

A.P.N. No.:	001-043-03
R.P.T.T.	\$0.00
Escrow No.:	01415-10581
Recording Requested By:	
Stewart Title	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Alice J. Seader	
4116 Goldbird Court	
North Las Vegas, NV 89032	



0145423

CCT-46974

CERTIFICATE OF INCUMBENCY

Whereas, Neil J. Seader was the Trustee under that certain Trust entitled Seader Living Trust dated June 6, 1996, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded June 21, 1996 in Book 119, Page 260 as Document No. 205349, of Official Records, of "Lincoln County" covering the following described property:

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

AND Whereas, Neil J. Seader is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Alice J. Seader, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.



~~Neil J. Seader, as Trustee of~~ the Seader Living Trust
Dated June 6, 1996

By: Alice J. Seader

Alice J. Seader, SUCCESSOR TRUSTEE of the Seader Living Trust dated
June 6, 1996

State of Nevada)
County of Clark) ss.

This instrument was acknowledged before me on the 16th day of May, 2014.

By: Alice J. Seader

Signature: S. Haugen
Notary Public
Sherry Haugen

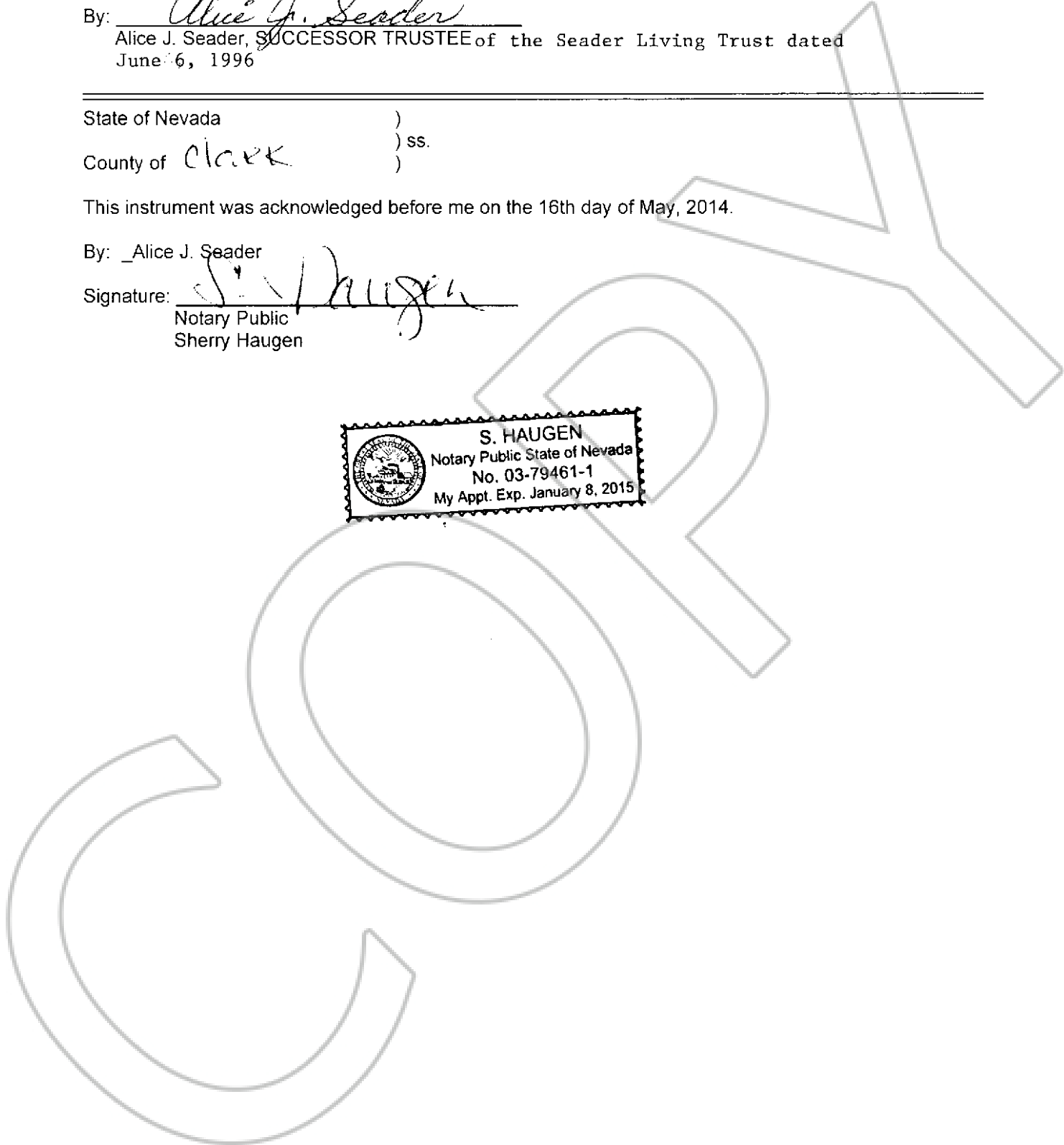
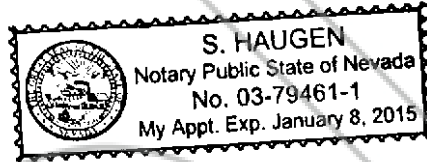


