DOC # 0671595 03/31/2006 10:05 AM Deputy: GB OFFICIAL RECORD Requested By: SNOW CHRISTENSEN & MARTINEAU

WHEN RECORDED, MAIL TO: SCOTT AWERKAMP, ESQ. SNOW, CHRISTENSEN & MARTINEAU 37 West 1070 South, Suite 102 St. George, Utah 84770

Page: 1 Of 3 Fee: 16.00 BK-0306 PG-12905 RPTT: 0.00

Douglas County - NV

Werner Christen - Recorder

MAIL TAX NOTICE TO: Doris L. Turkington, Trustee 448 Canyon View Way Mesquite NV 89024

APN#: 0923-17-000-009

AFFIDAVIT OF SUCCESSOR TRUSTEE RE: DEATH OF TRUSTEE

STATE OF UTAH)
)ss.
COUNTY OF WASHINGTON)

DORIS L. TURKINGTON, successor Trustee of the ELZA & DORIS TURKINGTON LIVING TRUST under agreement dated February 11, 2003, of legal age, being first duly sworn, declares as follows:

That ELZA E. TURKINGTON, the decedent mentioned in the attached certified copy of Certificate of Death, who died January 11, 2004, is the same person as Elza E. Turkington, a Co-Trustee of the Elza & Doris Turkington Living Trust under agreement dated February 11, 2003, named as the Grantee in that certain Quitclaim Deed dated March 4, 2003, executed by Elza E. Turkington and Doris L. Turkington as Grantors to "Elza E. Turkington and Doris L. Turkington Trustees, or their successors in trust, as Trustees of the Elza & Doris Turkington Living Trust under agreement dated February 11, 2003," recorded as Document number 0575654, in Book 503 Page 1829 of Official Records of Douglas County, Nevada, covering the following described properties situated in Douglas County, State of Nevada:

The Southeast ¼ of the Northeast ¼ of Section 17, Township 9 North, Range 23 East, M.D.B. & M.

RESERVING THEREFROM, an easement for road and public utility purposes to be used in common with others, over the North, West and South 10 feet thereof, and over the East 20 feet thereof.

TOGETHER WITH all tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversion, remainders, rents, issues or profits thereof.

SUBJECT TO easements, restrictions, rights-of-way, and reservations of record or enforceable in law or equity.

Affiant is the successor sole Trustee named in the Elza & Doris Turkington Living Trust under agreement dated February 11, 2003, and as such has full authority to act as sole Trustee.

Dated: 3/6/16

DORIS L. TURKINGTON, Trustee

SUBSCRIBED AND SWORN to before me this _____ day of March, 2006, by DORIS L. TURKINGTON, whose identity is personally known to me or proved to me on the basis of satisfactory evidence, and who, being by me duly sworn (or affirmed), did say that she is the Trustee of the Elza & Doris Turkington Living Trust under agreement dated February 11, 2003, and that the foregoing instrument was signed by proper authority, in the capacity and for the purposes stated in it.

NOTARY PUBLIC

Address:

My Commission Expires:



