

APN# : 1022-09-001-037

Recording Requested By:

Western Title Company

When Recorded Mail To:

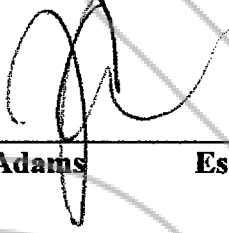
Maybeth J. Haseley

2121 W. State Hwy 6 #4114

Waco TX

76710

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

Maybeth J. Haseley, of legal age, being first duly sworn, deposes and says:

1. Jack A. Haseley, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jack A. Haseley named as Trustee in the Declaration of Trust dated 4/6/2018 and executed by Jack A. Haseley and Maybeth J. Haseley, trustees of the 2018 Jack A. Haseley and Maybeth J. Haseley Revocable Trust dated April 6, 2018 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 3681 Sandstone Drive Wellington, NV 89444, which property is described in a Deed which was executed by Jack A. Haseley and Maybeth J. Haseley husband and wife as Grantor(s) on June 13, 2018 and recorded as Instrument No. 2018-915464, in Book , Page , 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 real property situate in the County of Douglas, State of Nevada, described as follows

Lot 131 as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 3 , according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 31, 1969, in Book 1 of Maps, Page 221, as Document No. 44091.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 12-3-2019

Maybeth J. Haseley, Successor Trustee
Maybeth J. Haseley, Successor Trustee

STATE OF NEVADA

TEXAS

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COUNTY OF

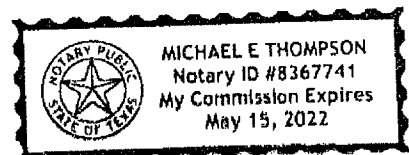
McCluskey

This instrument was acknowledged before me on

3 DECEMBER 2019

By Maybeth J. Haseley.

[Signature]
Notary Public



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

CITY OF WACO

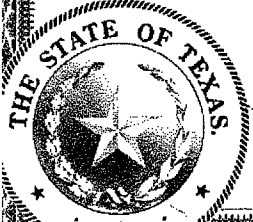
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Nov 27 2019

STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER 142-19-179496**

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) JOHN ALBERT HASELEY AKA JACK ALEXANDER HASELEY		(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) NOVEMBER 25, 2019	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) AUGUST 23, 1928	5. AGE-Last Birthday (Years) 91	IF UNDER 1 YR Mo Days Hours Min	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) SAINT PAUL, MN
7. SOCIAL SECURITY NUMBER 4461	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (and not remarried) <input type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) MAYBETH JANE UNDERWOOD		
10a. RESIDENCE STREET ADDRESS 2121 STATE HIGHWAY 6			10b. APT. NO. 4409	10c. CITY OR TOWN WACO	
10d. COUNTY MCLENNAN		10e. STATE TEXAS	10f. ZIP CODE 76710		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE ALFRED CARL HASELEY			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE MILDRED COOKE		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____					
14. COUNTY OF DEATH MCLENNAN		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) WACO, 76710		18. FACILITY NAME (If not institution, give street address) THE DELANEY AT LAKE WACO	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED MAYBETH JANE HASELEY - WIFE			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 2121 W STATE HWY 6 # 4409, WACO, TX 76710		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify) _____		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH KRIS RHODES, BY ELECTRONIC SIGNATURE - 117424		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) GRACE GARDENS CREMATORY			23. LOCATION (City/Town, and State) WACO, TX		
24. NAME OF FUNERAL FACILITY GRACE GARDENS FUNERAL HOME			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 6220 WOODWAY DRIVE, WACO, TX 76712		
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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) and manner stated.					
27. SIGNATURE OF CERTIFIER CLINT WATSON, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) NOVEMBER 27, 2019		29. LICENSE NUMBER M2190	30. TIME OF DEATH (Actual or presumed) 09:11 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) CLINT WATSON 1600 PROVIDENCE DRIVE, WACO, TX 76707					32. TITLE OF CERTIFIER MD
33. PART 1. 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 EACH.					Approximate interval Onset to death YEARS
CAUSE OF DEATH (IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, if any, leading to the cause stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. HYPERTENSION					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger... <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)					40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 03001627		42b. DATE RECEIVED BY LOCAL REGISTRAR NOVEMBER 27, 2019		42c. REGISTRAR REGISTRAR - WACO/MCLENNAN COUNTY PHD. ELECTRONICALLY FILED	
EDR NUMBER 00004444610271					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 WARNING: The penalty for falsifying, making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 191.051)

VS-112 REV 1/2008
 0000382179



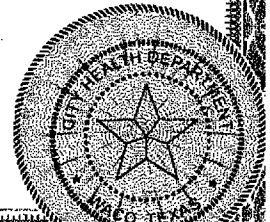
This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED

NOV 27 2019

Teresa Howell

Teresa Howell
Local Registrar



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND