

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: LB
Book- 288 Page- 0074

A.P.N. 008-051-08
R.P.T.T. \$0.00
Escrow No. 19210
Recording Requested By:
Cow County Title Co.
Mail Tax Statements To:
Same as below
When Recorded Mail To:
Rankin 1977 Trust
P.O. Box 475
Alamo, NV 89001



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: Nancy L Steib
Signature above

Print Name of signer: Nancy L. Steib

Print Title of signer: Agent



CERTIFICATE OF INCUMBENCY

Whereas, RUBY F. RANKIN was one of the Trustees under that certain Trust entitled THE RANKIN 1977 TRUST dated January 13, 1977, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded June 28, 1999 in Book 142 of Official Records as Page 394 as File No. 112983, of Official Records, covering the following described property:

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

AND, WHEREAS RUBY F. RANKIN is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, MEREDITH R. RANKIN, 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 1.5 of said Trust, MEREDITH R. RANKIN 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 MEREDITH R. RANKIN hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 19 day of June, of the year 2014.

THE RANKIN 1977 TRUST

BY: Meredith R. Rankin
MEREDITH R. RANKIN
SUCCESSOR TRUSTEE

State of Nevada)
County of Clark Lincoln) ss

This instrument was acknowledged before me on June 19, 2014
by: Meredith R. Rankin

Signature: [Signature]
Notary Public

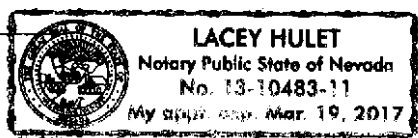




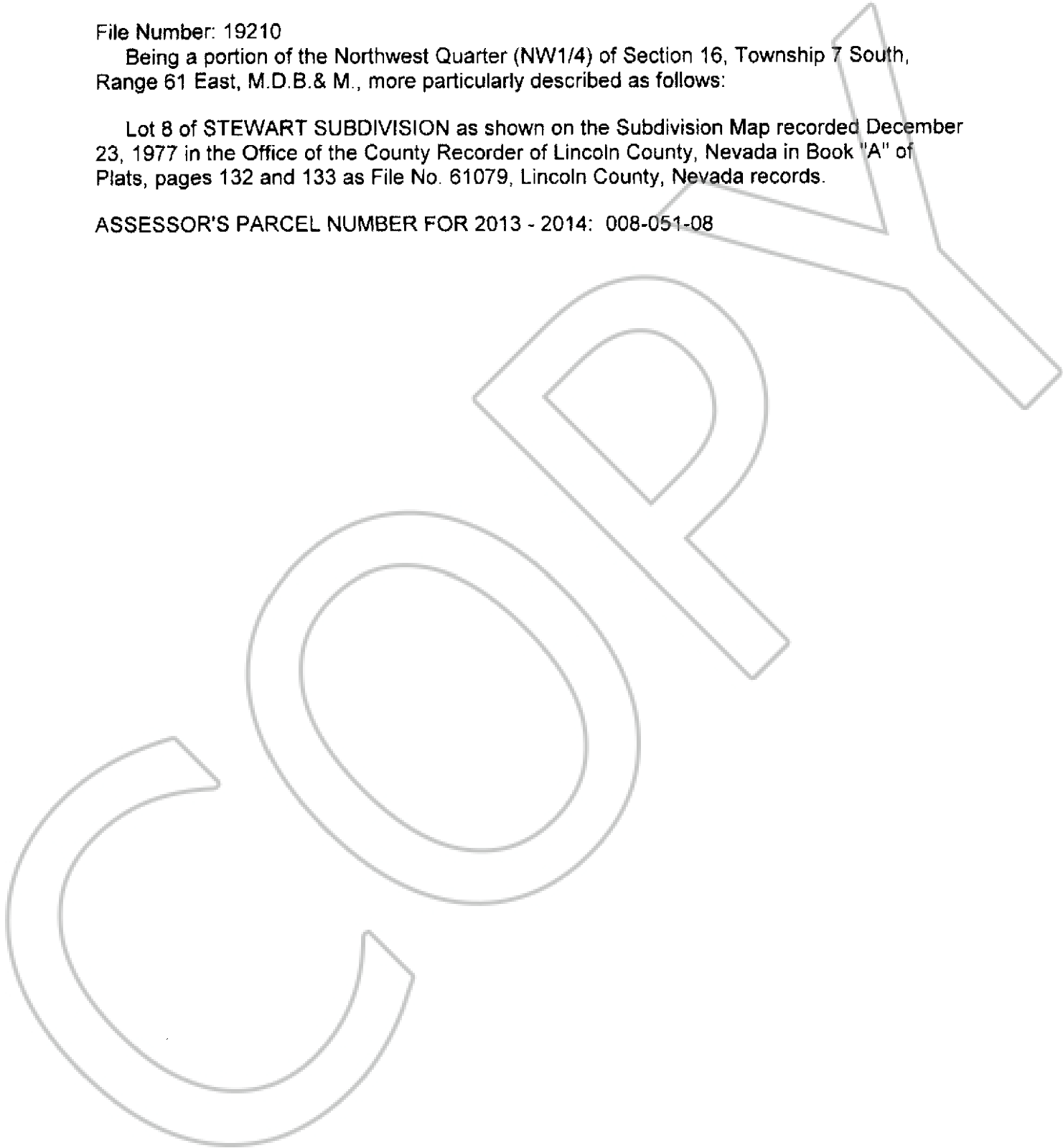
Exhibit A

File Number: 19210

Being a portion of the Northwest Quarter (NW1/4) of Section 16, Township 7 South, Range 61 East, M.D.B. & M., more particularly described as follows:

Lot 8 of STEWART SUBDIVISION as shown on the Subdivision Map recorded December 23, 1977 in the Office of the County Recorder of Lincoln County, Nevada in Book "A" of Plats, pages 132 and 133 as File No. 61079, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2013 - 2014: 008-051-08



STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH—VITAL STATISTICS

CERTIFICATE OF DEATH

2013002572
STATE FILE NUMBER

| | | | | | | |
|--|--|---|---|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ruby Richardson RANKIN | | 2. DATE OF DEATH (Mo/Day/Year) February 11, 2013 | | 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) Mountainview Hospital | | 3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Inpatient | |
| DECEDENT | 4. SEX Female | | 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 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8. DATE OF BIRTH (Mo/Day/Yr) June 09, 1940 | | 9a. STATE OF BIRTH (If not U.S.A. name country) Utah | | 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) Meredith RANKIN | |
| PARENTS | 13. SOCIAL SECURITY NUMBER | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even If Retired) Bank Teller | | 14b. KIND OF BUSINESS OR INDUSTRY Banking | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 15c. CITY, TOWN OR LOCATION Alamo | |
| DISPOSITION | 15d. STREET AND NUMBER 1465 High 96 North | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) John RICHARDSON | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vilate Ruth RICHARDSON | | 18a. INFORMANT- NAME (Type or Print) Meredith RANKIN | | | |
| TRADE CALL | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 475 Alamo, Nevada 89001 | | | | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | |
| | 19b. CEMETERY OR CREMATORY - NAME Palm Crematory | | 19c. LOCATION City or Town State Las Vegas Nevada 89101 | | | |
| CERTIFIER | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 50 | | 20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Cheyenne 7400 W Cheyenne Las Vegas NV 89129 | |
| | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) AFSHIN DOUST MD SIGNATURE AUTHENTICATED | | | | | |
| REGISTRAR | 21b. DATE SIGNED (Mo/Day/Yr) February 20, 2013 | | 21c. HOUR OF DEATH 08:51 | | 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) | |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| CAUSE OF DEATH | 21e. PRONOUNCED DEAD (Mo/Day/Yr) | | | | 22c. HOUR OF DEATH | |
| | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | | | 22e. PRONOUNCED DEAD AT (Hour) | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) AFSHIN DOUST MD 2020 Goldring Las Vegas, NV 89106 | | | | 23b. LICENSE NUMBER 11054 | |
| | 24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 21, 2013 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| STATE REGISTRAR | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary failure DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF: (c) 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 I. | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 3698472 | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | 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

"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 as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

John Middaugh, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued:

FEB 22 2013