SCOTT AWERKAMP

Notary Public

State of Utah

My Commission Expires March 20, 2006

37 West 1070 South Suite 102 St. George, Utah B4770

0671595 Page: 2 Of 3

BK- 0306 PG-12906 STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

		U	V V t) O U	'		CERTIF	CAI	E OF DE	HIA:		ļ			
•		LOCAL PILE	NUMBER										STAT	E FILE NUMBER	
OR PRINT	DECEASE	D-NAME	Final		Midde			Lesi			DEATH (Mont		1	COUNTY OF DEATH	l
IN PERMANENT	· El:	za			Ellis		TURKING	FION	, Sr.	₂ Ja	nuary '	11, 200		🗻 Clark	
BLACK INK	CITY, TOY	WN OR LOCA		EATH	1		NSTITUTION N	une (if n	ot either, give at		(Ner) If Ho Firm.	ep. or linet, Indic Inputient (Speci	ale DOA, OP/ ly)	Emer. SEX	.1.
	so. Me	squite	:				yon Vie				50.			4. Ma	
DECEDENT	RACE-(g., White, Bla den, etc.) (Sp	ick, America	in Wa	s Decedent of I	tispanic Origin	? Specify [] yes ; Ricen, etc.	no # y	es, AGE-Lai Birthday (r Yaara) Lii	DEFIL YEAR	HOURS *	DAY DATE	OF BIRTH (Mo., Dec	y, Ye.)
	• Wh	ite	acay,	4.					74. 76	5 70.		70.	[#.]	November 27,	, 1927
F DEATH OCCURRED IN	STATE OF	F BIRTH :A., name cou	and and		CITIZEN OF W	HAT COUN-	Decedent's Ed grade complete	ucation.	Specify highest	MARRIE	D, NEVER MA ED, DIVORCED	RAIED,	SURYMING	SPOUSE (If wide, give	Makien Sarin)
				- 1	w U.S	_ A _	10.	-	16	(Specify)	Marr		12. DOX	is Iccaine	Hank
SEE HANCHOOK REGARDING	SOCIAL S	liform	MBER		USUAL OCCU	PATION (Give	Kind of Work Do	ne During		KIND	OF BUSINESS	OR INDUSTRY			
COMPLETION OF RESIDENCE STEMS	13.	-	7859		Working Life, E	iven If Retired	Detec	i-1 1200		145.	T.aw 1	Enforce	ment.	\	
MESSINGHER RENES	RESIDEN	7 CE—STATE	(027	COUNTY	1781		CITY, TOWN, C			114	STREET AND			INSIDE CITY LIM	П8
-		_			61 3						449 4	anyon Vi	cra libra	(Specify Yee or M	o)
	> 164. Ne		Rot	15b.	Clark		15c. M	esqu	LICE KOTHER-MAK	NEW MALVE	100.4940 T	AMUI VI	Middle	100 163	
PARENTS	FAIHEH-	-/UME	Picet		MICON			- 1"					1	\ **	_
d'Anismo.	16. DO				James	Τυ	<u>rkingto</u>		7.		Juanit	a	Mae	Hunter	<u> </u>
		NT-NAME (•			MAILING			•		lo., City or Tow	100	_ \	
, = -	- the De	ris	-Pur	el nor	:on W	ife -	OR CREMATOR	48 C	anyon 1	View W	ay, Mo	squite,	Neva	la 89027	
ŕ	BURIAL, C	REMATION,	REMOVAL	CINEA (Spicely)	CEMETRITY	OR CREMATOR	YNAM	E		_ w	CATION	City or Tox	va. \ " \$600	•
	194 Re	moval	/ Cn	enat	ion	19b. Ot	tions B	uria	l & Cre	ematic)]] 19c	St.	Geor	je Utal	מ
DISPOSITION	FUNERAL	moval DIRECTOR- Acting as Sc	SIGNATU	RE		FUNERAL L	HRECTOR NA	ME AND	ADDRESS OF	FACILITY					
į	20-	13.	P. 1	21_		20h. 49	200	MET	CALF M	RTUAR	Y. Box	797, I	oganda	ale, NV 8	39021
	3 21a	To the best	of phy know	ledge, del	th occurred at					22a. On the	basia of axam	inetion end/or k	westigation, in	my opinion death occurred manner stated.	curred
[20				Just	mid.	M		6.	at the	Sine, date and	place and due i	is the course(s)	and manner stated.	N .
	HYSICA	(Signature a	nd TNO) /	- Vo 1		OUR OF DEA		_	 }}}	DATE SIGN	end Tale) > NED (Mo., Day,	Vz.)	HOUR OF C	EATH	
	<u> </u>		17	104					100			· ·	92c	7	- N
CERTIFIER	\	21b. (1c 041	IER (7)pe or Phil	_	2 g	22b.	CED DEAD (M	in Plant Se h	1	CED DEAD (Hour)	
~~~~	To be Com	NAME OF A	AFT ENDING	PHYSICA	AN IP CITHER I	HAN ÇEKTIR	ISM ITABLE OF LINE	V		PHANCON	CEN DENT (M	G., 1989, 75.7	risonom		<b>N</b>
		21d.								22d ON			220. AT	CENSE NUMBER	
							ING PHYSICIAN,		7%		- 1		1-		-
Ļ			lio Ka	rtwel	l, M.D.,	190 E.	Mesquite	<u>Blvd</u>	., Suite	I, Mes	unite, N	evada 8		<b>a.</b> 8286	
COMDITIONS	REGISTR	AR	1/1	6	U	No.	$\wedge$	DATE RE	CEIVED BY RE		- 40	EATH DUE TO	COMMUNICA	BLE DISEASE	-
WHICH GAVE	Dia (Sign		TO	7420	THE	e Vele	A INI. DI, ANGA	MP	JAN 1	3 200	N 3	6. YES 🗆	нов	<u>.</u>	
CONDITIONS F ANY WHICH GAVE RISE TO IMMEDIATE	25. M/MEI	DIATE CAUSE	<b>(</b>	TER ONL		PET LINE PO	P IN DI ANDA	7	_				; into	ryal between oneel ar	
CAUSE STATING THE UNDERLYING	PART	141	rest	الاها	tory_	fach	ver C	,	- N.				•	minute	3
CAUSE LAST	ran i	DUE TO	, OR AS A	CONSEQ	UENCE OF:		The state of the s		- 1		₹		: 170	rval between onest &	nd danith
1	t		امع	•••	حمسرو	ادی مر	ith m	24	دادعاء	<b>N</b>	N		į	month	
<u>'→</u>	}	(D) DUE TO	DR AS A	CONSEC	UENCE OF:				<b>_</b>	-	-	<del></del>	• Inte	nui between onest ar	nd death
	(		,	7			. "		1	- N	. ^	N	•	•	
CAUSE OF		(c)	AMERICALIT	COMPATIC	W# Contino	. contration	o death but not n	erilles tr	the unrighters	COURS (BAS)	in Part 1. AUT	OPSV 6	Specify I WAS	CASE REFERRED	RO 1
DEATH	PART		H-04 (C2-04)	O'LONE.				/		<b>-</b>	76.	No Ye	or Nel COR	CASE NEFERRED I IONER (Specify York Yes	M
	ACC., BU	CIDE HOM.	UHOET.,	DATE OF	NUTTY (No. O	y, %) HOU	OF INJURY	DE	SCRIBE HOW	NURY OCC	URRED		1		V
يوسا والمدودة للمها	CH PEY	THE PROPERTY.	2.7° em	I —	NARY AL D	. 1		N 20	- No	1		فمجوز والمؤرثي			·" '< '
1	INJURY A	T WORK (se or No)		PLACE (	F INJURY-A	home, farm, u	treet, factory, offi oily)	∞ LO	CATION.	STRE	ET OR R.F.D.	No.	CITY OR TOY	VN STATE	
	206.			284.	\	BE (cha		20,	- 1						
	- All Property lies	_		7									10 2	/9052	

"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.

STATE REGISTRAR

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

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

R. Da

Date Issued: MAY 2-6-2005

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 3902

Las Vegas, Nevada 89127

702-383-1223

Tax ID# 88



BK- 0306 PG-12907

0671595 Page: 3 Of 3 03/31/200