**#** 0148216

Record icial

Recording requested By GREEN, ROBERTS & RASMUSSEN

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$17.00 RPTT

Page 1 of 4

Book- 297 Page-

Recorded By: HB

APN: 006-041-61

RECORDING REQUESTED BY: Greene, Roberts & Rasmussen, PLLC

WHEN RECORDED MAIL TO: Greene, Roberts & Rasmussen, PLC 8485 W. Sunset Road, Ste. 208 Las Vegas, NV 89113 Attn: Thomas L. Roberts, Esq.

MAIL TAX STATEMENTS TO: Phyllis Lawrence Biederman, Successor TTEE

PO Box 276 Overton, NV 89040

## CERTIFICATE OF INCUMBENCY

STATE OF NEVADA ) ss:

COUNTY OF CLARK

PHYLLIS LAWRENCE BIEDERMAN, being duly sworn, deposes and says:

- That ALBERT CARL BIEDERMAN and PHYLLIS LAWRENCE 1. BIEDERMAN of Overton, Nevada, created "THE ALBERT C. & PHYLLIS L. BIEDERMAN FAMILY TRUST" dated April 16, 2009, and ALBERT CARL BIEDERMAN and PHYLLIS LAWRENCE BIEDERMAN were named in said Trust as the initial Trustees.
- 2. That ALBERT CARL BIEDERMAN died on July 16, 2015, as evidenced by that death certificate attached hereto.
- 3. That the subject property was titled in the name of said Trust. Subject property being that property located in Lincoln County, State of Nevada with Assessor's Parcel Number 006-041-61 more fully described as follows:

See Exhibit A attached hereto and incorporated herein by reference.

Certificate of Incumbency APN: 006-041-61

3. That said trust instrument provides for the appointment of PHYLLIS LAWRENCE BIEDERMAN as the Successor Trustee of said Trust; and said Successor Trustee hereby files this certificate and accepts the sole trusteeship of said Trust.

THE ALBERT C. & PHYLLIS L. BIEDERMAN FAMILY TRUST" dated April 16, 2009

PHYLLIS LAWRENCE BIEDERMAN,

Successor Trustee

SUBSCRIBED and SWORN to before me this

day of AUGUST, 2015 by

PHYLLIS LAWRENCE BIFDERMAN, Successor Trustee.

