

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

George Lee
2550 Monroe Manor Place
Laughlin, NV 89029

Space Above This Line for
Recorder's Use Only

A.P.N. 1219-16-002-014

File No.: 143-2552300 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

George Lee ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Yolanda C. Lee** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 23, 2015** at **Las Vegas, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **June 17, 2002** executed by **George Lee and Yolandra C. Lee** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **7-17-2002** which was recorded as Instrument No. **0545185** in Book **0602**, Page **06443**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 10/1/18

DECLARANT:
George Lee
George Lee

State of N/a)
County of N/A)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County N/A and State N/A, this 1 day of OCTOBER, 20 18 by GEORGE LEE, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature [Signature]

My Commission Expires: JUNE 26, 2019

Notary Name: _____
Notary Registration Number: _____

Notary Phone: 204-984-1767
County of Principal Place of Business: _____

This area for official notarial seal
[Signature]
LEO T. TOLLEDO
A COMMISSIONER FOR OATHS
IN AND FOR THE PROVINCE OF MANITOBA
MY COMMISSION EXPIRES JUNE 26, 2019

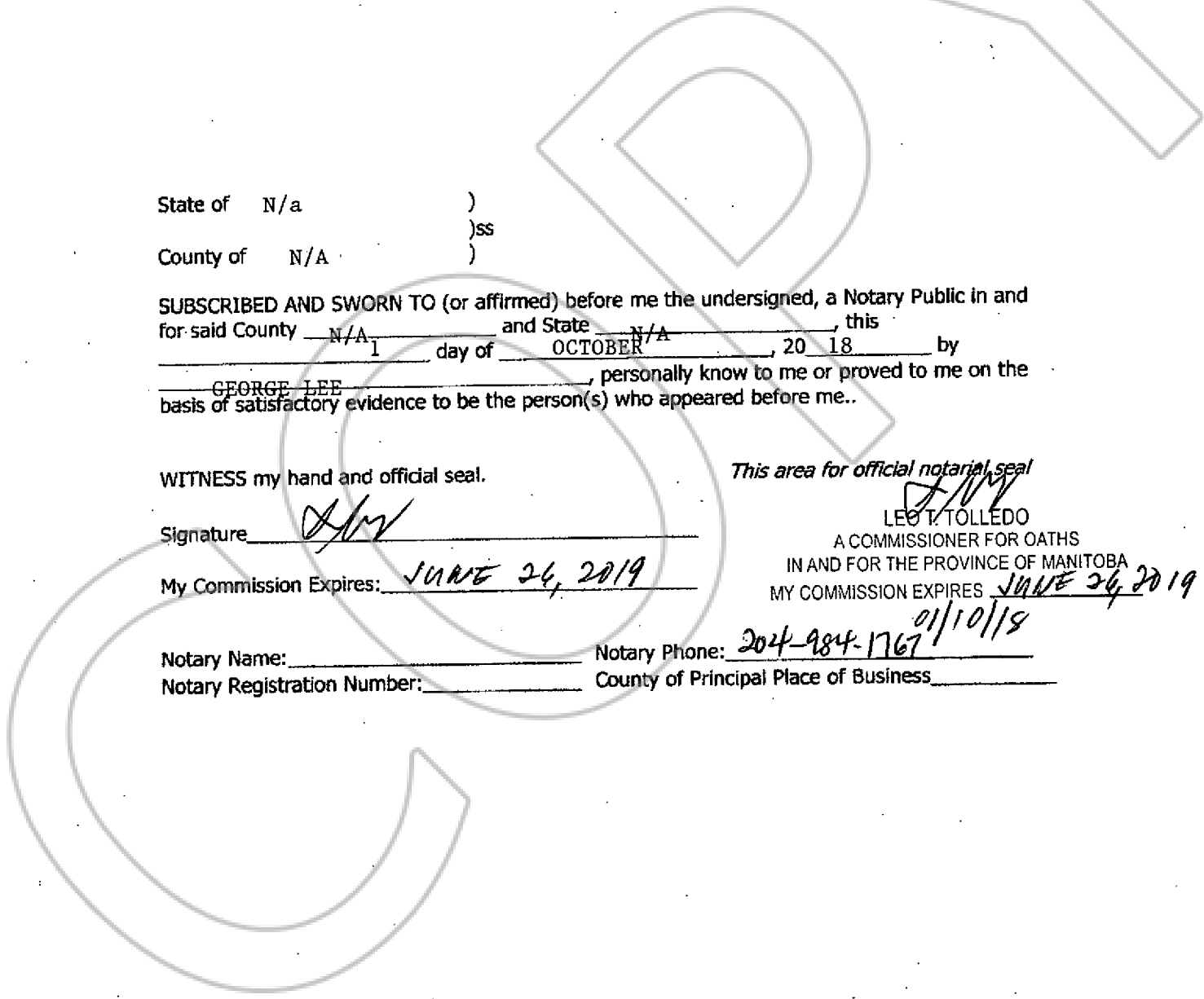


EXHIBIT 'A'

**LOT 2 IN BLOCK A OF JOBS PEAK RANCH UNIT 2, ACCORDING TO THE MAP THEREOF,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF
NEVADA ON DECEMBER 7, 2000 IN BOOK 1200, PAGE(S) 1345 AS DOCUMENT NUMBER
504636.**

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2015020342

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) Yolanda Claire LEE		2. DATE OF DEATH (Mo/Day/Year) November 23, 2015		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not ether, give street or Valley Hospital Medical Center Inpatient(Specify) Intensive Care Unit (ICU)		4. SEX Female	
5. RACE American Indian, Black (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 68	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (Maiden name) George LEE
13. SOCIAL SECURITY NUMBER 9313		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Accountant		14b. KIND OF BUSINESS OR INDUSTRY Accounting	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION Laughlin	15d. STREET AND NUMBER 2550 Monroe Manor Place		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph ROMANT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gloria FLOT		
18a. INFORMANT - NAME (Type or Print) George LEE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2550 Monroe Manor Place Laughlin, Nevada 89029		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services		19c. LOCATION City or Town State Las Vegas Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 810	20c. NAME AND ADDRESS OF FACILITY Simple Cremation and Burial Services 3620 N Rancho Drive #101 Las Vegas NV 89130		
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) SIGNATURE AUTHENTICATED SCOTT SILVER DO	21b. DATE SIGNED (Mo/Day/Yr) November 24, 2015	21c. HOUR OF DEATH 09:12	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)	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22d. PRONOUNCED DEAD (Mo/Day/Yr)	22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) SCOTT SILVER DO 2010 Goldring Las Vegas, NV 89106				23b. LICENSE NUMBER DO2002	
24a. REGISTRAR (Signature) MARY WILSON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 25, 2015	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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiogenic Shock DUE TO, OR AS A CONSEQUENCE OF: (c) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension				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) No
28a. ACC. SUICIDE, HOW, 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

3864576

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.

B000179050

DATE ISSUED:

DEC 01 2015

Registrar of Vital Statistics

By:

Amelia Thomas

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

