

Official Record

Recording requested By
DAVID R. MATHEWS

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: RE
Book- 240 Page- 0503



0131367

CERTIFICATE OF INCUMBENCY

Under authority of paragraph 14 of Exhibit B of the Declaration of Trust of the Ross and Orma Mathews 1990 Family Trust established April 2nd, 1990, I hereby certify that both Ross W Mathews and Orma W. Mathews, Settlers, are now deceased as evidenced by the attached certified death certificates.

I further certify that I am the designated first Successor Trustee named in the said Trust and that I am herewith assuming the responsibilities of that office.

Witness my hand this 3rd day of April in the year 2008 at Las Vegas, Nevada.

David R. Mathews
DAVID R. MATHEWS

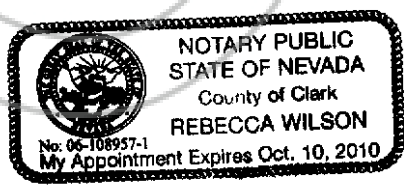
STATE OF NEVADA)
)
COUNTY OF CLARK)

ss.

On April 3rd, 2008 personally appeared before me, the undersigned, Notary Public in and for the said county and state, David R. Mathews known to me to be the person who executed the foregoing instrument who acknowledged to me that he executed the same freely and voluntarily and for the use and purposes therein mentioned.

Witness my hand and official seal.

Rebecca Wilson
NOTARY PUBLIC





STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **27-40** STATE FILE NUMBER

1 NAME OF DECEDENT FIRST MIDDLE LAST 2 SEX 3a DATE OF DEATH (Mo, Day, Yr) 3b TIME OF DEATH (24 hr clock)
Ross W Mathews **male** **February 1, 1992** **1956**

4 DATE OF BIRTH (Mo, Day, Yr) 5 AGE (Last birthday) IF UNDER 1 YEAR 6 BIRTHPLACE (City & State or Foreign Country) 7 SOCIAL SECURITY NUMBER
March 31, 1906 **85** **Yrs** **Months** **Days** **Hours** **Minutes** **Panaca, Nevada** **[REDACTED]**

8a. PLACE OF DEATH (Check only one) 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility give street address of location)
 HOSPITAL: Inpatient ER/Outpatient DOA Nursing Home Residence Other **Dixie Regional Medical Center**
 8c. CITY, TOWN OR LOCATION OF DEATH 8d. COUNTY OF DEATH 9. SURVIVING SPOUSE (If wife, give maiden name)
St. George **Washington** **Orma Woodard**

10. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. MARITAL STATUS 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) 12b. KIND OF BUSINESS OR INDUSTRY
 Yes No Never Married Married Divorced Widowed **Rancher** **Agriculture**

13a. RESIDENCE - STREET AND NUMBER 13b. CITY, TOWN, OR COMMUNITY 13c. COUNTY 13d. STATE
1146 West 610 North Circle **St. George** **Washington** **Utah**

13e. INSIDE CITY LIMITS? 13f. ZIP CODE 14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) 15. RACE (Black, White, Am. Indian (Type may be entered), Japanese, etc. (Specify)) 16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12), College (13-16 or 17+)
 Yes No **84770** Mexican Cuban Puerto Rican Other (Specify) **White** **Elementary (8)**

17. FATHER'S NAME (First, Middle, Last) 18. MAIDEN NAME OF MOTHER (First, Middle, Last)
William Mathews, Jr. **Anna Matilda Wehlin**

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT
Orma W. Mathews, Wife 1146 West 610 North Circle St. George, Utah 84770

20. METHOD OF DISPOSITION 21a. DATE OF DISPOSITION 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 21c. LOCATION - City or Town, State
 Entombment Donation Other **February 5, 1992** **St. George City Cem., St. George, Utah**

22. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. LICENSEE NUMBER 24. FUNERAL HOME (Name, address and license number)
[Signature] **547** **Spilsbury-Desert Rose Mortuary #57**

