Recording requested By MESQUITE TITLE COMPANY

Lincoln County - NV - Recorder Leslie Boucher

Fee: \$40.00 RPTT:

of 2 Page 1 Recorded By: AE

Book- 281 Page 0599

WHEN RECORDED MAIL TO:

17997

11-080-08 and 11-080-10

Ms. Myrna Dell Wadsworth

5045 Dolores

Escrow No.:

A.P.N.:

Sparks, NV.89436

CERTIFICATE OF INCUMBENCY

Whereas, Myrna Dell Wadsworth was the Trustee under that certain Trust entitled, D. Clayton Wadsworth and Myrna D., Trustees of the Wadsworth Family Trust dated August 18,2003 and listed as Beneficiary under that certain ASSISGNMENT OF DEED OF TRUST recorded October 17,2003 in Book 179 Page 137 as Document No. 121125 of Official Records, covering the following described property:

Those certain parcels of land situated within the South half (S1/2) of Section 19, Township 6 South, Range 61 East, M.D.B.&M., Lincoln County, Nevada, described as follows:

Parcel One (1) as shown by Parcel Map for Lamont and Annette Wadsworth, recorded on August 3, 1999 as Doc. No. 133147, in Book B of Maps, Page 236 in the office of the County Recorder of Lincoln County, Nevada.

PARCEL 2:

Parcel Two (2) as shown by Parcel Map for Charles E. & Verla Wadsworth and Clayton & Myrna Wadsworth, recorded on January 22, 1996 as Doc. No. 104675, in Book A of Maps, Page 468 in the office of the County Recorder of Lincoln County, Nevada.

AND Whereas, Donald Clayton Wadsworth is one and the same as named Donald Clayton Wadsworth on that certain Death Certificate attached hereto and made a part hereof. Myrna Dell Wadsworth is named as the Successor Trustee under said Wadsworth Family Trust dated August 18,2003 and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE Wadswo Myraa Dell Wadsworth State of } ss: County of

August 30

Before me, a Notary Public, personally appeared Myrna Dell Wadsworth, Successor Trustee of the Wadsworth Family Trust dated August 18,2003

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that She executed it.

