REQUESTED BY

Gregory I Morris Ltd

IN OFFICIAL RECORDS OF

DOUGLAS CO. NEVADA

18-

APN: 1318-15-110-015

RECORDING REQUESTED BY:

Gregory J. Morris, Ltd. 900 Bank of America Plaza 300 South Fourth Street Las Vegas, Nevada 89101

WHEN RECORDED AND MAIL FUTURE TAX STATEMENTS TO:

Mrs. Nancy L. Downey 4662 W. Warm Springs Rd. Las Vegas, NV 89118

2004	JAN	26	AH	:	2	Ì

WERHER CHRISTEN
RECORDER

S 18 PAID 62 DEPUTY

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
SS:
COUNTY OF CLARK)

NANCY L. DOWNEY, being first duly sworn, deposes and says:

- 1. That HOWARD W. CANNON and DOROTHY CANNON created the CANNON FAMILY TRUST, dated March 24, 1978 and totally amended and restated on November 5, 1997, wherein HOWARD W. CANNON, DOROTHY CANNON, and NANCY L. DOWNEY were designated as the Trustees.
- 2. That HOWARD W. CANNON died on the 6th day of March, 2002, and is the identical person named as HOWARD WALTER CANNON on the certified copy of the Death Certificate which is attached hereto and by this reference incorporated herein.

- 3. That DOROTHY CANNON died on the 11th day of May, 2003, and is the identical person named as DOROTHY PACE CANNON on the certified copy of the Death Certificate which is attached hereto and by this reference incorporated herein.
- 4. That NANCY L. DOWNEY is named in said Trust as the sole Successor Trustees of the Trust; and hereby files this Affidavit and accepts the sole Trusteeship of the CANNON FAMILY TRUST, dated March 24, 1978 and totally amended and restated on November 5, 1997.
- 5. That this Affidavit of Death of Trustee is applicable to that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" FOR COMPLETE LEGAL DESCRIPTION ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

DATED this 3 day of LC., 2003.

STATE OF NEVADA

)SS:

COUNTY OF CLARK

On this <u>3</u> day of <u>DECEMBER</u>, 2003, personally appeared before me, a Notary Public, NANCY L. DOWNEY, who acknowledged to me that she executed the above instrument, as sole Successor Trustee of the CANNON FAMILY TRUST, dated March 24, 1978 and totally amended and restated on November 5, 1997.

MARGARET WILLIAMS
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 01-70070-1
MY APPT. EXPIRES MAY 17, 2005

TART TOWER

0602823 RK0104PG08136

STATE OF NEVADA — DE. AKIN VI OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

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STATE REGISTRAR

No. 211819

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

SEAL

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

By: $\bigcirc \mathcal{M}$

Date Issued:

MAR 12 2002

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

0602823

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DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

