

Official RecordRecording requested By
WALLS LAW FIRM

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$42.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 300 Page- 0665



0148814

**MAIL TAX STATEMENTS TO AND
WHEN RECORDED, MAIL TO:****The Pribyl Family Trust
4530 Evergreen Place
Las Vegas, NV 89107**

A.P.N.: 05-161-36,49,41,&42

CERTIFICATE OF INCUMBENCY

The undersigned, being duly sworn, deposes and says:

1. That on December 28, 2009, **Edward Vernon Pribyl** and **Marguerite Ann Pribyl** executed a revocable living trust named the **Pribyl Family Trust** ("Trust") wherein **Edward Vernon Pribyl** and **Marguerite Ann Pribyl** are the Grantors.

2. Pursuant to Article 2, Section 2.2 of the Trust, **Edward Vernon Pribyl** and **Marguerite Ann Pribyl** were designated as the Co-Trustees of the Trust;

3. **Marguerite Ann Pribyl** died on December 15, 2015. A true and correct copy of the death certificate is attached hereto as Exhibit A.

4. Pursuant to Section 2.3 of Article 2 of the Trust if **Marguerite Ann Pribyl** is unable to serve as Trustee, then **Edward Vernon Pribyl** shall serve as Trustee of the Trust. **Edward Vernon Pribyl** hereby agrees to serve as Trustee, accepts the duties and responsibilities thereof, and agrees to be bound by the terms of the Trust;

5. That the Trustee has, among other powers, the power to sell, exchange, lease and otherwise engage in transactions involving Trust assets as the Trustee deem appropriate;

6. In addition to personal property owned by the Trust, the Trust owns certain real property in Lincoln County, Nevada, described as follows:

The land referred to herein is situated in the State of Nevada, County of LINCOLN, described as follows:

That portion of the Northeast Quarter (NE 1/4) of the Northeast Quarter (NE 1/4) of Section 30, in Township 5North, Range 70 East, M.D.B.&M., more particularly described as follows:

Parcel 4 of that certain Parcel Map recorded January 21, 2003 in the Office of the County Recorder of Lincoln County, Nevada in Book B of Plats, page 464 as File No. 119338, Lincoln County, Nevada records and;

Parcel 1C of that certain Parcel Map recorded January 21, 2004 in the Office of the County Recorder of Lincoln County, Nevada in Book B of Plats, page 462 as File No. 119336, Lincoln County, Nevada records and;



Parcels 1E and 1F of that certain Parcel Map recorded January 21, 2003 in the Office of the County Recorder of Lincoln County, Nevada in Book B of Plats, page 463 as File No. 119337, Lincoln County, Nevada records.

Excepting and reserving therefrom a 1/3 interest in and to all mineral rights in said real estate not heretofore reserved unto the State of Nevada or the Federal Government as reserved in Deed recorded May 21, 1951 in Book J-1 of Real Estate Deeds, page 114 as File No. 26593, Lincoln County, Nevada records.

Further excepting and reserving a 1/3 interest in and to all mineral rights in said real estate not heretofore reserved unto the State of Nevada or the Federal Government as reserved in Deed recorded December 22, 1971 in Book 3 of Official Records, page 310 as File No. 51164, Lincoln County, Nevada records.

Dated January 26, 2016.

Pribyl Family Trust dated December 28, 2009

By: Edward V. Pribyl
Edward Vernon Pribyl, Trustee

STATE OF NEVADA)
)ss.
COUNTY OF COUNTY)

Subscribed and sworn to before me, a Notary Public of the above named state by **Edward Vernon Pribyl** on January 26, 2016.

Patricia S. Lawrence
NOTARY PUBLIC

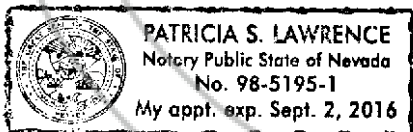




EXHIBIT "A"

