

APN# : 1220-21-510-074

Recording Requested By:

Western Title Company

When Recorded Mail To:

Jeffrey W. Rowley

3808 Spyglass Road

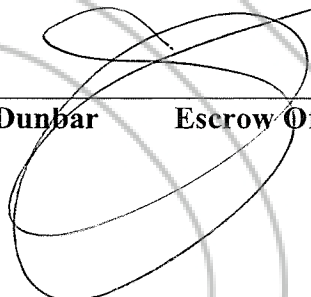
Oklahoma City, OK 73120

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Wendy Dunbar

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF Trustee

Jeffrey W. Rowley, of legal age, being first duly sworn, deposes and says:

That Lyle Dewayne Rowley, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lyle D. Rowley, Trustee of the Lyle D. Rowley Trust, dated April 3, 1991 named as one of the parties in that certain Grant, Bargain, Sale Deed executed by Lyle D. Rowley, an unmarried man to Lyle D. Rowley Trust dated 4-3-91, recorded as instrument No. 800685, on 4/12/2012, in Book412, Page 3450, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 317, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512, Official Records.

Dated June 3, 2016

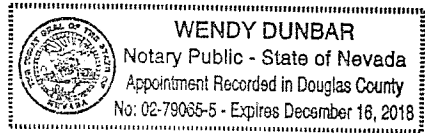
Jeffrey W. Rowley
Jeffrey W. Rowley, Successor Trustee

STATE OF NEVADA } SS
COUNTY OF DOUGLAS

This instrument was acknowledged before me on
June 3, 2016

by Jeffrey W. Rowley.

Wendy Dunbar
Notary Public





STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 2016-013349

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) LYLE DEWAYNE ROWLEY
1a. LAST NAME PRIOR TO FIRST MARRIAGE ROWLEY
2. SEX MALE
3. SOCIAL SECURITY NUMBER 8893
4. EVER IN US ARMED FORCES? NO
5a. AGE - Last birthday (years) 83
5b. UNDER 1 YEAR
5c. UNDER 1 DAY
6. DATE OF BIRTH (Mo/Day/Yr) AUGUST 8, 1932
7. BIRTHPLACE (City and State or Foreign Country) WAUNETA, NEBRASKA
8a. RESIDENCE-State OKLAHOMA
8b. RESIDENCE-County OKLAHOMA
8c. RESIDENCE-City or Town OKLAHOMA CITY
8d. RESIDENCE-Zip Code 73120
8e. RESIDENCE-Inside City Limits? YES
8f. RESIDENCE-Street and Number 13000 N. MAY AVE
8g. RESIDENCE-Apt. Number 318
9. MARITAL STATUS AT TIME OF DEATH
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
11. FATHER'S NAME (First, Middle, Last) HUGH EDWARD ROWLEY
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) WAUNETA IRELENE MOODY
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO
14. DECEDENT'S RACE WHITE
15. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) LOCOMOTIVE ENGINEER
17. KIND OF BUSINESS / INDUSTRY RAIL
18a. INFORMANT'S NAME JEFF ROWLEY
18b. RELATIONSHIP TO DECEDENT SON
18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3808 SPYGLASS RD., OKLAHOMA CITY, OKLAHOMA 73120
19. METHOD OF DISPOSITION:
20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ADVANCED CREMATION CARE CENTER
21. LOCATION - City, Town and State CHOCTAW, OKLAHOMA
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAVENBROOK FUNERAL HOME - NORMAN, 3401 HAVENBROOK ST., NORMAN, OKLAHOMA 73072
23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH CLIFFORD C POPE
24. FH ESTABLISHMENT LICENSE # 1702ES

25. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL:
IF DEATH OCCURRED OTHER THAN IN A HOSPITAL:
26. FACILITY NAME (If not institution, give street & number) 13000 N. MAY AVE 318
27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH OKLAHOMA CITY, OKLAHOMA, 73120
28. COUNTY OF DEATH OKLAHOMA
29. DATE OF DEATH (Mo/Day/Yr) MAY 6, 2016
30. TIME OF DEATH 23:55
31. WAS MEDICAL EXAMINER CONTACTED? YES
32. WAS AN AUTOPSY PERFORMED? NO
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
36. MANNER OF DEATH
37. IF FEMALE:
38. DID TOBACCO USE CONTRIBUTE TO DEATH?
39. DATE OF INJURY (Mo/Day/Yr)
40. TIME OF INJURY
41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)
42. DESCRIBE HOW INJURY OCCURRED:
43. INJURY AT WORK?
44. LOCATION OF INJURY: State: City or Town: Zip Code:
45. IF TRANSPORTATION INJURY, SPECIFY:
46. CERTIFIER (Check only one)
47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)
48. LICENSE NUMBER
49. DATE DEATH CERTIFIED (Mo/Day/Yr)
50. REGISTRAR'S SIGNATURE
52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)

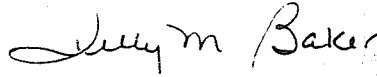
To be completed by the Funeral Home
To be completed by the Attending Physician or Medical Examiner

Tuesday, May 17, 2016 10:45:21 AM



D02605166

This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.



Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND. THE BACK CONTAINS SPECIAL LINES WITH TEXT, EMBOSSED SEAL AND THERMOCHROMIC INK.