

Official Record

Recording requested By
COW COUNTY TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$18.00 Page 1 of 5
RPTT: Recorded By AE
Book- 262 Page- 0461

APN 001-057-21

Recording Requested By:

Name COW COUNTY TITLE CO

Address P O BOX 610

City / State / Zip HAWTHORNE, NV 89415

CCT-40643



CERTIFICATE OF INCUMBENCY

(Print Name Of Document On The Line Above)



I the undersigned hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statue (NRS), public program or grant referenced is:

~~264-030~~ 40.525.5.
Dieta Price Espresso
Signature Title

This page is added to provide additional information required by NRS 111.312 Sections 1-2. This cover page must be typed or printed. Additional recording fee applies.

CERTIFICATE OF INCUMBENCY

Whereas, MARVIN LUBOW was the Trustee under that certain Trust entitled LUBOW 1994 LIVING TRUST, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded April 26, 2002 in Book 163, as Document No. 118041, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND, WHEREAS, MARVIN LUBOW is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, BARBARA NAUGHTON-LUBOW, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

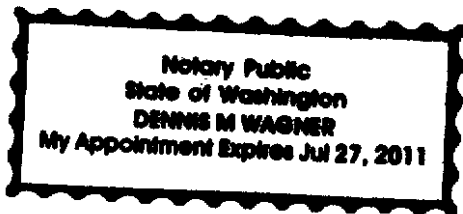
AND, WHEREAS, pursuant to Section TEN to Lubow 1994 Living Trust of said Trust, BARBARA NAUGHTON-LUBOW is appointed Successor Trustee and as the named Successor Trustee, is fully authorized to act in accordance with the terms of said Trust Agreement. By the execution of this Certificate of Incumbency BARBARA NAUGHTON-LUBOW hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 25TH day of FEBRUARY, of the year 2011.

SUCCESSOR TRUSTEE

BY: Barbara Naughton-Lubow, Successor Trustee
BARBARA NAUGHTON-LUBOW
SUCCESSOR TRUSTEE

State of WA)
) ss
County of SPOKANE)
This instrument was acknowledged before me on FEBRUARY 25, 2011
by: Barbara Naughton Lubow
Signature: DENNIS M. WAGNER
Notary Public



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2010-005432

DATE ISSUED: 01/27/2011

FEE NUMBER: 0003204063

GIVEN NAMES: MARVIN
LAST NAME: LUBOWCOUNTY OF DEATH: SPOKANE
DATE OF DEATH: JUNE 02, 2010
HOUR OF DEATH: 11:45 A.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: DECEMBER 15, 1924
BIRTHPLACE: BRONX, NEW YORKMARITAL STATUS: MARRIED
SPOUSE: BARBARA JEAN NAUGHTONOCCUPATION: COMPANY PRESIDENT
INDUSTRY: MUSICAL ELECTRONIC EQUIPMENT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YESINFORMANT: BARBARA LUBOW
RELATIONSHIP: WIFE
ADDRESS: 13783 W. SUNNYVALE DRIVE, NINE MILE FALLS, WASHINGTON, 99026PLACE OF DEATH: HOSPICE FACILITY
FACILITY OR ADDRESS: HOSPICE HOUSE - 367 E. 7TH
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99202RESIDENCE STREET: 13783 W. SUNNYVALE DRIVE
CITY, STATE, ZIP: NINE MILE FALLS, WASHINGTON 99026
INSIDE CITY LIMITS? NO
COUNTY: STEVENS
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARSFATHER: SAM LUBOW
MOTHER: IDA AUERBACHMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE ALTERNATIVES, INC.
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: JUNE 09, 2010FUNERAL FACILITY: NEPTUNE SOCIETY OF WA
ADDRESS: 222 E. FRANCIS AVE.
CITY, STATE, ZIP: SPOKANE WA 99208
FUNERAL DIRECTOR: CHARLES WETMORE

CAUSE OF DEATH:

- A. CARDIOPULMONARY ARREST
INTERVAL: NOT STATED
- B. ALZHEIMER'S DEMENTIA
INTERVAL: 5 - 10 YEARS
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: WILLIAM T ROTH MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 220 E ROWAN, SUITE 200
CITY, STATE, ZIP: SPOKANE WA 99207
DATE SIGNED: JUNE 03, 2010STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONECASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLEATTENDING PHYSICIAN:
NOT APPLICABLELOCAL DEPUTY REGISTRAR:
PEGGY J WETMORE
DATE RECEIVED: JUNE 04, 2010



0138005

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Page 464

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for Correction

Center for Health Statistics
PO Box 9709
Olympia WA 98507-9709
(360) 236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED
SPOKANE REGIONAL HEALTH DISTRICT

JAN 27 2011



Kathy S. Wetmore
KATHY S. WETMORE
CHIEF DEPUTY 000000778



Exhibit A

File Number: 40643

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

Lots 67 and 67A in Block 37 of the Town of Pioche, Nevada, as shown on Supplement "A" to the Official Map of said Town of Pioche, recorded September 10, 1936 in Book A-1 of Plats, page 61, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2010 - 2011: 001-057-21