MAN R. ROTAL NOTARY PUBLIC



Certificate of Incumbency APN: 006-041-61



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



CERTIFIC	ATE OF	DEATH

		CE	ERTIFICATE OF	- DEATH	The state of the s	15012290
YPE OR	1a. DECEASED NAME (FIRST MID	DLE LAST SUFFIX)		[2 n/	STATE (Mo/Dav/Year)	FILE NUMBER  3a. COUNTY OF DEATH
RINT IN RMANENT	Albert Carl		BIEDERMAN	JR	July 16, 2015	Clark
ACK INK	3b. CITY, TOWN, OR LOCATION OF	DEATH ISC HOSPITAL OF	——————————————————————————————————————			
	Overton	1 345 - 27 ,5	241 W. Virginia A	venue	Inpatient(Specify)	ne Male
EDENT	5 RACE White	6. Hispa				AY 8 DATE OF BIRTH (Mo/Day/Yr)
* 1	(Specify)	No - N		rears) MC		
DEATH	9a. STATE OF BIRTH (If not U.S.A.,	196, CITIZEN OF WHAT	COUNTRY 10 EDUCATION		MARRIED WIDOWED. 12 S	URVIVING SPOUSE (Maiden name)
RRED IN TION SEE	Utah	United Sta		DIVORCED (Specify)		Phytlis LAWRENC
BOOK RDING	13. SOCIAL SECURITY NUMBER	14a: USUAL ÖCCUPA	TION (Give Kind of Work Doi	ne During Most of 14	b. KIND OF BUSINESS OR INC	USTRY Ever in US Arme
ETION OF			Owner/ope		Bait And Tackle S	
M8	15a. RESIDENCE - STATE 15b.	COUNTY	15c. CITY, TOWN OR LOC.	ATION 15d. STREE	ET AND NUMBER	15e, INSIDE CITY LIMITS (Specify Yes
$\rightarrow$	Nevada	Clark	Overton	241 W. Y	Virginia Avenue	or No) Yes
ENTS	16 FATHER/PARENT - NAME (Firs		Multi Merit Artik akan kin di	17 MOTHER/PAREN	T-NAME (First Middle Last	The state of the s
0	Albert Carl BIEDERMAN SR Mary Elizabeth RUSHTON					
	18a. INFORMANT- NAME (Type or P	•	18b. MAILING ADDRE		lo, City or Town, State, Zip)	
	Phyllis BIEI				76 Overton, Nevada 890	
TION	19a. BURIAL, CREMATION, REMOVE Removal/Buri			RY - NAME City Cemetery	N 1	ON City or Town State
		5.00	<u> </u>			edar City Utah 84720
	20a. FUNERAL DIRECTOR - SIGNA	REBMAN	LICENSE NUMBE		D ADDRESS OF FACILITY Moapa Valley	Mortuani
		E AUTHENTICATED	49		5090 N Moapa Valley Blvd	
CALL	TRADE CALL - NAME AND ADDRES				Application	The first of the second of the
	호를 21a. To the best of my knowle	dge; death occurred at the ti	me_date and place and due	≥ 22a. On the basis	of examination and/or investigation	, in my opinion death occurred
. :	ម៉ូ to the cause(s) stated (Signat		URE AUTHENTICATED	기를 문 at the time, date an	nd place and due to the cause(s) st	ated. (Signature & Title)
IER	21b. DATE SIGNED (Mo/Day	MUEL ANDELIN M (Yr) 21c, HOUR		22b DATE SIGN	NED (Mo/Day/Yr) 2	2c. HOUR OF DEATH
10.1	통을 July 17, 2015		07:10	S S S S S S S S S S S S S S S S S S S		
	21d. NAME OF ATTENDING	PHYSICIAN IF OTHER THA	N CERTIFIER		CED DEAD (Mo/Day/Yr) 2	2e. PRONOUNCED DEAD AT (Hour)
	은 명 (Type or Print)			<b>6</b> 0		
100	23a NAME AND ADDRESS OF CER					23b. LICENSE NUMBER
1.7	Samuel 24a REGISTRAR (Signature)	Andelin M.D.: 1301 E		e 1 Mesquite, NV 8 45 DATE RECEIVED BY.		15119   DUE TO COMMUNICABLE DISEAS
RAR	24a. REGIS (RAR (Signature):	MARY WIL	30N	A - CO - DVIII		ES NO X
	25. IMMEDIATE CAUSE (E	SIGNATURE AUTHEN			1, 2013	
E OF		Throat Cancer	TER LINE FOR (8), (0), AND	( <b>9</b> ) 707 09 75		Interval between coset and dea
TH	<u> </u>	CONSEQUENCE OF		<del>-\</del>		
NS IF		CONSESSOR OF	68 (0.5) 0.458 (0.5) Cattle with 50 (0.5)		wo -'xo	Interval between onset and dea
CH E TO	(b)	CONSEQUENCE OF:		<del></del>		
THE _	DOE TO, OR AS A	CONSEQUENCE OF	2 m	1 Ad awa≸ a		Interval between onset and dea
THE	(c) DHE TO OR AS A	CONSEQUENCE OF:		<del>/ 11.1/ 11.1</del>	TENET LEST TO STORE SEED OF SEED SEED OF SEED SEED SEED SEED SEED SEED SEED SEE	interval between onset and dea
AST .	POLICE AND	Turing of		/ //		HINGI THE COLFEDOR OF DECIDING
<i>(</i> 1000)	(d)	NDITIONS-Conditions contril	huling to death but not see ith	ing in the underlying cause	a given in Part 1 loc ALE	TODEV (0-00) 27 IMAS CASE
, A	PARTII OTHER SIGNIFICANT COI	ADL LOTAGE CONTURNOUS CONTU	wing to dear out not lesult	ing in the crimeritality CSUSE	e given in Pari I. 26. AU Yesor	TOPSY (Specif 27, WAS CASE REFERRED TO CORONE (Specify Yes of No.)
- /	45. 456. OURSING HOLL THE - 122	D. 77 OF ILL N. 18 V. 1.		1227	<u> </u>	No (Specify Yes or No) Yes
	28a, ACC., SUICIDE, HOM., UNDET. 28 OR PENDING INVEST. (Specify)	b. DATE OF INJURY (Mo/Day/Yr)	28c HOUR OF INJURY	28d. DESCRIBE HOW IN	JURY OCCURRED	
	Ab. then they are in the about the	E Di AGE GE WHEEL .		1 122 127		
		of, PLACE OF INJURY- At he oilding, etc. (Specify)	ome, rarm, street, factory, offi	ice 28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
<u>.</u> ∖∣		7	43 3.	<u>n, la rise</u>		· ·
≛ : N.º			OTATE :	CONTRAD		

RS-Rev-20120523a

"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.

JUL 2 4 2015 DATE ISSUED:

Registrar of Vital Statistics

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



## Exhibit A (Legal Description)

"The West Half (W ½) of the Southeast Quarter (SE ¼) and the East Half (E ½) of the Southewest Quarter (SW ¼) of Government Lot Six (6) in Section 2, Township 4 North, Range 67 East M.D.M."



Certificate of Incumbency APN: 006-041-61