

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 The Trust is currently in effect and has not been revoked.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. 4388369

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	
2b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3b. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) If Hosp. or Inst. indicate DDA, OP, Emer. Rm. (Inpatient/Specify) Centennial Hills Hospital Medical Center 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	
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 SIGNATURE AUTHENTICATED		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	
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 Stofferahn 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					
(a) Cardiopulmonary Arrest				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
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

By: *Susan Zann*

DATE ISSUED: 8/29/2023

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

11289545

11289545
12/01/2011 01:18 PM \$16.00
Book - 9971 Pg - 2215-2216
GARY W. OTT
RECORDER, SALT LAKE COUNTY, UTAH
JEFFREY BURR
2600 PASEO VERDE PKWY STE 200
HENDERSON NV 89074
BY: ZJM, DEPUTY - MA 2 P.

Recording Requested By:
Dr. Robert David Lewis and
Mrs. Pamela Lewis
1901 Calle De Espana
Las Vegas, NV 89102
After Recording, Mail to:
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Mrs. Pamela Lewis
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Las Vegas, NV 89102

b-2

APN: 16-14-306-022-0000

WARRANTY DEED
TITLE OF DOCUMENT

ROBERT D. LEWIS and PAMELA LEWIS, as joint tenants with full rights of survivorship, GRANTOR,

Whose current mailing address is 1901 Calle De Espana, Las Vegas, NV 89102

HEREBY conveys and warrants to

ROBERT DAVID LEWIS and PAMELA LEWIS, Trustees of the LEWIS FAMILY TRUST, dated November 14, 2011, GRANTEE

Whose current mailing address is 1901 Calle De Espana, Las Vegas, NV 89102

FOR the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration in hand paid, the receipt of which is hereby acknowledged, the following described tract of land in Salt Lake County, State of Utah:

ALL OF LOTS 15, 16, 17, BLOCK 1 TERRACE HEIGHTS ADDITION TOGETHER WITH ALL VACATED STREET ABUTTING ON THE SOUTH & 1/2 OF THE VACATED ALLEY ABUTTING ON THE NORTH.

AND more commonly known as: 1815 S. Mohawk Way, Salt Lake City, UT 84108

