

APN 002-014-08

Mail Tax Statements to:

Robert W. Johnston
304 3rd Street
Crescent Valley, Nevada 89821

When Recorded Return to:

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

EUREKA COUNTY, NV
LAND-SUT
Rec:\$37.00
Total:\$37.00
ROBERT W JOHNSTON

2024-253261
10/28/2024 03:13 PM
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00021379202402532610040044
KATHERINE J. BOWLING, CLERK RECORDER

AFFIDAVIT OF SUCCESSOR TRUSTEE

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.

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AFFIDAVIT OF SUCCESSOR TRUSTEE

I, ROBERT W. JOHNSTON, 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 December 10, 2014, and all amendments thereto, ROBERT W. JOHNSTON and SANDRA L. JOHNSTON executed the ROBERT AND SANDRA JOHNSTON TRUST, wherein they were Trustors and Trustees.
- (2) Said trust appointed ROBERT W. JOHNSTON, to serve as Successor Trustee upon the death or incapacity of Trustor and Trustee, SANDRA L. JOHNSTON.
- (3) SANDRA L. JOHNSTON died on November 3, 2015, 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) Pursuant to the terms of the Trust, ROBERT W. JOHNSTON has assumed the responsibilities of Successor Trustee
- (5) The following described real property in the County of Eureka, State of Nevada, is a part of the trust estate:


Lot 7, Block 8, of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, as per map recorded in the Office of the County Recorder of Eureka County, Nevada, as File No. 34081.

EXCEPTING THEREFROM, all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved by SOUTHERN PACIFIC LAND COMPANY in Deed to H. J. BUCHENAU and ELSIA BUCHENAU, recorded September 24, 1951, in Book 24, of Deeds at Page 168, Eureka County, Nevada.

TOGETHER WITH all buildings and improvements thereon.

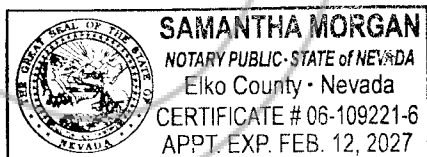
(6) ROBERT W. JOHNSTON is authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in all property, both real and personal, and all assets of the ROBERT AND SANDRA JOHNSTON FAMILY TRUST dated December 10, 2014.

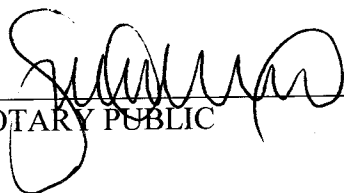
Executed on this 17 day of October, 2024.


ROBERT W. JOHNSTON, Trustee of the
ROBERT AND SANDRA JOHNSTON
FAMILY TRUST dated December 10, 2014

STATE OF Nevada)
)
) :ss.
COUNTY OF Elko)

On this 17th day of October, 2024, personally appeared before me, a Notary Public, ROBERT W. JOHNSTON, Trustee of the ROBERT AND SANDRA JOHNSTON FAMILY TRUST dated December 10, 2014, 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

CERTIFICATE OF DEATH

CASE FILE NO. 3861790

2015020124
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Sandra Lee JOHNSTON		2. DATE OF DEATH (Mo/Day/Year) November 03, 2015		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 304 3rd St.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No. - Non-Hispanic	
	7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) April 11, 1941		9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 10		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert JOHNSTON	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary		14b. KIND OF BUSINESS OR INDUSTRY Auto Sales	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
POSITION	15d. STREET AND NUMBER 304 3rd St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lamar MYERS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jessie ELLIOT		18a. INFORMANT- NAME (Type or Print) Robert JOHNSTON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 304 3rd St. Crescent Valley, Nevada 89821	
TRADE CALL	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 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) KEITH LOGAN SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) November 24, 2015	
REGISTRAR	22c. HOUR OF DEATH 23:00		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 03, 2015		22e. PRONOUNCED DEAD AT (Hour) 23:22	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Keith Logan. P O Box 531 Eureka, NV. 89316		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 24, 2015		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).)	
	25. IMMEDIATE CAUSE (a) Respiratory Arrest		Interval between onset and death Immediate		25. IMMEDIATE CAUSE (b) Chronic Obstructive Pulmonary Disorder	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (c) 		Interval between onset and death		25. IMMEDIATE CAUSE (d) 	
	25. IMMEDIATE CAUSE (d) 		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. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		
26g. LOCATION		26h. STREET OR R.F.D. No.		26i. CITY OR TOWN		
26j. STATE		26k. STATE		26l. STATE		

Information Corrected, State Affidavit# 62921, 12/21/2015 - 18a

STATE REGISTRAR

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:

DEC 22 2015

RndWhum
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

VRS-Rev-20120523a

