0143868

11:04 AM

Record Official

Recording requested By COW COUNTY TITLE

Lincoln County - NV - Recorder Leslie Boucher Page 1 of 4 Fee: \$17.00 Recorded By: LB RPTT:

Book- 281 Page-0267

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

012-200-14

A.P.N.

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.

Signature

Title

CERTIFICATE OF INCUMBENCY

Whereas, PETER R WELLS was the Trustee under that certain Trust entitled THE WELLS FAMILY TRUST, dated 7th day of August, 1998, and listed as Grantee under that certain QUIT CLAIM DEED recorded April 14, 2010 in Book 255 P 510as 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: CONSTANCÈ M. WELLS

SUCCESSOR TRUSTEE

State of Nevado SS Clark County of

This instrument was acknowledged before me on

by: CONSTANCE M. WELLS

Signature:

Notary Public

REPORTEGIA DE L'ANDIA DE L'ANDIA NOTARY PUBLIC STATE OF NEVADA County of Clark TESSA M. SCIALES My Appointment Expires MAR, 14, 2016

Page: 3 of 4

OF VITAL RECORD

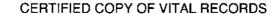
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CERTIFICATE OF DEATH

2012019494

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23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER 24c. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED AND ATTERCEIVED BY REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WISCH CAUSE PART I (a) SUDDETO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval Deliver on onset and death DUE TO, OR AS A CONSEQUENCE OF: (b) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1. 28c. AUTOPSY (Specify Yes or No) 28c. ACC, SUICIDE, HOM, UNDET. (Specify) 28d. DATE RECEIVED BY REGISTRAR (MO/Day/Yr) December 11, 2012 YES AND 24c. DEATH DUE TO COMMUNICABLE DISEASE (MO/Day/Yr) December 11, 2012 YES NO Interval between onset and death Immediate The Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Triterval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Triterval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Triterval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Triterval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CON		TE TO HAME OF A FICHDING FILLSONIA IL OTTICA TIMA					CERTIFIER C 22d. PR				ONOUNCED DEAD (Mo/Day/Yr)			226.	226. PRONOUNCED DEAD AT (Hour)			
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VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

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

