

Official Record

Recording requested By
GREEN, ROBERTS & RASMUSSEN

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4

RPTT: Recorded By: HB

Book- 297 Page- 0596



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:

1. That ALBERT CARL BIEDERMAN and PHYLLIS LAWRENCE 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.



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 TRUSTTM dated April 16, 2009

By Phyllis Lawrence Biederman
PHYLLIS LAWRENCE BIEDERMAN,
Successor Trustee

SUBSCRIBED and SWORN to before me this
10th day of AUGUST, 2015 by
PHYLLIS LAWRENCE BIEDERMAN, Successor Trustee.

Kary R. Bowles
NOTARY PUBLIC



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

CERTIFICATE OF DEATH

2015012290

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 containing 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, 4. 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 NUMBER, 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, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION, 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

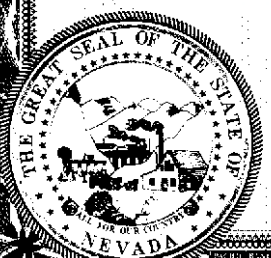
"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: JUL 24 2015

Registrar of Vital Statistics By: [Signature]

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**Exhibit A
(Legal Description)**

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

