

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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

OFFICIAL SEAL
KATHY BRISTOW
Notary Public
POPE COUNTY, ARKANSAS
Comm. #12374095 Exp. 12/10/2019

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013016357

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Thompson CAMPBELL		2. DATE OF DEATH (Mo/Day/Year) September 27, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE - White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 18, 1933		9a. STATE OF BIRTH (if not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Joanne CLARKE	
13. SOCIAL SECURITY NUMBER 5574		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Route Salesman		14b. KIND OF BUSINESS OR INDUSTRY Bread Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1382 Cardiff Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thompson CAMPBELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lottie BOUDREAU		
18a. INFORMANT - NAME (Type or Print) Joanne CAMPBELL		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1382 Cardiff Court Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG STEVEN RAU M.D. SIGNATURE AUTHENTICATED		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)	
21b. DATE SIGNED (Mo/Day/Yr) October 04, 2013		21c. HOUR OF DEATH 16:30	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Steven Rau M.D., 880 Alder Ave., Ste. 200 Incline Village, NV 89451		23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 2013	
		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

CAUSE OF DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Cardiopulmonary Failure		Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Aspiration Pneumonia		Days	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Parkinsons Disease		Years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) Unknown Etiology			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		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)		28b. DATE OF INJURY (Mo/Day/Yr)	
		28c. HOUR OF INJURY	
		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

502235

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

10/09/2013

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

STATE REGISTRAR
R. D. White
SIGNATURE AUTHENTICATED

VRS-Rev.20120523a