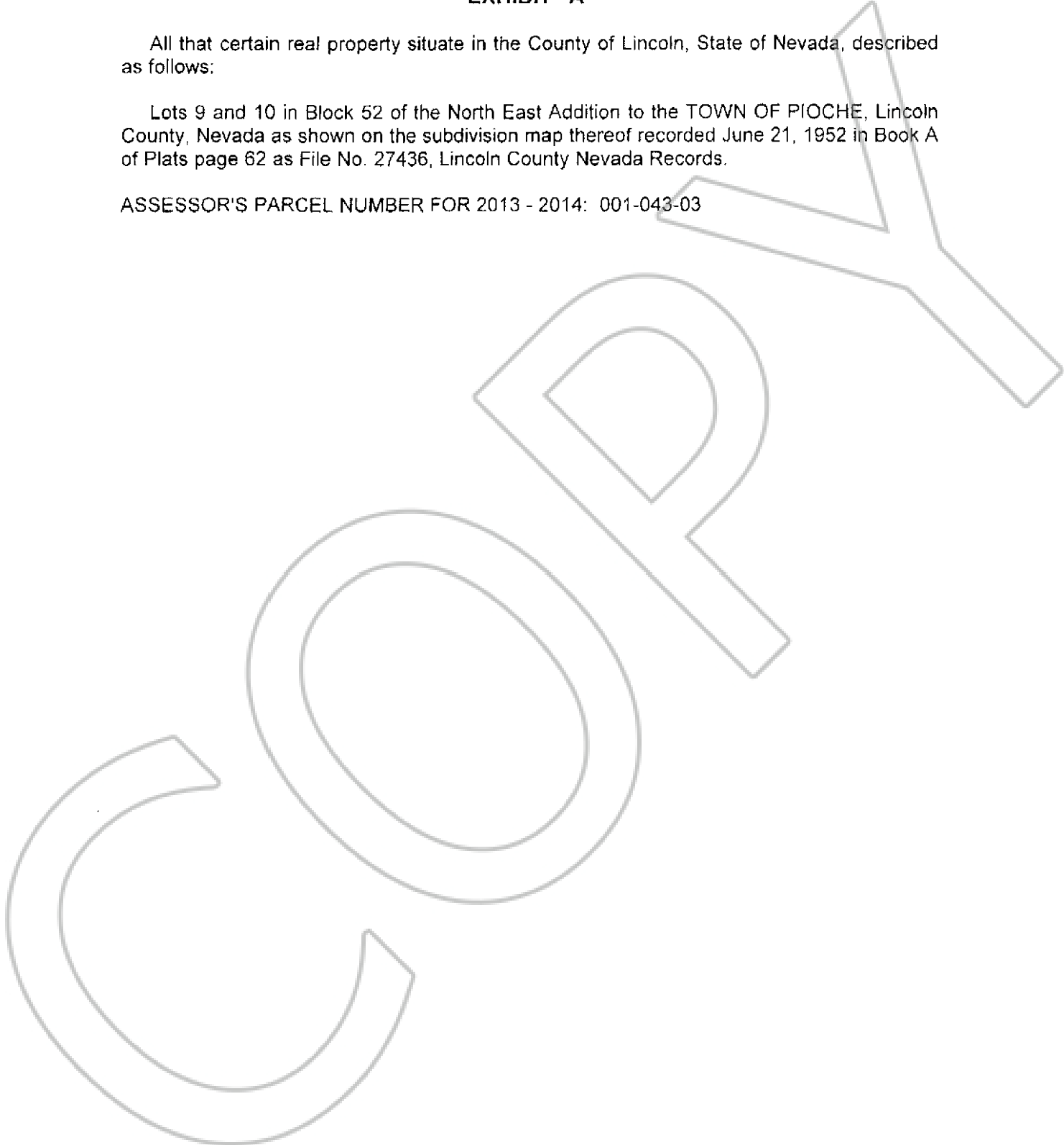


EXHIBIT "A"

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

Lots 9 and 10 in Block 52 of the North East Addition to the TOWN OF PIOCHE, Lincoln County, Nevada as shown on the subdivision map thereof recorded June 21, 1952 in Book A of Plats page 62 as File No. 27436, Lincoln County Nevada Records.

ASSESSOR'S PARCEL NUMBER FOR 2013 - 2014: 001-043-03





NEVADA
OF VITAL RECORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2009008420
 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) Neil J SEADER		2. DATE OF DEATH (Mo/Day/Year) June 09, 2009		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 3512 Isle Royale Dr.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 26, 1937		9a. STATE OF BIRTH (If not U.S.A. name country) Wyoming		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Alice JoAnn EWING	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Firefighter		14b. KIND OF BUSINESS OR INDUSTRY Fire Department	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 3512 Isle Royale Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Neil Adam SEADER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gladys Elizabeth STRICKLAND		
18a. INFORMANT- NAME (Type or Print) Alice J SEADER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3512 Isle Royale Dr. Las Vegas, Nevada 89122			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) DENNIS BUTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 61		20c. NAME AND ADDRESS OF FACILITY Affordable Cremation and Burial Services 2457 N Decatur Blvd Las Vegas NV 89108	
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) WARREN L WHEELER M.D. SIGNATURE AUTHENTICATED			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) June 11, 2009		21c. HOUR OF DEATH 16:10		22b. DATE SIGNED (Mo/Day/Yr)	
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) Warren L Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119				23b. LICENSE NUMBER 11795	
24a. REGISTRAR (Signature) CARLEEN MOSS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 11, 2009		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) Metastatic cancer to lung and kidney				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) Occult primary malignancy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death	
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) 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

1000193

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **MAY 16 2014**
 Registrar of Vital Statistics
 By: *Cacey White*
 This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
 SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

