

APN: 16-14-306-022-0000

Prepared By/ When Recorded, Mail to:
Jeffrey Burr, Ltd.
2600 Paseo Verde Parkway
Henderson, NV 89074

Mail Tax Statements to:
Pamela Lewis
1901 Calle De Espana
Las Vegas, NV 89102

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) SS:
COUNTY OF CLARK)

PAMELA LEWIS, being first duly sworn, deposes and says as follows:

1. ROBERT DAVID LEWIS and PAMELA LEWIS, as Trustors created the LEWIS FAMILY TRUST dated November 14, 2011 (the "Trust"), wherein ROBERT DAVID LEWIS and PAMELA LEWIS were designated as the original Trustees of the Trust.
2. ROBERT DAVID LEWIS died August 22, 2023. A certified copy of the Death Certificate is attached hereto as **Exhibit "1"**.
3. PAMELA LEWIS is named in the Trust to serve as the Sole Trustee of the LEWIS FAMILY TRUST dated November 14, 2011, and agrees to serve as Sole Trustee of the LEWIS FAMILY TRUST dated November 14, 2011.
4. PAMELA LEWIS hereby files this Affidavit and accepts the office of the Sole Trustee of the LEWIS FAMILY TRUST dated November 14, 2011.
5. Real property located in the County of Salt Lake, State of Utah, more particularly described in **Exhibit "2"** was conveyed to the LEWIS FAMILY TRUST dated November 14, 2011.

- 6. The Trust is currently in effect and has not been revoked.
- 7. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 10th day of October, 2023.

LEWIS FAMILY TRUST

Pamela Lewis

 PAMELA LEWIS, Sole Trustee

STATE OF NEVADA)
) ss
 COUNTY OF CLARK)

SUBSCRIBED AND SWORN to (or affirmed) before me this 10th day of October, 2023, by PAMELA LEWIS, Sole Trustee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

I certify under penalty of perjury under the laws of this State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Mary Lefler

 Notary Public



EXHIBIT "1"
Certified Death Certificate

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2023018798
STATE FILE NUMBER

CASE FILE NO. 4386369

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) Robert David LEWIS | | 2. DATE OF DEATH (Mo/Day/Year) August 22, 2023 | | 3a. COUNTY OF DEATH Clark | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas | | 3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street address) Centennial Hills Hospital Medical Center | | 3d. If Hosp. or Inst. Indicate DDA, OP/Emr. Rn. (Inpatient/Specify) Emergency Room / Outpatient | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No-Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 81 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) January 05, 1942 | | 9a. STATE OF BIRTH (If not US/CA name country) Utah | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 20 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Pamela LEWIS | |
| 13. SOCIAL SECURITY NUMBER | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| PHYSICIAN | | MEDICAL | | Ever in US Armed Forces? Yes | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Clark | | 15c. CITY, TOWN OR LOCATION Las Vegas | |
| 15d. STREET AND NUMBER 1901 Calle De Espana | | 15e. INS. OF CITY LISTED (Specify Yes or No) Yes | | | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Saunders LEWIS | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ellen MOEBEST | | |
| 18a. INFORMANT - NAME (Type or Print) Pamela LEWIS | | | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1901 Calle De Espana Las Vegas, Nevada 89102 | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | 19b. CEMETERY OR CREMATORY - NAME | | 19c. LOCATION City or Town, State | |
| Cremation | | Palm Crematory | | Las Vegas Nevada 89101 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JULIE KEOUGH MCMURRAY | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD1005 | | 20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Jones 1500 S Jones Blvd Las Vegas NV 89145 | |
| 21. 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) MATTHEW E STOPFERAHN MD SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) August 28, 2023 | | 21c. HOUR OF DEATH 20:21 | | 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) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Omar Syed Ahmad MD | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 21e. 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) Matthew E Stopferahn MD 500 N Rainbow Blvd Las Vegas, NV 89107 | | | | 23b. LICENSE NUMBER 14194 | |
| 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 28, 2023 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | |
| PART I | | | | Interval between onset and death | |
| (a) Cardiopulmonary Arrest | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) Unknown Etiology | | | | | |
| 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) | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I | | | | 25. AUTOPSY (Specify Yes or No) No | |
| 26a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify) | | 26b. DATE OF INJURY (Mo/Day/Yr) | | 26c. HOUR OF INJURY | |
| | | | | 26d. DESCRIBE HOW INJURY OCCURRED | |
| 26e. INJURY AT WORK (Specify Yes or No) | | 26f. PLACE OF INJURY (Home, farm, street, factory, office building, etc. (Specify) | | 26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |

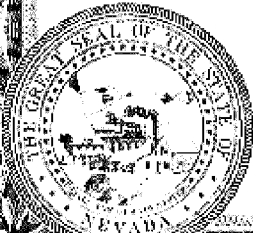
"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

DATE ISSUED: 8/29/2023

By: *Susan Zannos*

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 • 702-759-1910 • Fax (702) 86-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "2"
Legal Description

APN: 16-14-306-022-0000

ALL OF LOTS 15, 16, 17, BLOCK 1 TERRACE HEIGHTS ADDITION TOGETHER WITH ALL VACATED STREET ABUTTING ON THE SOUTH & ½ OF THE VACATED ALLEY ABUTTING ON THE NORTH.

Commonly known as: 1815 S. Mohawk Way, Salt Lake City, UT 84108