

APN: 002-039-25

Mail Tax Statements to:

Harlin Justin Teague, Successor Trustee
4921 North Bank Road
Crescent City, California 95531

When Recorded Return to:

GERBER LAW OFFICES, LLP
491 4th Street
Elko, Nevada 89801

EUREKA COUNTY, NV

LAND-TJT

Rec:\$37.00

Total:\$37.00

HARLIN JUSTIN TEAGUE

2024-253219
10/17/2024 01:53 PM

Pgs=4



00021335202402532190040045

KATHERINE J. BOWLING, CLERK RECORDER

AFFIDAVIT TERMINATING JOINT TENANCY

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).

A handwritten signature in black ink, appearing to read "Travis W. Gerber".

TRAVIS W. GERBER, ESQ.

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AFFIDAVIT OF SUCCESSOR TRUSTEE

I, HARLIN JUSTIN TEAGUE, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated November 27, 2023, PATRICIA A. LEPPALA executed the LEPPALA FAMILY TRUST.

(2) Said trust appointed the surviving Trustee of the LEPPALA FAMILY TRUST to serve as Successor Trustee upon the death or incapacity of the other Trustee.

(3) PATRICIA A. LEPPALA died on August 25, 2024, in Crescent Valley, Eureka County, 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) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

(5) The following described real property in the County of Eureka, State of Nevada, is part of the trust estate:

Lot 5, Block 23, of CRESCENT VALLEY RANCH AND FARMS, INC., UNIT NO. 1, according to the official map thereof, filed in the office of the County Recorder of Eureka County on April 6, 1959, as File No. 34081.

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom lying in and under said land as reserved by SOUTHERN PACIFIC LAND COMPANY in Deed recorded in Book 64, Page 313, Deed Records, Lander County, Nevada, and in Book 24, Page 168, Deed Records, Eureka County, Nevada.

TOGETHER WITH all improvements now thereon or which may hereafter be placed or constructed thereon or affixed in any way to the property.

SUBJECT TO all covenants, conditions, restrictions, exceptions, easements, rights of way, reservations and rights, and other matters evidenced by documents of record.

(7) I am 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 the above-described property and all assets of the LEPPALA FAMILY TRUST, dated November 27, 2023.

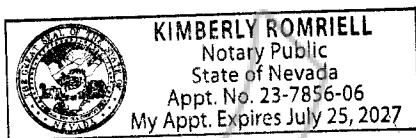
Executed on this 7 day of October, 2024.



HARLIN JUSTIN TEAGUE, Trustee of the
LEPPALA FAMILY TRUST, dated November 27,
2023

STATE OF NEVADA)
):ss
COUNTY OF EIKO)

On this 7th day of October, 2024, personally appeared before me, a Notary Public, HARLIN JUSTIN TEAGUE, Trustee of the LEPPALA FAMILY TRUST, dated November 27, 2023, who acknowledged to me that he 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. 4431843

CERTIFICATE OF DEATH

2024019294
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Patricia Arlene LEPPALA		2. DATE OF DEATH (Mo/Day/Year) August 25, 2024		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) 475 Sr 306		3e. If Hosp. or Inst. Indicate DOA,OP/Emr. Rm. Inpatient(Specify) Other Residence	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 27, 1943	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
DISPOSITION	15d. STREET AND NUMBER 479 4th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Herman James HANSEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Virginia May STYFFE		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Harlin Justin TEAGUE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4921 N. Bank Road Crescent City, California 95531			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TRENT R STIMPSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD952		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					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) August 27, 2024		21c. HOUR OF DEATH 17:11		22a. PRONOUNCED DEAD AT (Hour) 17:11	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) August 25, 2024		22c. PRONOUNCED DEAD AT (Hour) 17:11	
CAUSE OF DEATH	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) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 28, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF:				Unknown	
(b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF:				Unknown		
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No		
28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL				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: **9/24/2024**

Cody H. Grissom

STATE REGISTRAR

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