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported; M.E. Case No.)
February 4, 1992 **59 North 100 East St. George, Utah 84770**

27a. CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.
[Signature] **10104** **Feb 4, 1992**

27b. SIGNATURE AND TITLE OF CERTIFIER 27c. LICENSE NUMBER 27d. DATE SIGNED (Mo, Day, Yr)

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/print)
Gregory L. Nielsen, M.D. 320 East #00, South St. George, Utah 84770

29. REGISTRAR'S SIGNATURE 30. DATE FILED (Month, Day, Year)
[Signature] **FEB 04 1992**

31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER IN THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.
 IMMEDIATE CAUSE (Final disease or condition resulting in death) **Coronary Artery Failure**
 Due to ICH AS A CONSEQUENCE OF:
 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that preceded events resulting in death) LAST.
 Due to ICH AS A CONSEQUENCE OF:

PART II Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.
 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: Probably contributed to the cause of death. Was the underlying cause of death. Did not contribute to the cause of death. Is unknown in relation to the cause of death. NON-USER Yes No

33a. WAS AN AUTOPSY PERFORMED? Yes No 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

34. MANNER OF DEATH 35a. DATE OF INJURY (Month, Day, Year) 35b. TIME OF INJURY (24 Hour Clock) 35c. INJURY AT WORK? Yes No 35d. PLACE OF INJURY (Home, farm, street, factory, office, building, etc. (Specify))
 Natural Accident Suicide Homicide Undetermined if Injured Purposely or Accidentally Pending Investigation

35e. LOCATION (Street or rural route number, city or town, county and state) 35f. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

35i. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31).

UDH-BVRS-Form 12, Rev. 1-1-89
This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

SDH-BHS 95 (12/88)

Date Issued: **FEB 04 1992** **John E Brockert**
County: **Washington**
Registrar: **William Hoffman**
LL 700002

John E. Brockert
DIRECTOR OF VITAL STATISTICS
By **[Signature]**





0131367

OFFICE OF UTAH
DEPARTMENT OF VITAL RECORDS



CERTIFICATE OF DEATH

State File Number: 2006015709

Orma Woodard Mathews

DECEDENT INFORMATION

Date of Death:	December 25, 2006	Time of Death:	12:55
City of Death:	St. George	County of Death:	Washington
Social Security Number:	[REDACTED]	Age:	92
Date of Birth:	May 21, 1914	Place of Birth:	Acequia, Idaho
Sex:	Female	Armed Services:	No
Marital Status:	Widowed	Spouse's Name:	
Usual Occupation:	Homemaker	Industry/Business:	Own Home
Education:	High School or GED	Residence:	St. George, Utah
Father's Name:	David W Woodard	Mother's Name:	Maud Roundy
Place of Death Type:	Home	Facility or Address:	429 South 500 East

INFORMANT INFORMATION

Name:	David R Mathews	Relationship:	Son
Mailing Address:	1925 Bracken Ave., Las Vegas, Nevada 89104		

DISPOSITION INFORMATION

Method of Disposition:	Burial	Date of Disposition:	December 29, 2006
Place of Disposition:	St. George City Cemetery, St. George, Utah		

FUNERAL HOME INFORMATION

Funeral Home:	Spilsbury Mortuary
Address:	110 South Bluff, St George, Utah 84770
Funeral Director:	Tony J Whitney

MEDICAL CERTIFICATION

Certifying Physician: Robert Rignell MD, 515 South 300 East #105, St George, Utah 84790

CAUSE OF DEATH

Organic heart disease
Tobacco Use: Unknown if User
Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural

DATE ISSUED: December 28, 2006

This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, ultra violet fibers and hologram image of a hawk over the word valid. This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.
Updated Utah State Seal replaces hawk over valid for authenticity.



Barry E Nangle
Barry E. Nangle, State Registrar
Office of Vital Statistics



061302382

David W Blodgett
David W. Blodgett
Director/Health Officer
County/District Health Department

