

APN#: 1320-33-818-005

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Robert E. Campbell, Jr.

10795 Tipton Heights Rd

Dardanelle, AR 72834

**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 \_\_\_\_\_

**Traci Adams**

**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

Robert E. Campbell, Jr., of legal age, being first duly sworn, deposes and says:

1. Joanne M. Campbell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert T. Campbell named as Trustee in the Declaration of Trust dated 6/16/2009 and executed by Robert T. Campbell and Joanne M. Campbell 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 1382 Cardiff Court Gardnerville, NV 89410, which property is described in a Deed which was executed by Robert T. Campbell and Joanne M. Campbell, husband and wife as joint tenants with right of survivorship as Grantor(s) on December 22, 2009 and recorded as Instrument No. 0757684, in Book 0110, Page 4681, 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 5 in Block A of CHICHESTER ESTATES PHASE 13 Final Subdivision Map # 1006-13 according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on October 4, 2004, in Book 1004, at Page 1052, as Document No. 625784.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

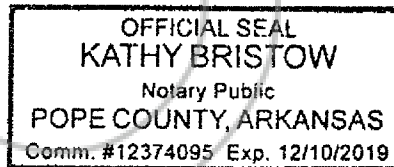
Dated 7/28/18 Robert E. Campbell, Jr.  
Robert E. Campbell, Jr.,

STATE OF ~~NEVADA~~ Arkansas } SS  
COUNTY OF Pope

This instrument was acknowledged before me  
on 7/26/18

By Robert E. Campbell, Jr.

Kathy Bristow  
Notary Public



# STATE OF ARKANSAS

## ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF DEATH

FILE NUMBER 2018015001

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>JOANNE M CAMPBELL</b>			2. SEX <b>FEMALE</b>		3a. DATE OF DEATH <b>JUN. 20, 2018</b>		3b. TIME OF DEATH <b>05:15 PM</b>		
4. SOCIAL SECURITY NO. <b>9867</b>		5a. AGE at Last Birthday (Years) <b>76</b>		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH <b>SEPTEMBER 04, 1939</b>	
7a. RESIDENCE STATE or FOREIGN COUNTRY <b>ARKANSAS</b>			7b. COUNTY <b>YELL</b>			7. BIRTHPLACE (City and State or Foreign Country) <b>LOS ANGELES, CA</b>			
8d. NUMBER AND STREET <b>2199 STATE HIGHWAY 7 N</b>					8e. APT. NO.		8f. ZIP CODE <b>72834-8816</b>		8g. INSIDE CITY LIMITS? <b>YES</b>
9. EVER IN US ARMED FORCES? <b>NO</b>		10. MARITAL STATUS AT TIME OF DEATH <b>WIDOWED (NOT REMARRIED)</b>			11. SURVIVING SPOUSES NAME (If wife, give name prior to first marriage.)				
12a. IF DEATH OCCURRED IN A HOSPITAL				12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <b>NURSING HOME / LONG TERM CARE FACILITY</b>				12c. COUNTY OF DEATH <b>YELL</b>	
12d. FACILITY NAME (If not institution, give number & street) <b>DARDANELLE NURSING AND REHABILITATION</b>				12e. CITY OR TOWN <b>DARDANELLE</b>			12f. ZIP CODE <b>72834-8816</b>		
13. FATHER'S NAME (First, Middle, Last) <b>ALBERT CLARKE</b>					14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>NELL HINKLE</b>				
15a. INFORMANT'S NAME <b>JULIE CAMPBELL</b>			15b. RELATIONSHIP TO DECEDENT <b>IN LAW</b>		15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) <b>10795 TIPTON HURST RD, DARDANELLE, AR, 72834</b>				
16a. METHOD OF DISPOSITION: <b>BURIAL, REMOVAL FROM STATE</b>									
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>EASTSIDE MEMORIAL PARK</b>					16c. LOCATION: CITY, TOWN, AND STATE <b>MINDEN, NEVADA</b>				
17a. EMBALMER'S NAME <b>DOUGLAS W PRATT</b>			17b. EMBALMER'S LICENSE # <b>22946</b>		17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT) <b>/s/ CLAYTON A STOKES</b>				
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>GRIFFIN LEGGETT-CONWAY 1751 DAVE WARD DRIVE, CONWAY, AR, 72034</b>								17e. LICENSE # <b>349</b>	
18a. DATE PRONOUNCED DEAD <b>JUN. 20, 2018</b>		18b. TIME PRONOUNCED DEAD <b>05:50 PM</b>		18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) <b>ROBIN R SCOTT, HOSPICE RN</b>				19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>YES</b>	
20. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>PULMONARY FAILURE</b> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. <b>MALIGNANT NEOPLASM OF BRAIN</b> Due to (or as a consequence of): c. Due to (or as a consequence of): d.								APPROXIMATE INTERVAL: Onset to Death <b>1 DAY</b>	
								b. <b>YEARS</b>	
								c.	
								d.	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						21a. WAS AN AUTOPSY PERFORMED? <b>NO</b>			
						21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
22. MANNER OF DEATH <b>NATURAL</b>									
23. DID TOBACCO USE CONTRIBUTE TO DEATH? <b>NO</b>			24. IF FEMALE: <b>NOT PREGNANT WITHIN THE PAST YEAR</b>						
25a. DATE OF INJURY (Mo/Day/Yr)		25b. TIME OF INJURY		25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				25d. INJURY AT WORK?	
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)									
25f. DESCRIBE HOW INJURY OCCURRED:							25g. IF TRANSPORTATION INJURY, SPECIFY		
26a. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.									
SIGNATURE: <b>/s/ ROBIN R SCOTT</b>				TITLE: <b>HOSPICE RN</b>		DATE: <b>JUNE 20, 2018</b>			
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) <b>ROBIN R SCOTT, HOSPICE RN 2405 EAST PARKWAY, SUITE 3, RUSSELLVILLE, AR, 72802</b>							26c. LICENSE # <b>R097636</b>		
27a. SIGNATURE OF REGISTRAR <i>Shirley Louie</i>						27b. FOR REGISTRAR ONLY - DATE FILED <b>JUN. 26, 2018</b>			

To Be Completed / Verified by FUNERAL DIRECTOR

To Be Completed / Verified by MEDICAL CERTIFIER

• DENOTES AMENDED ITEMS:



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

**JUN 28 2018**

*Shirley Louie*  
Shirley Louie  
State Registrar

**6090538**

**6090538**



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