

When Recorded Mail To:

Rebecca A. Felger
5716 Clarendon Lane
North Las Vegas, NV
89081

AFFIDAVIT OF HEIRSHIP

We, JOYCE H. DAVIS AND REBECCA AMY FELGER, being duly sworn and upon oath depose and says:

1. That we are citizens of the United States of America and are over the age of twenty-one (21).
2. That JOYCE H. DAVIS, is the wife, and REBECCA AMY FELGER, is the daughter, of DON L. DAVIS, who died November 10, 2017.
3. That said DON L. DAVIS, is one and the same as DON LEONARD DAVIS, whose Certificate of Death bears registrar No. 2017021288. A copy of such Certificate of Death is annexed hereto.
4. JOYCE H. DAVIS AND REBECCA AMY FELGER, do hereby certify that they are the only living heirs of DON L. DAVIS AKA DON LEONARD DAVIS.
5. That this affidavit affects the following properties located in Davis County, Utah:

Parcel 1:

BEG AT A PT 625.23 FT S & 1362.32 FT E & 78 FT S FR NW COR SEC 1-T4N-R2W, SLM; TH S 82 FT; TH E 153.8 FT; TH N 82 FT; TH W 153.8 FT TO POB. CONT. 0.29 ACRES


Tax ID No. 12-001-0016

Parcel 2:

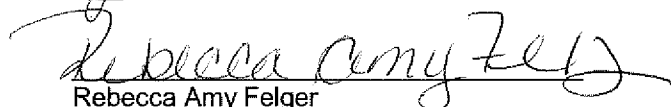
NE 2 4N-2W: Beginning 133.76 feet South and 54 feet West of the Northeast Corner of Section 2, Township 4 North, Range 2 West, Salt Lake Meridian, and running thence south 160 feet; thence West 100 feet; thence North 66 feet; thence West 75 feet, thence North 44 feet, thence West 75 feet, thence North 150.76 feet, thence East 150 feet, thence south 100.76 feet; thence East 100 feet to the place of beginning. Together with all improvements thereon; subject to an easement granted Clearfield City and recorded June 19, 1994 in Book "O" of L.L., page 325, entry No. 86970. [12-020-0002] [more commonly known as 285 North Main Street, Clearfield: Davis county: Utah]

Tax Id. No. 12-020-0002

Dated this February 16, 2018.



Joyce H. Davis



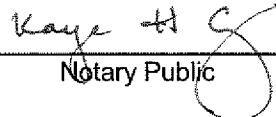
Rebecca Amy Felger

STATE of Utah

COUNTY of Davis

The foregoing instrument was acknowledged before me on February 16, 2018 by Joyce H. Davis and Rebecca Amy Felger.

Witness my hand and official seal



Notary Public

My Commission Expires:
5-25-19



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 3988081

2017021288
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
STARTING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Don Leonard DAVIS		2. DATE OF DEATH (Mo/Day/Year) November 10, 2017		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH North Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or 576 Clarendon Lane Inpatient (Specify) _____		3d. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 84	
7b. UNDER 1 YEAR MOS _____ DAYS _____ HOURS _____ MINS _____		7c. UNDER 1 DAY HOURS _____ MINS _____		8. DATE OF BIRTH (Mo/Day/Yr) October 04, 1933	
9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Joyce HILTON			
13. SOCIAL SECURITY NUMBER 529-52-8136		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Master Aircraft Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Armed Forces	
15a. RESIDENCE - STATE Idaho		15b. COUNTY Kootenai		15c. CITY, TOWN OR LOCATION Athol	
15d. STREET AND NUMBER 13220 East Bunco Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Patrick DAVIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Almira RUSSELL		
18a. INFORMANT - NAME (Type or Print) Joyce Hilton DAVIS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 13220 East Bunco Road Athol, Idaho 83801		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Memorial Gardens Of The Wasatch		19c. LOCATION City or Town State South Ogden Utah 84403	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary - Downtown 1325 North Main Street Las Vegas NV 89101	
20d. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS Lindquist Ogden Mortuary 3408 Washington Boulevard Ogden UT 84401					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROGELIO MACHUCA MD			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) November 15, 2017		21c. HOUR OF DEATH 23:06		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Rogelio Machuca MD 1501 S Eastern Ave Las Vegas, NV 89104			
23b. LICENSE NUMBER 13983		24a. REGISTRAR (Signature) NANCY BARRY			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 16, 2017		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) Neuroendocrine Cancer With Metastasis To The Liver Interval between onset and death _____ DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death _____ (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death _____ (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death _____ (d) DUE TO, OR AS A CONSEQUENCE OF: 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) Yes			
28a. ACC., SUICIDE, HOMICIDE, 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	

LOCAL REGISTRAR

"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 state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120423a



486744

Registrar of Vital Statistics

DATE ISSUED: **NOV 27 2017**

By: *[Signature]*

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-799-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE