

Official Record

Recording requested By  
COW COUNTY TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: LB

Book- 281 Page- 0267

A.P.N. 012-200-14

R.P.T.T. Exempt #5

Escrow No. 46232

Recording Requested By:

Cow County Title Co.

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Constance M. Wells

9497 #C Sandy Reef

Las Vegas, NV 89147

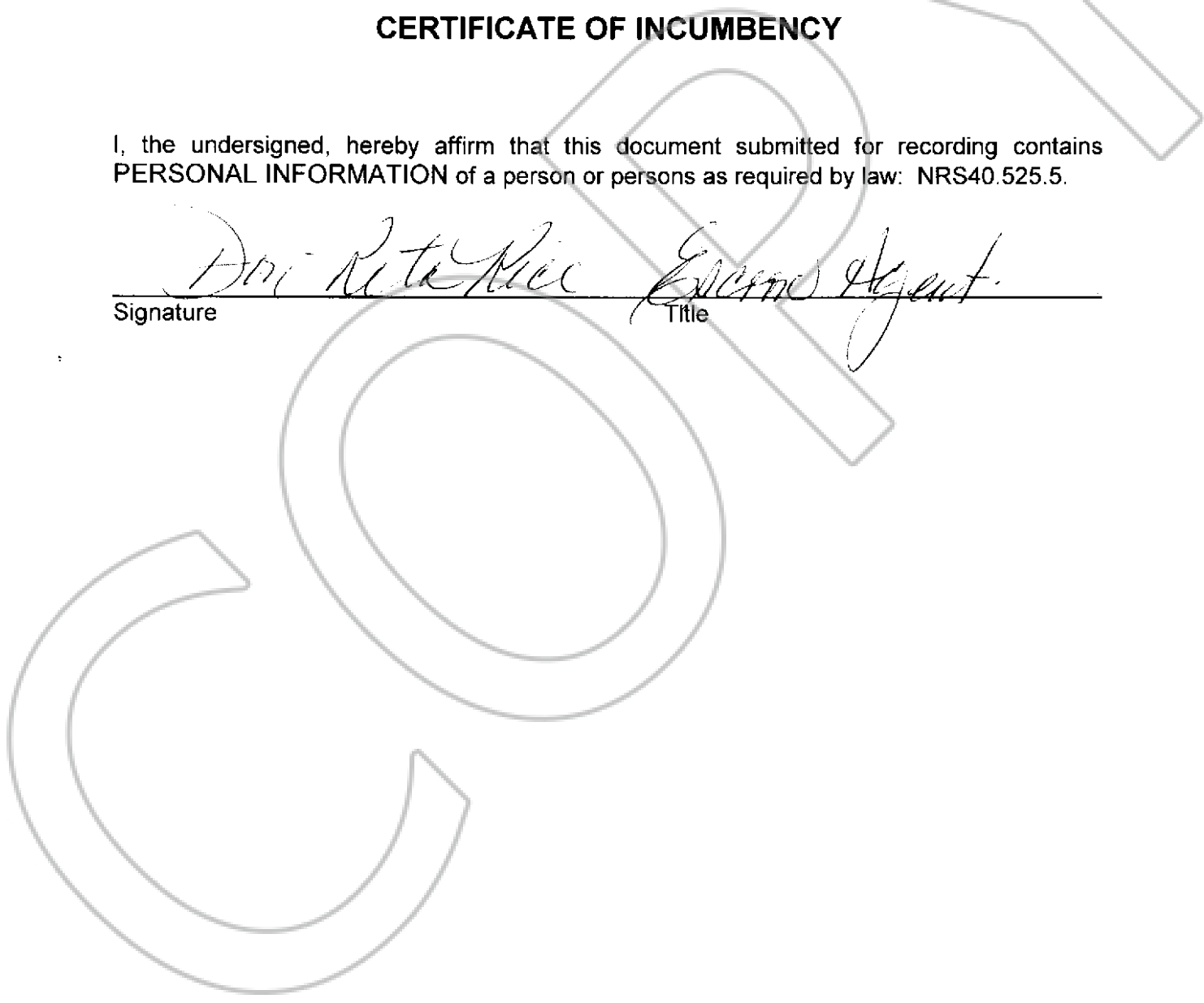


0143868

CERTIFICATE OF INCUMBENCY

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.5.

*Dani Rita Rice* \_\_\_\_\_  
 Signature Title





### CERTIFICATE OF INCUMBENCY

Whereas, PETER R WELLS was the Trustee under that certain Trust entitled THE WELLS FAMILY TRUST, dated 7<sup>th</sup> day of August, 1998, and listed as Grantee under that certain QUIT CLAIM DEED recorded April 14, 2010 in Book 255, P 510, as Document No. 135809, of Official Records, covering the following described property:

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

AND, WHEREAS, PETER R. WELLS is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, CONSTANCE M. WELLS, 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 ARTICLE V of said Trust, CONSTANCE M. WELLS 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 CONSTANCE M. WELLS hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 26th day of July, of the year 2013.

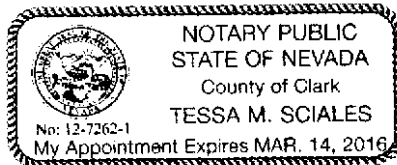
SUCCESSOR TRUSTEE

BY: Constance M. Wells  
CONSTANCE M. WELLS  
SUCCESSOR TRUSTEE

State of Nevada }  
County of Clark } ss

This instrument was acknowledged before me on 8/12/13  
by: CONSTANCE M. WELLS

Signature: [Signature]  
Notary Public



**NEVADA**  
**OFFICE OF VITAL RECORDS**



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2012019494**  
 STATE FILE NUMBER

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) <b>Peter Ralph WELLS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 09, 2012</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>555 S 4th Street Panaca NV</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 17, 1938</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>British Columbia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Constance Marie HOSKIN</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Pastor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Evangelical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>555 S 4th Street Panaca NV</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ernie WELLS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaret Ethel GASSAWAY</b>		
18a. INFORMANT - NAME (Type or Print) <b>Constance Marie WELLS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 443 Panaca, Nevada 89042</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Conaway Veteran's Cemetery</b>		19c. LOCATION City or Town State <b>Caliente Nevada 89008</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>307</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
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)			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)		
21b. DATE SIGNED (Mo/Day/Yr)			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>Deputy Coroner Lawrence La Joie 1050 SR 322 Pioche, NV 89043</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 11, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) <b>Sudden Death</b>				<b>Immediate</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Arteriosclerotic Vascular Disease</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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		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	

STATE REGISTRAR

3682218

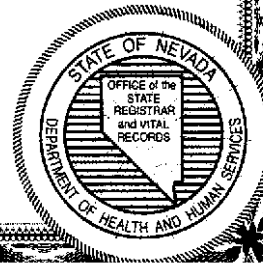
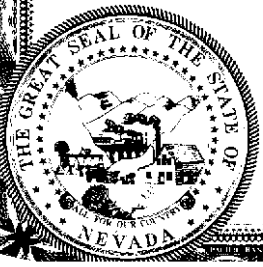
**CERTIFIED COPY OF VITAL RECORDS**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **12/28/2012**

*Rnd White*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

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





### Exhibit A

File Number: 46232

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

A portion of the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) of Section 17, Township 2 South, Range 68 East, M.D.B. & M., more particularly described as:

Parcel 1 of that certain Parcel Map recorded September 23, 1980 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 167 as File No. 69799, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2013 - 2014: 012-200-14

