

APN: 003-188-04

EUREKA COUNTY, NV **2024-254101**
Rec:\$37.00
\$37.00 Pgs=4 12/17/2024 03:19 PM
BOWLER TWITCHELL LLP
KATHERINE J. BOWLING, CLERK RECORDER

WHEN RECORDED, RETURN TO:

Travis K. Twitchell
BOWLER TWITCHELL LLP
3137 E. Warm Springs Rd., Suite 100
Las Vegas, Nevada 89120

MAIL TAX NOTICES TO:

Karen Lynne Cross, Successor Trustee
The Larry Ray Cross Revocable Trust Agreement,
Dated the 14th day of October, 1989
47-403 Mapumapu Road, Unit A
Kaneohe, Hawaii 96744

AFFIDAVIT OF SUCCESSOR TRUSTEE

Karen Lynne Cross, being first duly sworn, deposes and says:

1. I make this affidavit based upon personal knowledge. I am competent to testify to all matters herein stated and, if called to testify, will so testify.
2. Larry Ray Cross created the Larry Ray Cross Revocable Trust Agreement, dated October 14, 1989 (the "Trust").
3. Larry Ray Cross died on August 5, 2002. A copy of the Certificate of Death for Larry Ray Cross is attached hereto as Exhibit "1."
4. Upon the death of Larry Ray Cross, I became the trustee of the Trust, and continue to act as trustee of the Trust.
5. I accepted the terms of the Trust as of August 5, 2002, and am now vested with all of the rights, title and interests of the trustee under the Trust Agreement.
6. The Trust owns a one-half (1/2) interest in and to the real property located in the County of Eureka, State of Nevada, and is more particularly described as follows:

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Lot 18 in Section 15, Township 29 North, Range 48 East, MDB&M, Eureka County, Nevada.

Official Map filed under File No. 35161.

Being the same premises conveyed to the Grantor by Grant Deed dated October 14, 1989, recorded in File No. 130630, Book 205, beginning at Page 513.

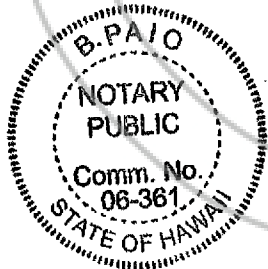
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Karen Lynne Cross

Karen Lynne Cross, Successor Trustee
47-403 Mapumapu Road, Unit A
Kaneohe, Hawaii 96744

STATE OF HAWAII }
CITY AND COUNTY OF Honolulu } ss.
}

On this 11th day of December, in the year 2024, before me, B. Pajo, personally appeared Karen Lynne Cross, Successor Trustee of the Larry Ray Cross Revocable Trust Agreement, dated October 14, 1989, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this Affidavit of Successor Trustee, and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is ascribed to this Affidavit of Successor Trustee appears to be of sound mind and under no duress, fraud, or undue influence.

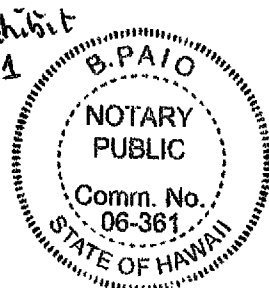


B. Pajo
NOTARY PUBLIC

B. Pajo
My Commission Expires
June 18, 2026

NOTARY PUBLIC CERTIFICATION
Document Date: none at the time
Notary Name: B. Pajo
Doc. Description: Affidavit of Successor Trustee

pgs: 2 + Exhibit
1
First Circuit: 1



B. Pajo 11 DEC 2024
Notary Signature Date

EXHIBIT "1"

(Certificate of Death of Larry Ray Cross)



CERTIFICATE OF DEATH

STATE
FILE NO. 151

1. DECEASED - FIRST NAME LARRY		MIDDLE NAME RAY		LAST NAME CROSS		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 5, 2002	
4a. RACE CAUCASIAN		4b. IS PERSON OF SPANISH ORIGIN? 1. Puerto Rican 2. Mexican 3. Cuban 4. Central American 5. Other & Unknown Spanish Origin 01	5a. AGE - LAST BIRTHDAY (years) 56	5b. UNDER 1 YR. MO. DAYS	5c. UNDER 1 DAY HOURS MIN.	8. DATE OF BIRTH (MONTH, DAY, YEAR) JUNE 27, 1946		7a. COUNTY OF DEATH HONOLULU
7a. ISLAND OF DEATH OAHU		7b. CITY, TOWN OR LOCATION OF DEATH KAILUA		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN BIRTH, GIVE STREET AND NUMBER) 610 KAIMALINO PLACE			7d. IF HOSP. OR INST. INDICATE DOA, (OPENER, PAL, INPATIENT (SPECIFY))	
8. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) NEBRASKA		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		11. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) KAREN L. BERKHEIMER		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) PRESIDENT		14b. KIND OF BUSINESS OR INDUSTRY 022 UNIVERSITY		14c. EDUCATION (Specify highest grade completed) COLL. 5+		
15a. RESIDENCE - STATE HAWAII		15b. COUNTY HONOLULU		15c. CITY, TOWN OR LOCATION KAILUA		15d. NUMBER, STREET AND ZIP (SPECIFY INSIDE CITY LIMITS (SPECIFY YES OR NO)) YES 610 KAIMALINO PLACE 96734		
16. FATHER - FIRST NAME HARRY		MIDDLE NAME ARTHUR		LAST NAME CROSS JR.		17. MOTHER - FIRST NAME DOREINE		MIDDLE NAME M.
18a. INFORMANT - NAME KAREN L. CROSS		18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 610 KAIMALINO PLACE, KAILUA, HAWAII 96734						
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION		19b. CEMETERY OR CREMATORY - NAME OAHU CREMATORY		19c. LOCATION HONOLULU HAWAII				
19d. DATE (MONTH, DAY, YEAR) AUGUST 7, 2002		19e. PERMIT NUMBER 44019		20a. FUNERAL HOME - NAME ULTIMATE SERVICES		20b. FUNERAL DIRECTOR - SIGNATURE <i>[Signature]</i>		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21a through #27g where applicable) (Signature and Title) <i>[Signature]</i>		21b. DATE SIGNED (MO., DAY, YR.)		21c. TIME OF DEATH 6:25 P. M.		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) and circumstances stated and described below (Items #22a through #27g where applicable) (Signature and Title) <i>[Signature]</i>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		21e. PERMIT NUMBER		21f. TIME OF DEATH		22b. DATE SIGNED (MO., DAY, YR.)		22c. TIME OF DEATH
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) WILLIAM S. LOUI, M.D. 1329 LUSITANA STREET, SUITE 307, HONOLULU, HAWAII 96813		24a. REGISTRAR - SIGNATURE <i>[Signature]</i>		24b. DATE RECEIVED BY LOCAL REGISTRAR AUG - 7 2002		24c. DATE FILED BY STATE REGISTRAR AUG - 7 2002		
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		IMMEDIATE CAUSE (a) metastatic pancreatic Ct cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (I)								26a. AUTOPSY (YES OR NO)
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		27b. DATE OF INJURY (MONTH, DAY, YEAR)		27c. TIME OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED		
27a. INJURY AT WORK? (SPECIFY YES OR NO)		27b. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)						26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
27c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)								

AUG 13 2002

I CERTIFY THIS IS A TRUE COPY OR ABSTRACT OF THE RECORD ON FILE IN THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.
STATE REGISTRAR