			CERTIFICATE OF DE	EATH T	
	LOCAL FILE NUMBER			<u> </u>	STATE FILE NUMBER
OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
IN PERMANENT	1. Dorothy	Pace	CANNON	2. May 11, 2003	3a. Clark
BLACK INK	CITY, TOWN OR LOCATION OF DE		R INSTITUTION—Name (If not either, give si	Rm. Inpatient (Speci	eate DOA, OP/Emer. SEX
DECEDENT	_{3b.} Las Vegas		Health Care, Inc.	зе. Inpati	ient 4. Female
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic On specify Mexican, Cuban, Puer 8.	gin? Specify □ yes 🐧 no If yes, Birthday (7a.	3 7b. 7c.	DAY DATE OF BIRTH (Mo., Day, Yr.) 8. Jan 4, 1915
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country) ga. Nevada	CITIZEN OF WHAT COUNTRY	grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	SURVIVING SPOUSE (If wife, give maiden name)
INSTITUTION SEE HANDBOOK	9a. Nevada Social Security Number	9b. U.S.A.	10. 14	(Specify) WI COWED KIND OF BUSINESS OR INDUSTRY	12.
REGARDING COMPLETION OF RESIDENCE ITEMS	13. -7870	Working Life, Even if Retir	ve Kind of Work Done During Most of ed) et	14b. Own Home	\ \
NEORDENGE HEMO	10.	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS
└→ [15a. Nevada	_{sb.} Clark	15c. Las Vegas	15d. 7415 S. Ullow	(Specify Yes or No) 15e. NO
DA SIEVEZ	FATHER—NAME First	Middle	Last MOTHER—MAIL	DEN NAME First	Middle Last
PARENTS	_{16.} Sidney		ice 17. Mari	garet /	Ericksen
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Tow	The state of the s
	18a. Nancy Lee Do			ra Springs, Las Ver	
	BURIAL, CREMATION, REMOVAL, C		NY OR CREMATORY—NAME	LOCATION	City or Town State
DISPOSITION	19a. Removal	19b. R	rlington National Cosetery	19c. Arlin	gton, Virginia
	FUNERAL DIDECTOR—IGNATION (Or Person Appling as Std.)		DIRECTOR NAME AND ADDRESS OF I	-ACILITY Pain Mortuary - Easte	77
į	> 20a. > MM NM	206.		n Ave., Las Vegas, Nevada 8912	
	Z 27a. To the trest of my knowled due to the rauss(s) subter (Signature and Title) DATE SIGNED (Mo., Day)		11100	22a, On the basis of examination and/or in at the time, date and place and due to (Signature and Title)	westigation, in my opinion deall occurred to the cause(s) and manner stated.
	DATE SIGNED (Mo., Day	(, Yr.) HOUR OF D	Date of the second seco	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
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CAUSE OF DEATH			g to death but not resulting In the underlying	Yes	Specify WAS CASE REFERRED TO CORONER (Specify Yes or No)
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	OR PENDING INVEST.	28b. 286	1	OGG THE STATE OF T	
		PLACE OF INJURY—At home, farm building, etc. (S		STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

No.238011

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

SEAU

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

Date INTAN 1 = 2020

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

0602823 BK0104PG08138

EXHIBIT "A"

LEGAL DESCRIPTION

PARCEL NO. 1

UNIT NO. 15, AS SHOWN ON THE OFFICIAL PLAT OF PINEWILD, A CONDOMINIUM, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA, ON JUNE 26, 1973, IN BOOK 673, PAGE 1089, AS DOCUMENT NO. 67150.

APN. 1318-15-110-015

PARCEL NO. 2

THE EXCLUSIVE RIGHT TO THE USE AND POSSESSION OF THOSE CERTAIN PATIO AREAS ADJACENT TO SAID UNIT DESIGNATED AS "RESTRICTED COMMON AREA" ON THE SUBDIVISION MAP REFERRED TO IN PARCEL NO. 1, ABOVE.

PARCEL NO. 3

AN UNDIVIDED 22.5% INTEREST AS TENANTS IN COMMON IN AND TO THAT PORTION OF THE REAL PROPERTY DESCRIBED ON THE SUBDIVISION MAP REFERRED TO IN PARCEL NO. 1, ABOVE, DEFINED IN THE AMENDED DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF PINEWILD, A CONDOMINIUM PROJECT, RECORDED MARCH 11, 1974, IN BOOK 374 OF OFFICIAL RECORDS, AT PAGE 193, DOCUMENT NO. 72219, AS LIMITED COMMON AREA AND THEREBY ALLOCATED TO THE UNIT DESCRIBED IN PARCEL NO. 1, ABOVE, AND EXCEPTING UNTO GRANTOR NON-EXCLUSIVE EASEMENTS OR INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT ENCROACHMENTS, MAINTENANCE AND REPAIR OVER THE COMMON AREAS DEFINED AND SET FORTH IN SAID DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS.

PARCEL NO. 4

NON-EXCLUSIVE EASEMENTS APPURTENANT TO PARCEL NO. 1, ABOVE, FOR INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT ENCROACHMENTS, MAINTENANCE AND REPAIR OVER THE COMMON AREAS DEFINED AND SET FORTH IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF PINEWILD, A CONDOMINIUM, MORE PARTICULARLY DESCRIBED IN THE DESCRIPTION OF PARCEL NO. 3, ABOVE.