

WHEN RECORDED MAIL TO:
Jacquelyn A. Bain, Trustee of The Bain
Family Trust dated October 12, 2012
13545 W. Pavillion Drive
Sun City West, AZ 85375

The undersigned hereby affirms that this document
submitted for recording includes a death certificate
which contains a social security number as required
by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02104800-RLT

APN No.: 1220-22-111-001

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Jacquelyn A. Bain, being duly sworn, deposes and says:

1. Eugene Leonard Bain, the decedent mentioned in attached copy of Certificate of Death, is the same person as Eugene L. Bain named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated 10-12-12, executed by Eugene L. Bain and Jacquelyn A. Bain, Husband and wife to Eugene L. Bain and Jacquelyn A. Bain, Trustees of the Bain Family Trust dated October 12, 2012, recorded on 10-22-12 as instrument number 0811250, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Jacquelyn A. Bain, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

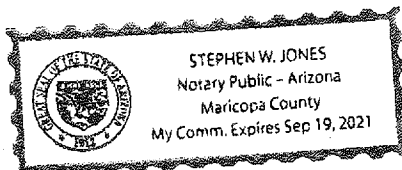
Dated: July 15, 2021

Jacquelyn A. Bain
Jacquelyn A. Bain

STATE OF Arizona }
COUNTY OF Maricopa } SS:

This instrument was acknowledged before me on July 15, 2021
by Jacquelyn A. Bain

Stephen W. Jones
NOTARY PUBLIC



STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2018-028380

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) EUGENE, LEONARD, BAIN		2. AKA'S (IF ANY)		3. DATE OF DEATH 06/16/2018	
4. SEX MALE	5. SOCIAL SECURITY NUMBER [REDACTED]-7188	6. DATE OF BIRTH 02/14/1922	7. AGE 96 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH SURPRISE, MARICOPA, 85374					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS): BUTTERFLIES ARE FREE GROUP HOME - 16467 N 161ST DRIVE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) FORT THOMAS, KENTUCKY		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) JACQUELYN, A. PINER	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 13545 PAVILLION DRIVE, SUN CITY WEST, MARICOPA, AZ, 85375					
14. DECEDENT'S HISPANIC ORIGIN(S): NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S): WHITE		16. EVER IN ARMED FORCES YES	
				17. OCCUPATION CREW MANAGER	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) RUSSELL, HENRY, BAIN			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) SOPHIA, HUNINGHAKE		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) JACQUELYN, A. BAIN				21. RELATIONSHIP SPOUSE	
22. INFORMANT'S MAILING ADDRESS 13545 PAVILLION DRIVE, SUN CITY WEST, AZ, 85375					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON SUNLAND MORTUARY & CREMATION CENTER 15826 N DEL WEBB BOULEVARD, SUN CITY, AZ, 85351			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON JENNIFER, RENSCH		25. LICENSE NUMBER F1495
26. METHOD(S) OF DISPOSITION ENTOMBMENT		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY SUNLAND MEMORIAL PARK CEMETERY, SUN CITY, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
28. A. IMMEDIATE CAUSE OF DEATH CONGESTIVE HEART FAILURE				30. APPROXIMATE INTERVAL DAYS	
31. B. DUE TO OR AS A CONSEQUENCE OF: ISCHEMIC CARDIOMYOPATHY				32. APPROXIMATE INTERVAL UNKNOWN	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ATRIAL FIBRILLATION, PULMONARY HYPERTENSION, CHRONIC KIDNEY DISEASE		38. INJURY? NO	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH	
		41. TIME OF DEATH 09:04 AM	42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH BERNARD-DEAN, F., MARUCCI		45. DATE CERTIFIED 06/18/2018	
46. CERTIFIER'S ADDRESS 275 E GERMANN ROAD #SUITE 110N, GILBERT, AZ, 85297					

