

APN# 1220-21-710-010

Recording Requested by:

Name: Cynthia Dickerson

Address: 802 East Louisiana Ave

City/State/Zip: Sweetwater TX. 75556

Order Number: DISOFFRAN RT

affidavit

(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

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:

NRS 440330
(State specific law)

R. Thompson Recorder
Signature Title

R. Thompson
Print Signature

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

(Additional recording fee applies)

WHEN RECORDED MAIL TO:
Cynthia Dickerson
802 East Louisiana Ave
Sweetwater, TX 79556

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

PACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01504799RLT APN No.: 1220-21-710-010

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of ~~Nevada~~ New York - pw 10/26/15
County of ~~Douglas~~ New York - pw 10/26/15

Lynne Thurmond, being duly sworn, deposes and says:

1. James R. Thurmond, the decedent mentioned in attached copy of Certificate of Death, is the same person as James R. Thurmond named as one of the trustee(s) in that certain Deed dated 9-1-06, executed by Geraldine P. Thurmond, a Married Person to G.P. Thurmond (also known as Geraldine P. Thurmond, Trustees of The Thurmond Martial/Survivor's Trust, created under that certain James R. Thurmond and G. P. Thurmond Revocable Trust dated February 28, 1994 recorded on 9-6-06 as instrument number 0683941, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Lynne Thurmond, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: October 21, 2015

[Signature]
Lynne Thurmond, Successor Trustee

STATE OF New York
COUNTY OF New York } SS:

This instrument was acknowledged before me on October 26, 2015
by Lynne Thurmond

Patricia Warrack
NOTARY PUBLIC

Patricia Warrack, Notary Public
State of New York, Registration No. 01WA6346740
Qualified in Queens County
Commission Expires September 19, 2019

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. James R. Thurmond	DATE OF DEATH (Month, Day, Year) 2. October 9, 1995	STATE FILE NUMBER COUNTY OF DEATH 3a. Carson City
	CITY, TOWN, OR LOCATION OF DEATH 3b. Carson City	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson Tahoe Hospital	If Hosp. or Inst. indicate DOA, OPI/Emer. Pm. Inpatient (Specify). 3e. SEX 4. Male
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	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. 65	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : : DATE OF BIRTH (Mo., Day, Yr.) 8. June 7, 1930
	STATE OF BIRTH (If not U.S.A., name country) 9a. Iowa	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
	SOCIAL SECURITY NUMBER 13. ████████-8554	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Auto Mechanic	SURVIVING SPOUSE (If wife, give maiden name) 12. Geraldine Hickethier
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden
	STREET AND NUMBER 15d. 1272 Downs Drive		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
	FATHER—NAME First Middle Last 16. Brice Thurmond	MOTHER—MAIDEN NAME First Middle Last 17. Ethel Walker	
	INFORMANT—NAME (Type or Print) 18a. Geraldine Thurmond	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1272 Downs Drive, Minden, Nevada 89423	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Funeral Home	LOCATION City or Town State 19c. Carson City, Nevada
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 36	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home, 833 N. Edmonds, Carson City, Nevada 89701
	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> DATE SIGNED (Mo., Day, Yr.) 21b. 10-10-95	HOUR OF DEATH 21c. 1340	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.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Dr. B. Bottenberg, 1540 Hwy 395, Gardnerville, Nevada 89410		LICENSE NUMBER 23c. 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>
	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 10-10-95	DEATH DUE TO COMMUNICABLE DISEASE
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
	PART I (a) <i>multisystem organ failure</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death : : DAYS	
	(b) <i>shock</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death : : DAYS	
	(c) <i>pseudomonas sepsis</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death : : WEEKS	
	PART II <i>malignant squamous cell skin cancer</i>	AUTOPSY (Specify Yes or No) 26. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. ACC., SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) 28a. DATE OF INJURY (Mo., Day, Yr.) 28b. HOUR OF INJURY 28c. M 28d. DESCRIBE HOW INJURY OCCURRED	
	INJURY AT WORK (Specify Yes or No) 28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION 28g. STREET OR R.F.D. No. CITY OR TOWN STATE		

No. 85320



STATE REGISTRAR
This is to certify that the above is a true and correct copy of the certificate on file in this office.
By: *[Signature]*
Deputy Registrar
Issued: **OCT 10 1995**



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.