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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

REQUESTED BY  
Gregory J Morris Ltd  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 JAN 26 AM 11: 21

WERNER CHRISTEN  
RECORDER

\$ 18<sup>00</sup> PAID K2 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.

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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:

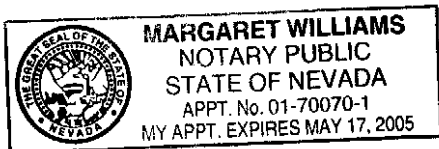
SEE EXHIBIT "A" FOR COMPLETE LEGAL DESCRIPTION ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

DATED this 3<sup>rd</sup> day of Dec., 2003.

*Nancy L. Downey*  
NANCY L. DOWNEY

STATE OF NEVADA )  
 )SS:  
COUNTY OF CLARK )

On this 3<sup>rd</sup> day of DECEMBER, 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

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STATE OF NEVADA — DEPARTMENT OF HEALTH — DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. <b>Howard Walter CANNON</b>		DATE OF DEATH (Month, Day, Year) 2. <b>March 6, 2002</b>	
CITY, TOWN OR LOCATION OF DEATH 3b. <b>Las Vegas</b>		COUNTY OF DEATH 3a. <b>Clark</b>	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Odyssey Health Care, Inc.</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. <b>Inpatient</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>		SEX 4. <b>Male</b>	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. <b>98</b>	
STATE OF BIRTH (If not U.S.A., name country) 9a. <b>Utah</b>		CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	
SOCIAL SECURITY NUMBER 13. <b>8384</b>		Decedent's Education. Specify highest grade completed. 10. <b>16+</b>	
RESIDENCE—STATE 15a. <b>Nevada</b>		CITY, TOWN, OR LOCATION 15c. <b>Las Vegas</b>	
COUNTY 15b. <b>Clark</b>		STREET AND NUMBER 15d. <b>7415 S. Ullom Dr.</b>	
FATHER—NAME First Middle Last 16. <b>Walter Cannon</b>		MOTHER—MAIDEN NAME First Middle Last 17. <b>Leah Sullivan</b>	
INFORMANT—NAME (Type or Print) 18a. <b>Nancy Lee Downey - Daughter</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>4662 W. Warm Springs, Las Vegas, Nevada 89118</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Removal</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Arlington National Cemetery</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20c. <b>Pain Mortuary - Eastern 7600 S. Eastern Ave., Las Vegas, Nevada 89123</b>	
FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>50</b>		LOCATION City or Town State 19c. <b>Arlington, Virginia</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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 manner stated. (Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.) 21b. <b>3/7/02</b>		DATE SIGNED (Mo., Day, Yr.) 22b.	
HOUR OF DEATH 21c. <b>6:35 AM</b>		HOUR OF DEATH 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Christopher Choi MD 653 Town Center Las Vegas Nevada 89144</b>		PRONOUNCED DEAD (Hour) 22e. AT	
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>MAR 08 2002</b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(b) <b>End Stage Cardiomyopathy</b> DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) <b>Dementia</b>		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. <b>Dementia</b>		AUTOPSY (Specify Yes or No) 26. <b>No</b>	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>	
DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.	
HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		LOCATION 28g.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		STREET OR R.F.D. No. CITY OR TOWN STATE	

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: *[Signature]*

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

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**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last 1. <b>Dorothy Pace CANNON</b>			DATE OF DEATH (Month, Day, Year) 2. <b>May 11, 2003</b>		
DECEASED	CITY, TOWN OR LOCATION OF DEATH 3b. <b>Las Vegas</b>			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Odyssey Health Care, Inc.</b>		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>Nevada</b>			CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>		
	SOCIAL SECURITY NUMBER 13. <b>██████████-7870</b>			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Homemaker</b>		
PARENTS	FATHER—NAME First Middle Last 16. <b>Sidney Pace</b>			MOTHER—MAIDEN NAME First Middle Last 17. <b>Margaret Ericksen</b>		
	INFORMANT—NAME (Type or Print) 18a. <b>Nancy Lee Downey - Daughter</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>4662 W. Warm Springs, Las Vegas, Nevada 89118</b>		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Removal</b>			CEMETERY OR CREMATORY—NAME 19b. <b>Arlington National Cemetery</b>		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>			NAME AND ADDRESS OF FACILITY 20c. <b>Pain Mortuary - Eastern 7600 S. Eastern Ave., Las Vegas, Nevada 89123</b>		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> <b>Bina Patel MD</b>			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 manner stated. (Signature and Title) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. <b>5.14.2003</b>			DATE SIGNED (Mo., Day, Yr.) 22b.		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21c. HOUR OF DEATH <b>1:30 PM</b>			22c. HOUR OF DEATH		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
CAUSE OF DEATH	23a. <b>Bina Patel MD 3201 S. Maryland Pkwy. Las Vegas Nevada 89109</b>			LICENSE NUMBER 23b. <b>8677</b>		
	REGISTRAR 24a. (Signature) <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>MAY 14 2003</b>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	PART I (a) <b>CORONARY ARTERY DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) <b>ALZHEIMERS DEMENTIA</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death			
(c) <b>PARKINSON'S DISEASE</b> 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.			AUTOPSY (Specify Yes or No) 25. <b>No</b>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.			DATE OF INJURY (Mo., Day, Yr.) 28b.			
INJURY AT WORK (Specify Yes or No) 28e.			HOUR OF INJURY 28c. M			
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.			DESCRIBE HOW INJURY OCCURRED 28d.			
LOCATION. 28g.			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

SEAL

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

By:

Date: **MAY 15 2003**

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

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**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.

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