Date Registered: 06/19/2018

Date Issued: 06/27/2018

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

J1042314

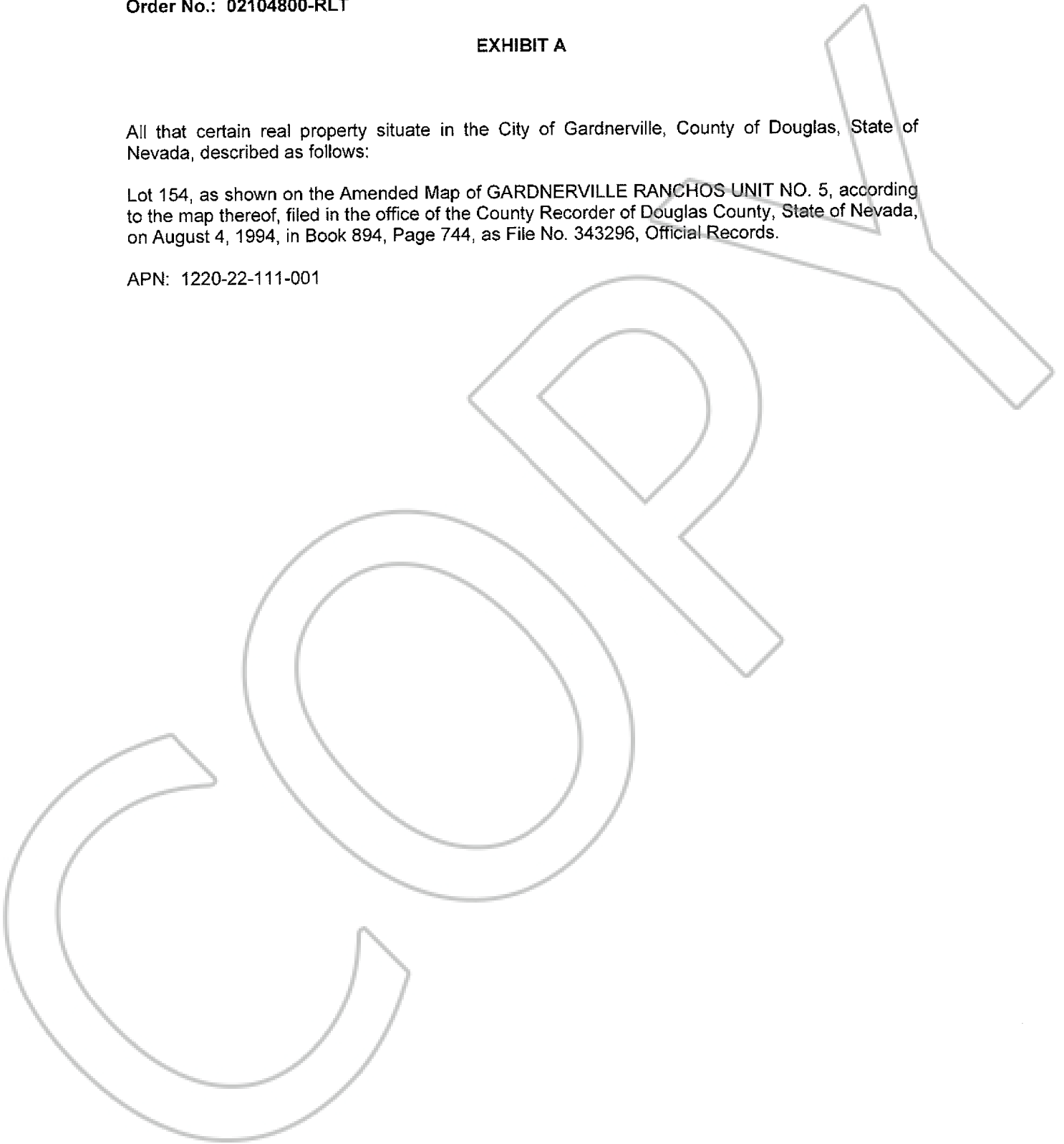
Order No.: 02104800-RLT

EXHIBIT A

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

Lot 154, as shown on the Amended Map of GARDNERVILLE RANCHOS UNIT NO. 5, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 4, 1994, in Book 894, Page 744, as File No. 343296, Official Records.

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