

A.P.N.: 11-080-08 and 11-080-10
Escrow No.: 17997

WHEN RECORDED MAIL TO:

Ms. Myrna Dell Wadsworth
5045 Dolores
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 ASSIGNMENT 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 1:

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

Myrna Dell Wadsworth
Myrna Dell Wadsworth

State of Nevada }
County of Washoe } ss:

On August 30, 2013

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

Cara L Johnson
Notary Public



WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013009480

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

Form with fields for 1a. DECEASED-NAME, 2. DATE OF DEATH, 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 3d. SEX, 5. RACE, 6. Hispanic Origin, 7a. AGE, 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR, 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION

STATE REGISTRAR

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.

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.

