This instrument prepared by:
Kellen Bennett
7523 Kemberton
Nolensville, TN 37135

Karen Johnson Davidson County
Batch# 1227820 AFFIDAVIT
01/17/2025 08:45:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20250117-0003868

AFFIDAVIT OF SUCCESSOR TRUSTEE

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:	**MAIL TAX STATEMENT TO:**	**MAP PARCEL NUMBERS:**
Kellen Bennett, Successor Trustee 7523 Kemberton Nolensville, TN 37135	Kellen Bennett, Successor Trustee 7523 Kemberton Nolensville, TN 37135	186 04 0B 055.00

I, Kellen Bennett, the undersigned, affirm under penalty of perjury under the laws of the State of Tennessee that the following is true and correct:

(1) By instrument dated November 17, 1992, William J. Thompson executed the William J. Thompson Family Trust.
(2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of William J. Thompson.
(3) William James Thompson died on November 14, 2024 at Las Vegas, Nevada, a resident of Clark County, Nevada pursuant to the attached certified copy of the Certificate of Death and is the same person as said William J. Thompson. Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.
(4) The following described real property is part of the trust estate:

A TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, TENNESSEE, BEING FURTHER DESCRIBED AS FOLLOWS:

UNIT NO. 55, ON THE FINAL PLAT OF BURKITT PLACE, PHASE 2 C, A CLUSTER LOT SUBDIVISION, BURKITT PLACE PUD BOUNDARY PLAT OF RECORD IN INSTRUMENT NO. 20070125-0010028, AND FURTHER DESCRIBED AND CREATED AS TO EACH INDIVIDUAL UNIT IN THE DECLARATION OF PROTECTIVE COVENANTS, CONDITIONS AND RESTRICTIONS FOR THE VILLAGE OF BURKITT PLACE, A HORIZONTAL PROPERTY REGIME WITH PRIVATE ELEMENTS, A PUD, AS OF RECORD IN INSTRUMENT NO. 20070207-0816043, AS AMENDED IN INSTRUMENT NO. 20070208-0016738, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

This is improved property known as 7523 Kemberton, Nolensville, Tennessee 37135

(5) No other person has a right to the interest of the Trust in the described property.
(6) The described property shall be transferred to Kellen Bennett as Successor Trustee.

Witness our hand this 16th day of January, 2025, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Kellen Bennett, Successor Trustee

Kellen Bennett, Successor Trustee

ACKNOWLEDGMENT

STATE OF Tennessee)

COUNTY OF Davidson) ss

Signed and sworn to (or affirmed) before me on 16 day of January, 2025, by **Kellen Bennett, Successor Trustee.**

Before Me: _____
NOTARY PUBLIC

My Commission Expires: 11/28/2027

NOTARY STAMP/SEAL

JOSEPH R. SAMUELS JR
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

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. 4446441

2024026170
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)		2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
William James	THOMPSON	November 14, 2024	Clark

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	4. SEX
Las Vegas	2845 Red Arrow Drive	Home	Male

5. RACE (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White		86			February 11, 1938

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not US/CA, name country)	9b. CITIZEN OF WHAT COUNTRY	10.EDUCATION	11. MARITAL STATUS (Specify)	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
Washington	UNITED STATES	14	Divorced	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
3-2695	Business Owner	Construction	No

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Clark	Las Vegas	2845 Red Arrow Drive	Yes

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
William Kemp THOMPSON	Eva CRIZCWICH

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Gabrielle BRAINARD	2060 Bocage Circle Nolensville, Tennessee 37135

DISPOSITION

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)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
CHERYL L JONES SIGNATURE AUTHENTICATED	FD986	Neptune Society 8544 W. Lake Mead Boulevard Las Vegas NV 89128

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title)

21b. DATE SIGNED (Mo/Day/Yr)

21c. HOUR OF DEATH

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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)
YOHANY STEPHANIE REYES CASTILLO SIGNATURE AUTHENTICATED

22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
November 21, 2024	13:40
22d. PRONOUNCED DEAD (Mo/Day/Yr)	**22e. PRONOUNCED DEAD AT (Hour)**
November 14, 2024	13:40

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	23b. LICENSE NUMBER
Yohany Stephanie Reyes Castillo 1704 Pinto Lane Las Vegas, NV 89106	

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
NANCY BARRY SIGNATURE AUTHENTICATED	November 21, 2024	YES ☐ NO ☐

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST >

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Pending Investigation — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(d)

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)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	Yes

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED
PENDING INVEST.			

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
	Not Applicable			Nevada

"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: 12/10/2024 By: Susan Zanns

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

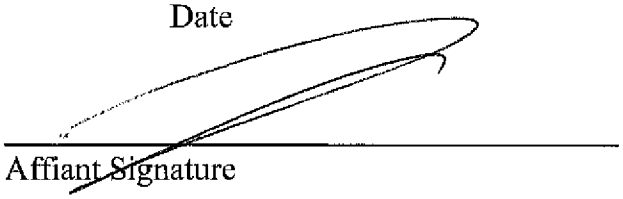
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Certificate of Authenticity

I, Jeremy K. Cooper, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 1/16/2025.

Date



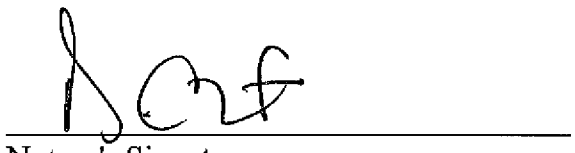
Affiant Signature

1/16/2025
Date

State of Nevada

County of Clark

Sworn to and subscribed before me this 16 day of January, 2025.



Notary's Signature

My Commission Expires: 4/26/2027
Date

Notary's Seal (if on paper)

