

Official Record

Recording requested By
SHIRLEY DAVIS

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$18.00 Page 1 of 5

RPTT: Recorded By: AE

Book- 283 Page- 0313



A.P.N.

When Recorded Mail To:

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.

BY: Shirley Ann Davis
Signature above

Print Name of signer: Shirley Ann Davis



CERTIFICATE OF INCUMBENCY

Whereas, Verl LeMoine Davis was the Trustee under that certain Trust entitled Verl LeMoine Davis and Shirley Ann Davis Living Trust, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded November 2, 1998 in Book 138, as Document No. 145 (page), of Official Records, covering the following described property: Document No. 111819

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

AND, WHEREAS, Verl LeMoine Davis is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Shirley Ann Davis, 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 "B" of said Trust, Shirley Ann Davis 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 Shirley Ann Davis hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 7 day of November, of the year 2013.

SUCCESSOR TRUSTEE

BY: Shirley Ann Davis
SUCCESSOR TRUSTEE

State of _____ }
County of Lincoln } ss

This instrument was acknowledged before me on November 7, 2013

by: Shirley Ann Davis

Signature: Marjorie Davis
Notary Public



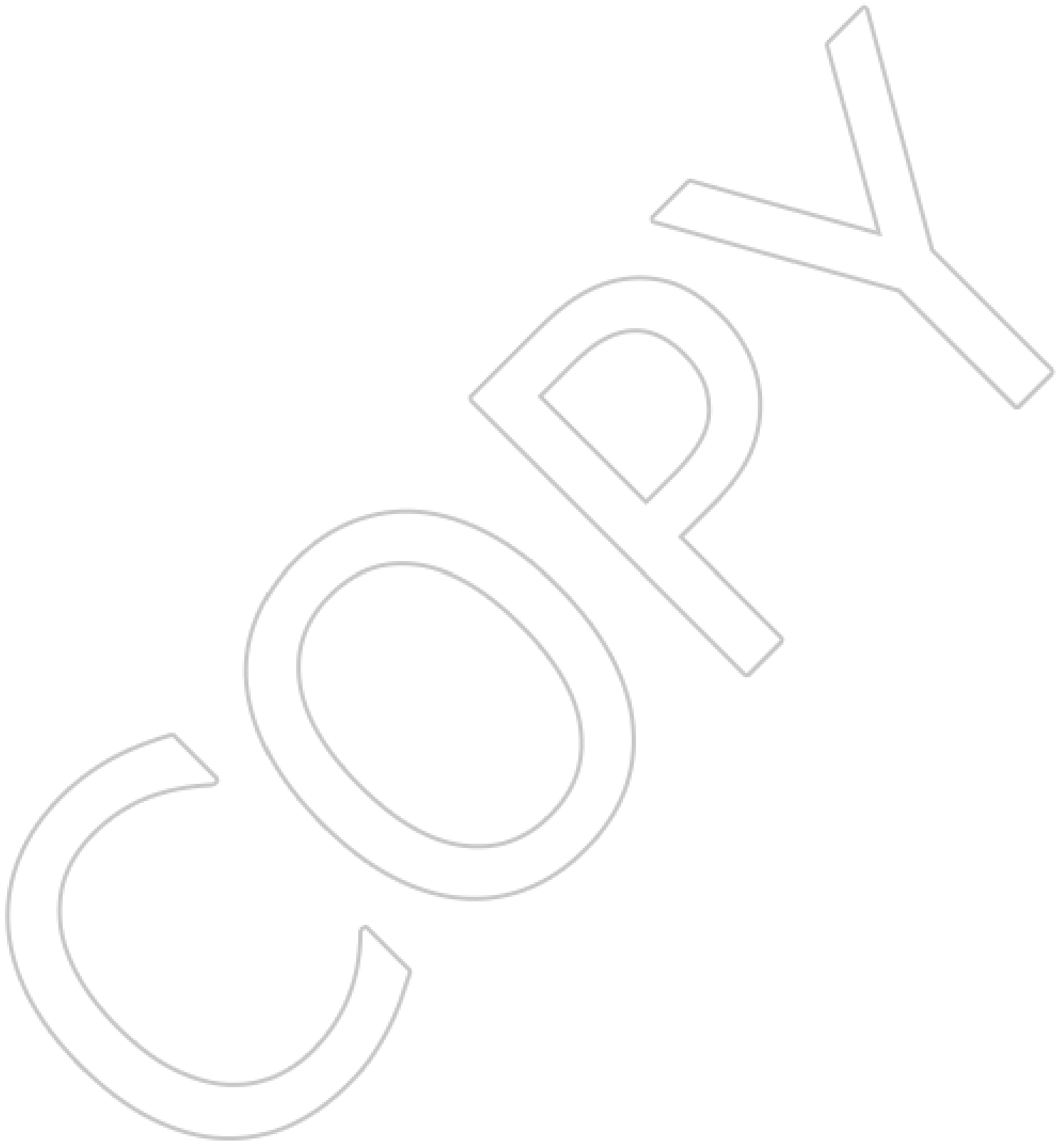


0144302

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Exhibit A





0144302

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Lincoln County

QUITCLAIM DEED

THIS QUITCLAIM DEED. Executed this 28th day of October, 1998
by first party, Veri LeMoine Davis and Shirley Ann Davis, joint tenants with right of survivorship,
whose post office address is PO BOX 166, Alamo, NV 89001 to second party, The Veri LeMoine
Davis and Shirley Ann Davis Living Trust dated October 19, 1998, whose address is PO Box 166,
Alamo, NV 89001 for the sum of TEN AND NO/100 _____ DOLLARS, the following
described tract of land in the Town of Alamo, County of Lincoln, State of Nevada, as follows:

.5 Acres Roll 001059

R61E, T6S, Sec. 30
A parcel of land described as the W1/2 . NW1/4 SW1/4 SE1/4 Section 30,
Township 6 South, Range 61 East, excepting a 50 foot access easement
along the northernmost portion.

ASSESSOR'S PARCEL NUMBER FOR 1998-1999: 011-180-21

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and
year first above written.

Signed, sealed and delivered:

Veri LeMoine Davis Shirley Ann Davis
Veri LeMoine Davis Shirley Ann Davis

STATE OF NEVADA
COUNTY OF Lincoln
On October 28, 1998 before me, Wendy Rudder, personally appeared Veri LeMoine Davis
Shirley Ann Davis, personally known to me and acknowledged to me that they executed the same in
his/her/their authorized capacity, and that by his/her/their signatures on the instrument they executed the
