

APN#: 1022-10-001-018

DOUGLAS COUNTY, NV **2018-917192**
Rec:\$35.00
\$35.00 Pgs=4 07/25/2018 01:19 PM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Linda Jean Griffith
5317 Backwoodsman Ave
Las Vegas, NV 89130

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 _____

Laeha Hill *P.H.*
Laeha Hill Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Linda Jean Griffith, of legal age, being first duly sworn, deposes and says:

1. Edwin Richard Williams, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Edwin Richard Williams named as Trustee in the Declaration of Trust dated 3/13/2018 and executed by Edwin Richard Williams as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 3811 Slate Court Wellington, NV 89444, which property is described in a Deed which was executed by Edwin R. Williams as Grantor(s) on March 13, 2018 and recorded on March 29, 2018 as Instrument No. 2018-912222, in Book N/A, Page N/A, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 75, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, as filed in the office of the County Recorder of Douglas County, Nevada on February 20, 1967, in Book 1 of Maps as Document No. 35464, Official Records.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 7-20-18

↓
Linda Jean Griffith
Linda Jean Griffith, Successor Trustee

STATE OF NEVADA

}SS

COUNTY OF Clark

This instrument was acknowledged before me on

July 20, 2018

By Linda Jean Griffith.

Debra Skillin

Notary Public



13-11985-1
11/11/21

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4028578

CERTIFICATE OF DEATH

2018013412
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

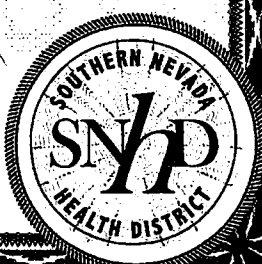
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Edwin Richard WILLIAMS JR			2. DATE OF DEATH (Mo/Day/Year) July 02, 2018			3a. COUNTY OF DEATH Clark											
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not ather, give street an Centennial Hills Hospital Medical Center			3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Male								
5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 83			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) June 21, 1935		
9a. STATE OF BIRTH (If not US/CA name country) Missouri			9b. CITIZEN OF WHAT COUNTRY United States			10 EDUCATION 12			11. MARITAL STATUS (Specify) Widowed			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)					
13. SOCIAL SECURITY NUMBER -0614			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Carpenter						14b. KIND OF BUSINESS OR INDUSTRY Carpentry/construction			Ever in US Armed Forces? No					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark			15c. CITY, TOWN OR LOCATION Las Vegas			15d. STREET AND NUMBER 5317 Backwoodsman Avenue			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edwin Richard WILLIAMS SR						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carolyn EVANS											
18a. INFORMANT-NAME (Type or Print) Linda GRIFFITH						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 5317 Backwoodsman Avenue Las Vegas, Nevada 89130											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME McDermott's Funeral & Cremation Service			19c. LOCATION City or Town State Las Vegas Nevada 89102											
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CHRISTOPHER GRANT			20b. FUNERAL DIRECTOR LICENSE NUMBER FD920			20c. NAME AND ADDRESS OF FACILITY McDermott's Funeral & Cremation Service 2121 Western Ave A-3 Las Vegas NV 89102											
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)						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) stated. (Signature & Title) JENNIFER N CORNEAL MD SIGNATURE AUTHENTICATED											
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) July 12, 2018			22c. HOUR OF DEATH 16:32								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) July 02, 2018			22e. PRONOUNCED DEAD AT (Hour) 16:32								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jennifer N Corneal MD 1704 Pinto Lane Las Vegas, NV 89106									23b. LICENSE NUMBER 15917								
24a. REGISTRAR (Signature): NANCY BARRY SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 12, 2018			24c. DEATH DUE TO COMMUNICABLE DISEASE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Blunt Force Injuries Of The Head And Neck Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (b) Fall Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (d) Interval between onset and death																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.									26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT			28b. DATE OF INJURY (Mo/Day/Yr) June 21, 2018			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED Fall								
28e. INJURY AT WORK (Specify Yes or No) No			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Driveway			28g. LOCATION STREET OR R.F.D. No. 5317 Backwoodsman Avenue			CITY OR TOWN Las Vegas		STATE Nevada						

STATE REGISTRAR

VRS-Rev-20120523a

"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 Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.



DATE ISSUED: **JUL 23 2018** Registrar of Vital Statistics
By: *[Signature]*
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE