

Official Record

Recording requested By
COW COUNTY TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: HB

Book- 301 Page- 0612



0149073

A.P.N. No.:	001-123-03
Escrow No.:	76623
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
RICHARD J. GAINER, Successor Trustee	
1770 N Pinto Ln	
Pahrump, NV 89060	

(for recorders use only)

CERTIFICATE OF INCUMBENCY

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 40.525.5

(State specific law)

Signature

Successor Trustee

Title

RICHARD J. GAINER

Print Signature



CERTIFICATE OF INCUMBENCY

Whereas, RONDA K GAINER was one the Trustees under that certain Trust entitled THE GAINER FAMILY TRUST, dated November 20, 2012, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded December 7, 2012 in Book 275 of Official Records, page 474 as File No. 142290, Lincoln County, Nevada records, covering the following described property:

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

Lots 4 and 5 in Block 22 in the TOWN OF PIOCHE, as shown on the Official Townsite Map of Pioche, recorded March 2, 1875 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, pages 37, 38 and 39, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2015 - 2016: 001-123-03

AND, WHEREAS, RONDA K GAINER is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, RICHARD J. GAINER, 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 11-E of said Trust, RICHARD J. GAINER 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 RICHARD J. GAINER hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 23rd day of March, of the year 2016.



0149073

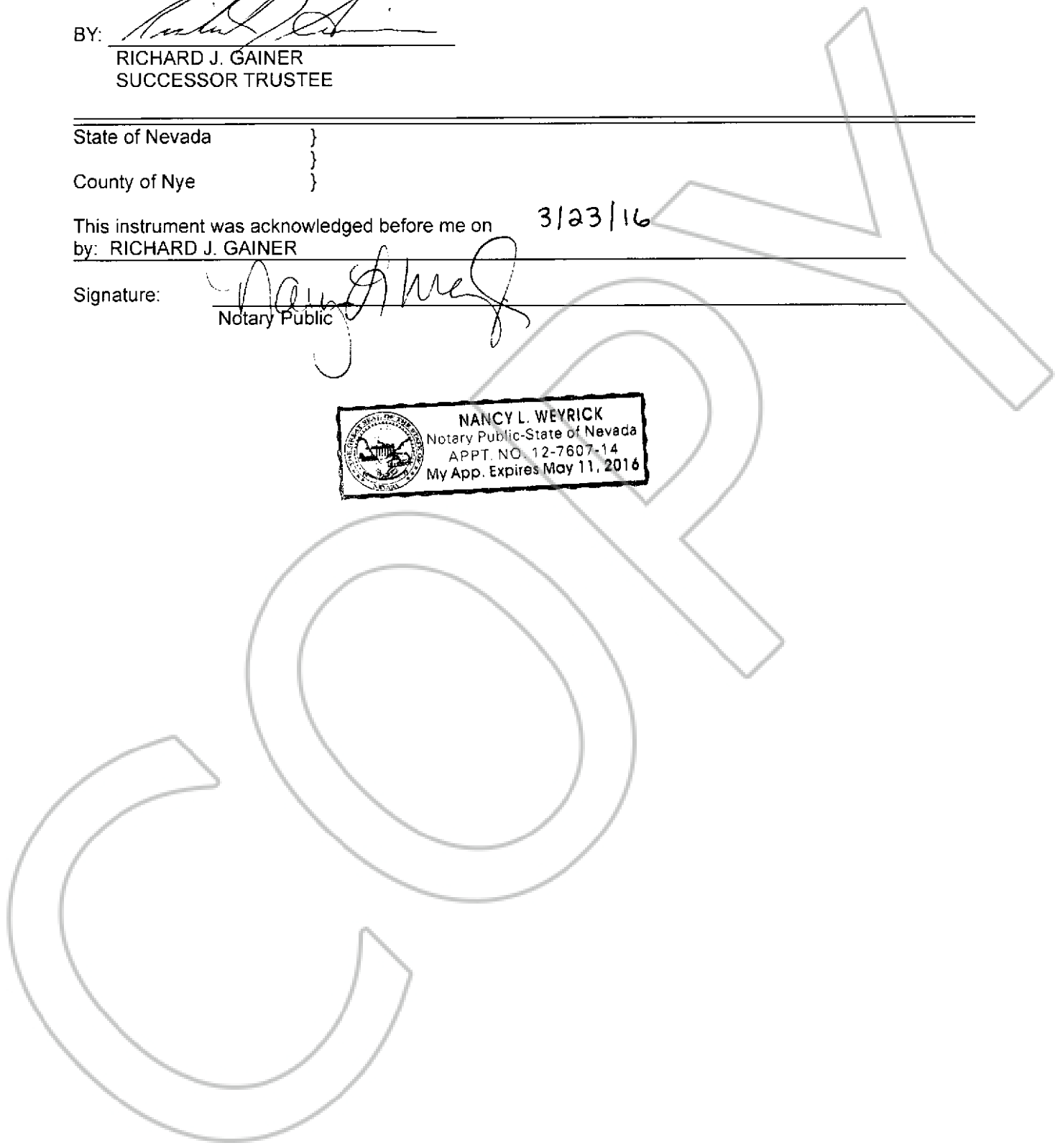
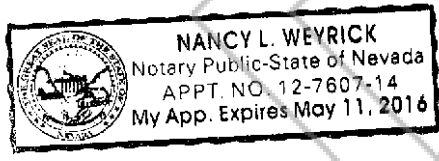
THE GAINER FAMILY TRUST, dated November 20, 2012

