rapid Response</b> DUE TO, OR AS A CONSEQUENCE OF:				1 Day	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Severe Coronary Artery Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	



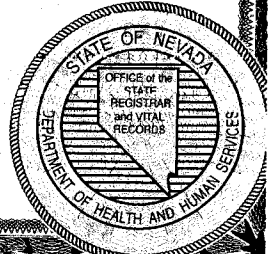
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **1/8/2024**

*Jackie Lynn Larue*  
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