instrument.

WITNESS my hand and official seal
Signature: Wendy Rudder



Recording Requested By:

Space below this line for recorder's use.

WHEN RECORDED MAIL TO:
Veri LeMoine Davis
PO Box 166
Alamo, NV 89001

NO. 111819
ACCEPTED AND RECORDED AT REQUEST OF
Secretarial Service
November 2, 1998
AT 01 MINUTES PAST 1 O'CLOCK
PM IN BOOK 138 OF OFFICIAL
RECORDS PAGE 145 LINCOLN
COUNTY, NEVADA.
Yuriko Betzer
by Gene L. Couch, deputy

BOOK 138 PAGE 145



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

2008011926
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) Verl LeMoine DAVIS		2. DATE OF DEATH (Mo/Day/Year) August 06, 2008		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Us 93 Ln 6 Rural		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Highway in ambulance		3d. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Shirley Ann FRETNER		8. DATE OF BIRTH (Mo/Day/Yr) October 09, 1928	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even If Retired) Auto Repair		14b. KIND OF BUSINESS OR INDUSTRY Sand/ Gravel	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 608 Broadway		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) George Lawrence DAVIS			17. MOTHER - NAME (First Middle Last Suffix) Eveleen Freda FOREMASTER		
18a. INFORMANT- NAME (Type or Print) Shirley Ann DAVIS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 166 Alamo, Nevada 89001		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122	
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) [REDACTED]			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) DEREK FOREMASTER SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) [REDACTED]		21c. HOUR OF DEATH [REDACTED]		22b. DATE SIGNED (Mo/Day/Yr) August 08, 2008	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]		22c. HOUR OF DEATH 11:51		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 06, 2008	
22e. PRONOUNCED DEAD AT (Hour) 11:51		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Derek Foremaster 1050 SR 322 Pioche, NV 89043			
23b. LICENSE NUMBER [REDACTED]		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 08, 2008		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).)					
PART I					
(a) Cardiac Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Myocardial Infarction Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Diabetes Mellitus, Insulin Dependant Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Hypertension Interval between onset and death					
PART II High Blood Pressure, High Cholesterol				28. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

556972

225632

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:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
08/18/2008

PHSC0-RV011206

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