BY: *Richard J. Gainer*
RICHARD J. GAINER
SUCCESSOR TRUSTEE

State of Nevada }
County of Nye }

This instrument was acknowledged before me on 3/23/16
by: RICHARD J. GAINER

Signature: *Nancy L. Weyrick*
Notary Public



STATE OF NEVADA
OFFICE OF VITAL RECORDS

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

2014008179
 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) Ronda Kay GAINER		2. DATE OF DEATH (Mo/Day/Year) May 14, 2014		3a. COUNTY OF DEATH Nye	
3b. CITY, TOWN, OR LOCATION OF DEATH Pahrump		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1770 Pinto Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 64		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) October 01, 1949		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) Richard Jerome GAINER	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Office Manager		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Nye		15c. CITY, TOWN OR LOCATION Pahrump	
15d. STREET AND NUMBER 1770 Pinto Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ray MORGAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Afton JENSON		
18a. INFORMANT- NAME (Type or Print) Richard J GAINER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1770 Pinto Lane Pahrump, Nevada 89060		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Pahrump Crematory		19c. LOCATION City or Town State Pahrump Nevada 89048	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TIMOTHY M WILMETH		20b. FUNERAL DIRECTOR LICENSE 827		20c. NAME AND ADDRESS OF FACILITY Pahrump Family Mortuary 5441 S. Vicki Ann Pahrump NV 89048	
20d. SIGNATURE AUTHENTICATED					
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) MICHAEL ANGELO JONAK M.D.			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) May 16, 2014			21c. HOUR OF DEATH 07:00		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
			22c. HOUR OF DEATH		
			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) Michael Angelo Jonak M.D. 1151 S. Highway 160 Pahrump, NV 89048					23b. LICENSE NUMBER 3457
24a. REGISTRAR (Signature) BIANCA GALEANO			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 23, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) Non Small Cell Cancer of Lungs with Metastasis				20 Months	
(b) Tobacco Addiction				Interval between onset and death	
(b) Tobacco Addiction				30 Years	
(c) Tobacco Addiction				Interval between onset and death	
(c) Tobacco Addiction					
(d) Atrial Fibrillation				Interval between onset and death	
(d) Atrial Fibrillation					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
				26d. DESCRIBE HOW INJURY OCCURRED	
28a. 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: **05/27/2014**

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

[Signature]
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