My commission expires: 9-22-2015 Notary resides in: Sparks, Nevada Notary Public



VITAL STATISTICS – RENO, NEVADA

CERTIFICATE OF DEATH

2013009480

.		CEN	CHEICHIE	/ DEAT	•		STATE FILE NUME	SER	
TYPE OR	1a DECEASED-NAME (FIRST, MIDDI	E (FIRST,MIDDLE,LAST,SUFFIX) 2.				DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH			
PERMANENT	Donald Clayton		VADSWORTH			ипе 02, 2013	\ \ \	Washoe	
BLACK INK	35 CITY, TOWN, OR LOCATION OF	DEATH 3c. HOSPITAL OR O	THER INSTITUTION -	Name(If not eithe	er, give street 34	e.lf Hosp, or Inst. in logtient(Specify)	dicate DOA OP/Em	ner. Rm. 4. SEX	
DECEDENT	Sparks	n Nor	thern Nevada Me				Inpatient	Male	
E DECEDEIVI	5 RACE White (Specify)	6 Hispanio No - Non-		7a. AGE-Last birthday (Years		DAYS HOURS	R 1 DAY 8. DAT	E OF BIRTH (Mo/Day/Yr)	
					83 I		De	ecember 28, 1929	
IF DEATH	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada	95. CITIZEN OF WHAT CO			ED, NEVER MARF (Specify) Marrie		12. SURVIVING maiden name)	SPOUSÉ (if wife, give Myrna D HIGBEE	
INSTITUTION SEE HANDBOOK	13. SOCIAL SECURITY NUMBER	14a, USUAL OCCUPATIO			- 4	D OF BUSINESS C	RINDUSTRY	Ever in US Armed	
REGARDING COMPLETION OF		of Working Life, Even If Re	Subernite			Constru	ction	Forces? No	
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. C	COUNTY 15	c CITY TOWN OR LO	CATION	15d STREET AN	D NUMBER		15e. INSIDE CITY LIMITS (Specify Yes	
<u>, </u>	Nevada	Washoe	Sparks		5045 Dolores			or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First	Middle Last Suffix) ard WADSWORTH	ila Barran	17. MOTE	HER/PARENT - NA	AME (First Middle Cecile V			
N dita	18a, INFORMANT- NAME (Type or Pri		18b. MAILING ADD	RESS (Stree	Lor R.F.D. No. Cit	y or Town, State, Zi		<u> </u>	
· ·	Gaynel WADS				The state of the s	ve Sparks, N e			
<u> </u>	19a. BURIAL, CREMATION, REMOVA	AL, OTHER (Specify) 19b. CE				19c. LC	CATION City of	Town State	
ISPOSITION	Burial Richardsville Cemetery Alamo Nevada 89001						vada 89001		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY Under the control of the co								
ra base	SIGNATURE AUTHENTICATED 708 875 West Second St. Reno. NV 89503								
RADE CALL	TRADE CALL - NAME AND ADDRESS								
	ਨੂੰ ਸ਼ੂ 21a. To the best of my knowled ਰ ਨੂੰ due to the cause(s) stated. (Sie					kamination and/or in se and due to the ca		opinion death occurred at	
		ERT DALRYMPLE		를 뿐		F1 14 4	idoo(s) oldica: (eigi	Star o de Filiado	
CERTIFIER	를 최 215. DATE SIGNED (Mo/Day/) 일 June 04, 2013	4899	DEATH 21:40	யில் 22b	. DATE SIGNED (Mo/Day/Yr)	22c. HOUR O	F DEATH	
	@ }	1.00		— e š	PRONOLINGED	DEAD (Mo/Day/Yr)	22e PRONO	UNCED DEAD AT (Hour)	
	E 21d. NAME OF ATTENDING P	TO STATE OF THE ST		_ 2 8					
1	23a: NAME AND ADDRESS OF CERT					(Type or Print)	23b. LICE	NSE NUMBER	
	245 DECISTRAD (Signature)	BERT DALRYMPLE M	200		CEIVED BY REGIS	STRAR 124c	DEATH DUE TO C	13136 OMMUNICABLE DISEASE	
REGISTRAR	24a recolorros (algratoro)	BRIDGES SAI SIGNATURE AUTHENTI	Agency of the contract of the	(Mo/Day/Yr)	June 12, 2	21	YES	NO X	
CAUSE OF	25. IMMEDIATE CAUSE (EN	NTER ONLY ONE CAUSE PE	and the second second	ND (c).)			r Interva	l between onset and death	
DEATH	PARTI (a) Worsening re	enal function	200.001 100.001 1 1 1 1 1 1 1 1 1 1 1 1 1	A TOTAL			e de la companya de l		
	DUE TO, OR AS A CONSEQUENCE OF:								
CONDITIONS IF	(b) Alzheimers dementia								
GAVE RISE TO	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Undetermined								
CAUSE ->	(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death								
UNDERLYING CAUSE LAST	(d)			/ /		eg igy	90 (1) 1 (1) (1) 		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPS' (Specify Yes								27. WAS CASE REFERRED TO CORONER (Specify Yes	
								or No. No.	
	28a. ACC., SUICIDE, HOM., UNDET. 28b. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo/Day/Yr)	28c, HOUR OF INJU	JRY 28d DES	CRIBE HOW INJURY	OCCURRED			
	ti fili i wat	. PLACE OF INJURY- At home	a form alread factor	660a 79a 40	CATION ST	REET OR R.F.D. N	o. CITY OR TO	OWN STATE	
		iding, etc. (Specify)	е, тапп, впеет, таклогу,	Onice Zog. CO	CADON 31	NEET ON R.F.U. N	u. CHITORIL	SAME SINIE	
37			CTATE	PEGISTRA	4 D	**1	<u> </u>		



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.

06/13/2013

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

