

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
Pgs=4

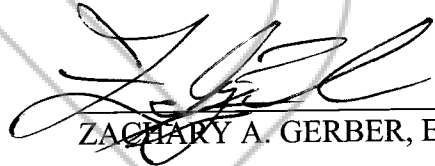


00021379202402532610040044

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:

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.

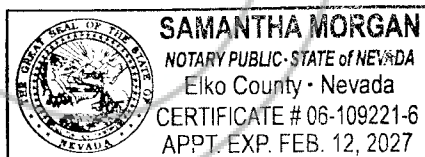
(6) ROBERT W. JOHNSTON is authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in all property, both real and personal, and all assets of the ROBERT AND SANDRA JOHNSTON FAMILY TRUST dated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

2015020124

STATE FILE NUMBER

CASE FILE NO. 3861790

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
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

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			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			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												
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Secretary						14b. KIND OF BUSINESS OR INDUSTRY Auto Sales			Ever in US Armed Forces? No												
15a. RESIDENCE - STATE Nevada			15b. COUNTY Eureka			15c. CITY, TOWN OR LOCATION Crescent Valley			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																		
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															
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) KEITH LOGAN SIGNATURE AUTHENTICATED																								
21b. DATE SIGNED (Mo/Day/Yr)					21c. HOUR OF DEATH					22b. DATE SIGNED (Mo/Day/Yr) November 24, 2015					22c. HOUR OF DEATH 23:00									
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)										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										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).) PART I (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Obstructive Pulmonary Disorder DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 															Interval between onset and death Immediate									
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					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				
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														

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

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

