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CERTIFICATE OF INCUMBENCY

STATE OF NEVADA)
COUNTY OF CLARK) ss.

I, the undersigned, being duly sworn, do hereby certify and say that:

1. On November 22, 1976, I and my spouse (jointly referred to as the "Settlers") established a revocable Trust entitled the "WADSWORTH 1976 TRUST".

2. By the terms of said Trust, the Settlers were designated Cotrustees, but my spouse has died, and a certified copy of the death certificate is attached hereto and incorporated herein by this reference.

3. Pursuant to the terms of the Trust, I am the designated Successor Trustee. I hereby agree to serve as Trustee, accept the duties and responsibilities thereof, and be bound by the terms of the Trust.

4. The Trustee has, among other powers, the power to sell, exchange, lease, and otherwise engage in transactions involving Trust assets as the Trustee deems appropriate. The Trustee has the power to make all types of investments without limitation.

5. The Trust instrument provides that no person dealing with the Trust is obligated to inquire as to the powers of the Trustee or to inquire as to how the Trustee applies any funds delivered to him.

6. In addition to Trust personal property, the Trust covers real property described on Exhibit A, attached hereto.

Theresa S. Wadsworth

THERESA S. WADSWORTH
1304 Piper
North Las Vegas, NV 89030

SUBSCRIBED and SWORN to before me
this JUN 17 1992

David C. Johnson

NOTARY PUBLIC

NOTARY PUBLIC
DAVID C. JOHNSON
STATE OF NEVADA
COUNTY OF CLARK
1304 PIPER
NORTH LAS VEGAS, NV 89030

Recording requested by, and when
recorded, return to:
JOHNSON LAW OFFICES, CHTD.
530 South Fourth Street
Las Vegas, NV 89101

JOHNSON LAW OFFICES, CHTD
A PROFESSIONAL CORPORATION
530 SOUTH FOURTH ST
LAS VEGAS, NV 89101

Lincoln County

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME 1. Charles Earl WADSWORTH Sr.		DATE OF DEATH (Month, Day, Year) 2. May 9, 1992		STATE FILE NUMBER	
CITY, TOWN, OR LOCATION OF DEATH 3. North Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 4. Lake Head Hospital Medical Center		1. Hosp. or other institution DOA, OP/Emr. or Registrar (Specify)		COUNTY OF DEATH 5. Clark	
RACE—(1) White, Black, American Indian, etc. (Specify) 6. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, specify Mexican, Cuban, Puerto Rican, etc. 7. No		AGE—Last Birthday (Years) 7a. 95		SEX 8. Male	
STATE OF BIRTH (If not Nevada) 9. Nevada		CITIZEN OF WHAT COUNTRY 10. U.S.A.		EDUCATION—Highest grade completed 11. 8		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 12. Married	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of work life) 14a. Cattle Rancher/Retired		KIND OF BUSINESS OR INDUSTRY 14b. Own Account		DATE OF BIRTH (Mo., Day, Yr.) 12. December 3, 1896	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Clark		CITY, TOWN, OR LOCATION 15c. North Las Vegas		STREET AND NUMBER 15d. 1304 Piper Street	
FATHER—NAME First Middle Last 16. Joshua Charles Wadsworth		MOTHER—MAIDEN NAME First Middle Last 17. Susannah Clara Wedge		SURVIVING SPOUSE (If with, give maiden name) 12. Theresa Stewart			
INFORMANT—NAME (Type or Print) 18a. Vera Thomas		RELATIONSHIP TO DECEASED 18b. -Daughter		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18c. 2616 East Owens Avenue, North Las Vegas, NV 89030			
BURIAL, CREMATION, REBURNAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Alamo Cemetery		LOCATION 19c. Alamo Nevada		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FUNERAL DIRECTOR—Name (Type or Print) (If Person Acting as Such) 20a. Jim Woodburn		FUNERAL DIRECTOR LICENSE NUMBER 20b. 27		NAME AND ADDRESS OF FACILITY 20c. Palm Mortuary 1325 No. Main St., Las Vegas, Nevada			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title) [Signature] M.D.		21b. DATE SIGNED (Mo., Day, Yr.) 5-11-92		21c. HOUR OF DEATH 9:50 A.M.		21d. 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) AND MANNER STATED. (Signature and Title) [Signature]	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Arsenio Angus Jr. M.D.		21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2031 McDaniel Street, North Las Vegas, Nevada 89030		21g. LICENSE NUMBER 3806		21h. HOUR OF DEATH 9:50 A.M.	
22a. ARSENIO ANGUS JR. M.D. 2031 McDaniel Street, North Las Vegas, Nevada 89030		22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 12 1992		22c. DEATH DUE TO COMMUNICABLE DISEASE 22c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
23a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER THE FORMAL DL AND (1)) PART 1 (a) Cardio-Respiratory Arrest		23b. INTERVAL BETWEEN ONSET AND DEATH		23c. INTERVAL BETWEEN ONSET AND DEATH			
(b) metastatic cancer of prostate		23b. INTERVAL BETWEEN ONSET AND DEATH		23c. INTERVAL BETWEEN ONSET AND DEATH			
(c) Chronic Compensatory Heart Failure		23b. INTERVAL BETWEEN ONSET AND DEATH		23c. INTERVAL BETWEEN ONSET AND DEATH			
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		23d. ALTOPSY (Specify Yes or No) No		23e. WAS CASE REFERRED TO CORONER? (Specify Yes or No) No			
24a. ACC. BURIED, MORGUE, UNDEAD, OR PENDING INVEST. (Specify) 24a. No		24b. DATE OF INJURY (Mo., Day, Yr.) 24b. No		24c. HOUR OF INJURY 24c. No		24d. DESCRIBE HOW INJURY OCCURRED 24d. No	
24e. INJURY AT WORK (Specify Yes or No) 24e. No		24f. PLACE OF INJURY—In home, farm, street, factory, office building, etc. (Specify) 24f. No		24g. LOCATION 24g. No		24h. STREET OR R.F.D. No. CITY OR TOWN STATE 24h. No	

No. 037825

STATE 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 Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: **MAY 13 1992**

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

BOOK 101 PAGE 510

EXHIBIT A

PARCEL ONE: Commencing at the NW Corner of the SE 1/4, SE 1/4, Section 30, T 6 S, R 61 E, M.D.B.&M., a Steel peg. Thence East 658.76 feet, to the true point of beginning; thence East 277.31 feet; thence S 15°24'02" E. 99.82 feet; thence S 26°47'54" E. 198.53 feet; thence West 258.49 feet; thence N 25°13'21" W. 307.28 Feet to the true point of beginning, Lincoln County, Nevada; containing 1.86 acres.

PARCEL TWO: Lot Nineteen (19), Block Eight (8) of NORTHLAND PARK TRACT NO. 2, Clark County, Nevada; more commonly known as 1304 Piper Street, North Las Vegas, NV; APN 100-181-019.

098562

PREPARED AT A
Johnson Law Office

June 19, 1992

40 YEARS OF

101

511

Yvonne Setzer