

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$42.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 300 Page- 0207

APN: 003-093-03
Escrow No: 20156428-004-SB1

Recording Requested By: National Title Co.
Mail Tax Statements To: Same as below
When Recorded Mail To:
THE TERENCE R. TRUAX LIVING TRUST
180 S MAIN STREET SPACE #12
RED BLUFFS, CA 96080



CERTIFICATE OF INCUMBENCY

Whereas Terence R. Truax, was the Trustee under that certain Trust entitled The Terence R. Truax Living Trust, and listed as Grantee under that certain GRANT, BARGAINS, SALE DEED recorded 07/26/2013 in Book 280, Page 536 as Document No.143737, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

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

SUCCESSOR TRUSTEE:

By: *Valerie Westmoreland*
Valerie Westmoreland

State of California

County of Tehama

This instrument was acknowledged before me on 12/10/15
by: Valerie Westmoreland

Signature: *PA - MA*
Notary Public

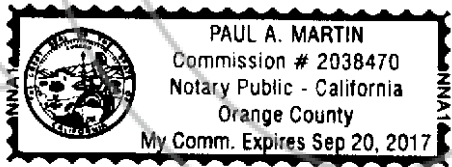




EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Lincoln, State of Nevada and is described as follows:

LOTS 5 AND 6 IN BLOCK 43, AS SHOWN ON THE OFFICIAL PLAT KNOWN AS THE THOMAS E. DIXON ADDITION TO THE TOWN OF CALIENTE, RECORDED SEPTEMBER 9, 1936 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK A OF PLATS, PAGE 46, LINCOLN COUNTY, NEVADA RECORDS.

TOGETHER WITH THAT PORTION CONVEYED BY DEED RECORDED MARCH 1, 2001 IN BOOK 153 OF OFFICIAL RECORDS, PAGE 387 AS FILE NO. 116008, LINCOLN COUNTY, NEVADA RECORDS AS FOLLOWS:

THAT PORTION OF LOT 7 OF BLOCK 43 IN THE CITY OF CALIENTE, LINCOLN COUNTY, NEVADA OCCUPIED BY OWNERS OF LOT 6 OF SAID BLOCK 43 WHICH SAID BLOCK 43 SURVEY RECORDED AS PLAT BOOK B PARTICULARLY DESCRIBED AS FOLLOWS:

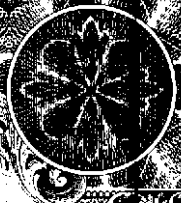
BEGINNING AT A POINT ON THE NORTHERLY BOUNDARY OF DIXON STREET WHICH IS ON THE BOUNDARY OF LOTS 6 AND 7 MARKED A 5/8" REBAR WITH CAP STAMPED L SMITH PLS 12751 FROM WHICH THE SOUTHEAST CORNER OF SAID BLOCK 43 BEARS NORTH 60 DEG 12' 52" EAST 112.34 FEET, ALSO MARKED BY A 5/8" REBAR WITH CAP STAMPED L SMITH PS 12751; THENCE NORTH 29 DEG 53' 26" WEST 125.43 FEET TO A 5/8" REBAR WITH CAP STAMPED L SMITH PLS 12751, WHICH IS THE NORTHWEST CORNER OF SAID LOT 7, AND BORDERS THE ALLEY OF BLOCK 43; THENCE NORTH 60 DEG 10' 10" EAST 13.17 FEET ALONG THE NORTHWESTERLY LOT LINE WHICH IS ON THE SAID ALLEY TO THE EXISTING FOUNDATION FOR THE FENCE OF OCCUPATION; THENCE SOUTH 29 DEG 47' 59" EAST 73.26 FEET ALONG THE SAID FENCE TO AN OFFSET IN THE FENCE; THENCE SOUTH 46 DEG 30' 33" WEST 0.64 FEET ON THE OFFSET; THENCE SOUTH 29 DEG 49' 00" EAST 48.13 FEET TO ANOTHER OFFSET AROUND A BRICK MONUMENT; THENCE SOUTH 57 DEG 06' 35" WEST 1.07 FEET; THENCE SOUTH 29 DEG 25' 37" EAST 3.85 FEET TO THE DIXON STREET LINE; THENCE SOUTH 60 DEG 12' 52" WEST 11.27 FEET TO THE POINT OF BEGINNING. CONTAINING 1603 SQUARE FEET MORE OR LESS.

THE BASIS OF BEARING IS LINCOLN STREET BETWEEN FIRST AND SECOND STREET AS RECORDED PLAT BOOK B, PAGE 59 OF LINCOLN COUNTY RECORDS NORTH 45 DEG 02' 40" EAST.

NOTE : THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED SEPTEMBER 25, 2008, IN BOOK 244, PAGE 683, AS INSTRUMENT NO. 132663.



NEVADA
OFFICE OF VITAL RECORDS



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

2015019725
 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) Terence Raynor TRUAX		2. DATE OF DEATH (Mo/Day/Year) October 27, 2015		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Grover C Dils Medical Center Inpatient(Specify) Residential Care Facility		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1940	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (Maiden name)			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Facility Administrator		14b. KIND OF BUSINESS OR INDUSTRY Entertainment	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 640 Dixon Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Rex TRUAX			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alberta SHACKELFORD		
18a. INFORMANT- NAME (Type or Print) Rhonda WIGGINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 962 Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Conaway Veterans Memorial Cemetery		19c. LOCATION City or Town State Caliente Nevada 89008	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) RICHARD KATSCHKE 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) October 28, 2015		21c. HOUR OF DEATH 02:30		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) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008				23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 18, 2015		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				Interval between onset and death	
(a) Respiratory Arrest				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic Obstructive Pulmonary Disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Metastatic Lung Cancer				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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	
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

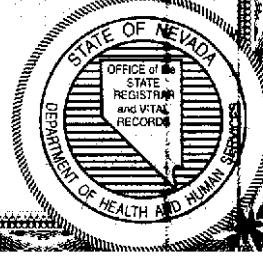
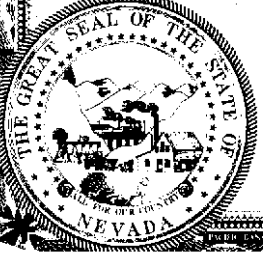
CERTIFIED COPY OF VITAL RECORDS

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: **11/18/2015**

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

[Signature]
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED





Clarification only

APN: 003-093-03
 Escrow No: 20156428-004-SB1

Recording Requested By: National Title Co.
 Mail Tax Statements To: *Same as below*
 When Recorded Mail To:
THE TERENCE R. TRUAX LIVING TRUST
180 S MAIN STREET SPACE #12
RED BLUFFS, CA 96080

CERTIFICATE OF INCUMBENCY

Whereas Terence R. Truax , was the Trustee under that certain Trust entitled The Terence R. Truax Living Trust, and listed as Grantee under that certain GRANT, BARGAINS, SALE DEED recorded 07/26/2013 in Book 280, Page 536 as Document No.143737, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

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

SUCCESSOR TRUSTEE:

By: _____
 Valerie Westmoreland

State of Nevada }
 } ss
 County of }

This instrument was acknowledged before me on _____
 by: Valerie Westmoreland _____

Signature: _____
 Notary Public