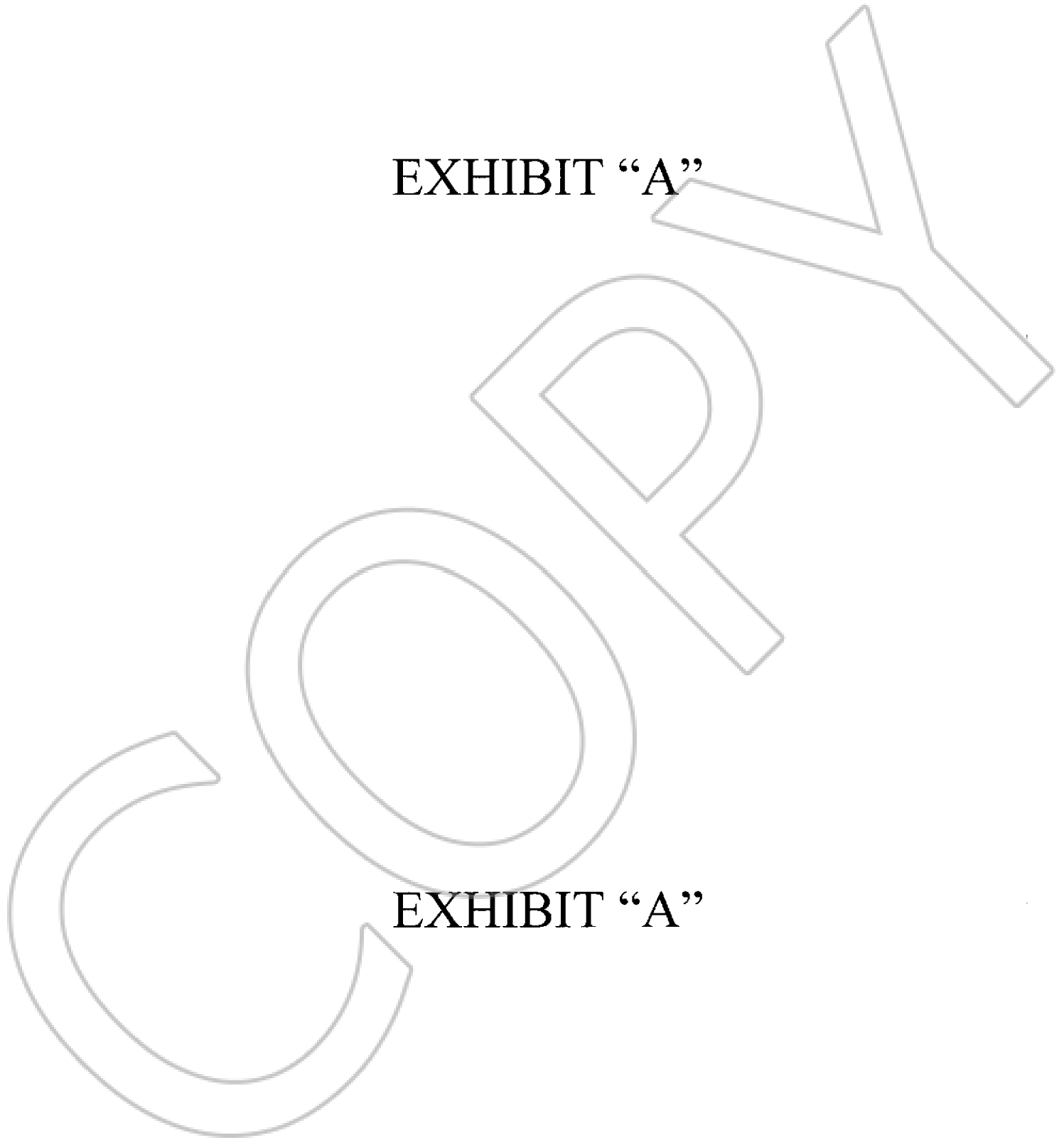


EXHIBIT "A"

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

CASE FILE NO. 3868571

CERTIFICATE OF DEATH

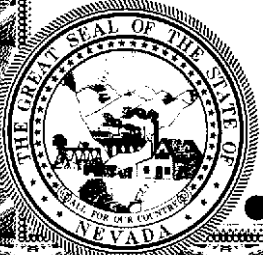
2015021795
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marguerite Ann PRIBYL		2. DATE OF DEATH (Mo/Day/Year) December 15, 2015		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 address) Nathan Adelson Hospice-Tenaya Hospice Facility (HFS)		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm Inpatient (Specify) Hospice Facility (HFS)	
	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
DECEDENT	7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS HOURS MIN'S		8. DATE OF BIRTH (Mo/Day/Yr) December 21, 1937	
	9a. STATE OF BIRTH (if not U.S.A.) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Edward V PRIBYL			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Librarian		14b. KIND OF BUSINESS OR INDUSTRY Education	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
	15d. STREET AND NUMBER 4530 Evergreen Place		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) James W DUPRE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred BLOOD		
	18a. INFORMANT - NAME (Type or Print) Edward V PRIBYL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4530 Evergreen Place Las Vegas, Nevada 89107		
DISPOSITION	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 (Or Person Acting as Such) NEGIE A MARUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Jones 1600 S Jones Blvd Las Vegas NV 89146	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED KATHERINE A STEELE DO			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) December 18, 2015		21c. HOUR OF DEATH 07:17		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) Katherine A Steele DO 4141 Swenson Street Las Vegas, NV 89119			23b. LICENSE NUMBER DO1986		
REGISTRAR	24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 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).)					
CAUSE OF DEATH	PART I (a) End Stage Cardiac Disease				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease; Congestive Heart Failure; Valvular Disease				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 I.					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		

LOCAL 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 state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



203883

DATE ISSUED: DEC 23 2015
 Registrar of Vital Statistics
 By: *[Signature]*
 This copy not valid unless prepared on watermarked security paper 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

