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| A.P.N. # | 1318-25-11-005 |
| Escrow No. | 1047934 DR |
| Recording Requested By: Stewart Title | |
| When Recorded Mail To: DIANE M. ELLSWORTH 55 Bell Rock Trail Sedona, AZ 86336 | |
| for recorders use only | |

Affidavit of Death
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380
(State specific law)

Kris Thorsen
Signature

Escrow Processor
Title

Kris Thorsen
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



CERTIFICATE OF INCUMBENCY

Whereas, Raymond L. Baker was the Trustee under that certain Trust entitled Baker-Ellsworth Trust dated September 2, 1991, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded September 21, 2001 in Book 0901, Page 5225, as Document No. 0523315, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, Raymond L. Baker is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Diana M. Ellsworth, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE:

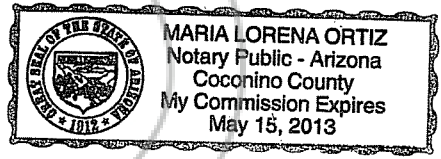
By: *Diana M. Ellsworth*
Diana M. Ellsworth

State of ~~Nevada~~ *Arizona* }
mfo } ss
County of *Coconino* }

This instrument was acknowledged before me on *this 14th day of June 2012*

by: *Diana M. Ellsworth*

Signature: *Maria Lorena Ortiz*
Notary Public





STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2011-008757

| | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|--|---|---|--------------------------------------|-------------|---------------------------|--|--|--|--|
| 1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) RAYMOND LEE BAKER | | | 2. AKA'S (IF ANY) | | | 3. DATE OF DEATH MARCH 01, 2011 | | | | | | | | | |
| 4. SEX MALE | 5. SOCIAL SECURITY NUMBER [REDACTED] 1244 | 6. DATE OF BIRTH 11-05-1941 | 7. AGE 69 | 8. MONTHS | | 9. DAYS | | 10. HOURS | | 11. MINUTES | | | | | |
| 12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL | | | 13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER | | | | | | | | | | | | |
| 14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 55 BELL ROCK TRAIL | | | | | | 15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: SEDONA 86336 | | | 16. COUNTY OF DEATH: COCONINO | | | | | | |
| 17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): MODESTO, CALIFORNIA | | | 18. MARITAL STATUS AT TIME OF DEATH MARRIED | | 19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) DIANA MARIE ELLSWORTH | | | | | | | | | | |
| 20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 55 BELL ROCK TRAIL, | | | 21. CITY AND COUNTY: SEDONA, COCONINO | | 22. STATE ARIZONA | | 23. ZIP CODE 86336 | | 24. EVER IN THE ARMED FORCES NO | | | | | | |
| 25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY): <input type="checkbox"/> UNKNOWN | | | 26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | | | 27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: | | <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN | | | | | | | |
| 28. OCCUPATION: CIVIL ENGINEER | | | | 29. FATHER'S NAME (FIRST, MIDDLE, LAST) CHARLES HASKELL BAKER | | | | | | | | 30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) DEMOY AZELLE TREAT | | | |
| 31. INFORMANT'S NAME DIANA MARIE ELLSWORTH | | | | 32. RELATIONSHIP SPOUSE | | | | 33. INFORMANT'S MAILING ADDRESS: 55 BELL ROCK TRAIL, SEDONA, ARIZONA 86336 | | | | | | | |
| 34. NAME AND ADDRESS OF FUNERAL FACILITY: GREER'S MORTUARY OF SEDONA 2725 WEST HIGHWAY 89-A SEDONA, AZ | | | | | | 35. FUNERAL DIRECTOR: SHAWN D BUNTIN, FUNERAL DIRECTOR | | | 36. LICENSE NUMBER: F0812 | | | | | | |
| 37. METHOD(S) OF DISPOSITION: CREMATION | | 38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: GREER'S CREMATORY OF SEDONA, SEDONA, ARIZONA | | | | 39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE | | | | | | | | | |
| MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I | | | | | | | | | | | | | | | |
| IMMEDIATE CAUSE OF DEATH | | 40. A RESPIRATORY FAILURE | | | | 41. APPROXIMATE INTERVAL: UNKNOWN | | | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF: | | 42. B CHRONIC OBSTRUCTIVE PULMONARY DISEASE | | | | 43. APPROXIMATE INTERVAL: UNKNOWN | | | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF: | | 44. C CHRONIC KIDNEY DISEASE | | | | 45. APPROXIMATE INTERVAL: UNKNOWN | | | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF: | | 46. D PULMONARY HYPERTENSION | | | | 47. APPROXIMATE INTERVAL: UNKNOWN | | | | | | | | | |
| CAUSE OF DEATH PART II | | | | | | | | | | | | | | | |
| 48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: HISTORY OF HYPOXEMIA - OXYGEN NECESSARY | | | | | 49. INJURY? NO | | 50. INJURY AT WORK? NO | | 51. MANNER OF DEATH NATURAL DEATH | | 52. TIME OF DEATH 2036 | | | | |
| | | | | | 53. WAS AN AUTOPSY PERFORMED? NO | | 54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? | | | | | | | | |
| CAUSE AND MANNER OF DEATH CERTIFICATION | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. | | | | <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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. | | | | 55. NAME OF PERSON COMPLETING CAUSE OF DEATH: LINDA M HAGGARD, P.A. | | | | 56. DATE CERTIFIED: 03-03-2011 | | | |
| 57. CERTIFIER'S ADDRESS: 6486 HWY 179 SEDONA, AZ 86351 | | | | 58. NAME OF REGISTRAR: YASMINE SEALY | | | | 59. DATE REGISTERED: 03-04-2011 | | | | | | | |

Date Issued: 03-10-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.
Revised 04/2010

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Patricia Adams

Arizona
Department of
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.



Exhibit A
LEGAL DESCRIPTION

File Number: 1047934-DR

An Undivided 10% interest in and to the following described property:

Lot 2 of Kingsbury Palisades, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on September 18, 1982 in Book 1 of Maps as Document No. 20864.

