Record Official

Recording requested By COW COUNTY TITLE CO

Lincoln County - NV Leslie Boucher - Recorder

of 10 Page 1 Fee: \$23.00 Recorded By: Book- 311 Page- 0153

APN:004.121.18

RECORDING REQUESTED BY and when recorded, mail to: The Rushforth Firm. Ltd. P. O. Box 371655 Las Vegas, NV 89137-1655 2017041749

78018

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### CERTIFICATE OF INCUMBENCY

## **Affidavit of Incumbent Trustee** of the SHELDON 1984 TRUST

BRYAN S. SHELDON, under penalties of perjury, does hereby certify and say that:

- On June 28, 1984, BRYAN C. SHELDON and MARY H. SHELDON established a revoc-1. able Trust entitled the "SHELDON 1984 TRUST".
- Under the terms of said Trust, BRYAN C. SHELDON and MARY H. SHELDON were 2. serving as Trustees, but BRYAN C. SHELDON and MARY H. SHELDON have died, and certified copies of the deceased Trustee's death certificates are attached hereto as Exhibit "B" and incorporated herein by this reference.
- Pursuant to the terms of the Trust, SHERYL A. HOLBROOK and SUSAN L. REGAN, 3. respectively, were designated to serve as Successor Trustee, and they have declined to serve, and a copy of their Declination to Serve as Trustee is attached hereto as Exhibit "C" and incorporated herein by this reference.
- Pursuant to the terms of the Trust, BRYAN S. SHELDON is the designated successor 4. Trustee. By signing this certificate, BRYAN S. SHELDON agrees to serve as Trustee, accept the duties and responsibilities thereof, and agrees to be bound by the terms of the Trust.
- The Trustee has, among other powers, the power to sell, exchange, lease, and otherwise engage in transactions involving Trust assets as the Trustee deems appropriate. The Trustee has the power to make all types of investments without limitation.
- For purposes of the federal Health Insurance Portability and Accountability Act of 1996 6. and related regulations (42 USC § 1320d and 45 CFR §§ 160-164) ("HIPAA"), the undersigned does hereby designate appoint each co-trustee (if any) and each successor

Certificate of Incumbency Page 2

Trustee designated in accordance with the terms hereof (even prior to serving in that office) as his or her "personal representative", with full authority to receive private, privileged, protected, or personal health information related to the Trustee or cotrustee's health and/or incapacity and to divulge such information as necessary to accomplish the purposes of the Trust. The undersigned acknowledges that any Trustee or co-Trustee who fails to authorize the release of private, privileged, protected, or personal health information related to the Trustee or co-trustee's health and/or incapacity upon the request of a co-trustee or of a successor Trustee or co-trustee) or who fails to divulge such information as necessary to accomplish the purposes of the Trust shall cease to be the Trustee or a co-trustee.

- 7. The trust instrument provides that no person dealing with the Trust is obligated to inquire as to the powers of the Trustee or to inquire as to how the Trustee applies any funds delivered to the Trustee.
- 8. The assets of the Trust include the property described on Exhibit "A", which is attached hereto and incorporated herein by this reference.

SS.

DATED <u>5May 17</u>.

BRYAN S. SHELDON

STATE OF NEVADA

COUNTY OF CLARK

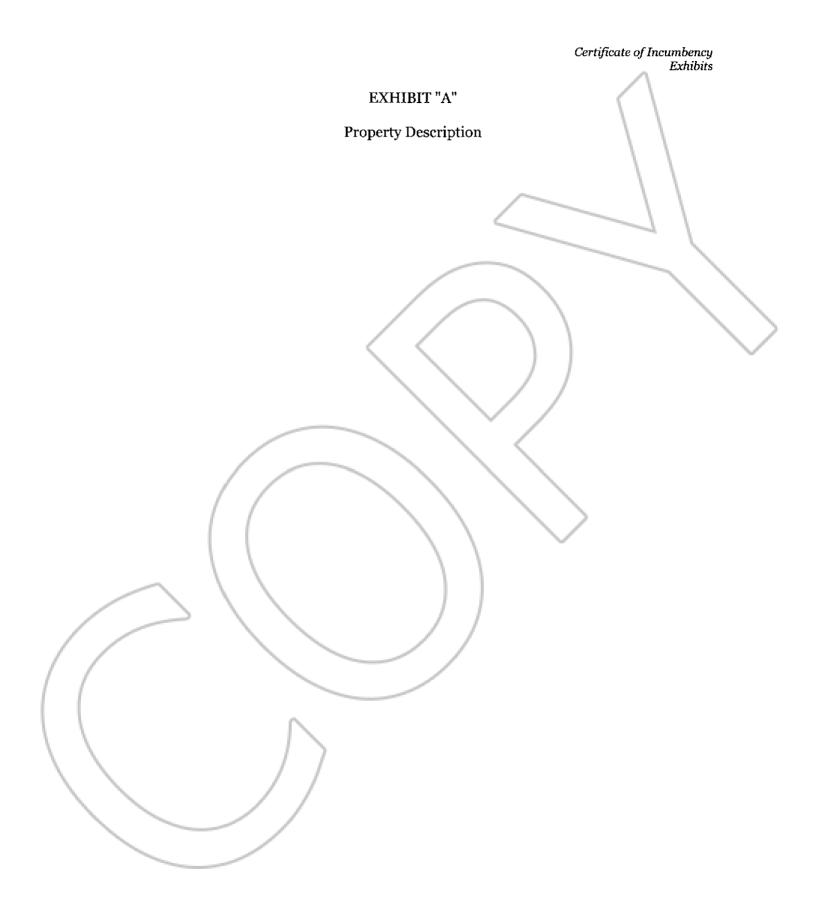
This instrument was acknowledged before me on MAY 0 5 2017

, by BRYANS.

SHELDON.

NOTARY PUBLIC

ANNE STOKES
Notary Public State of Nevada
No. 06-109463-1
My Appt. Exp. Nov. 1, 2018



## EXHIBIT "A"

APN: 004-121-18

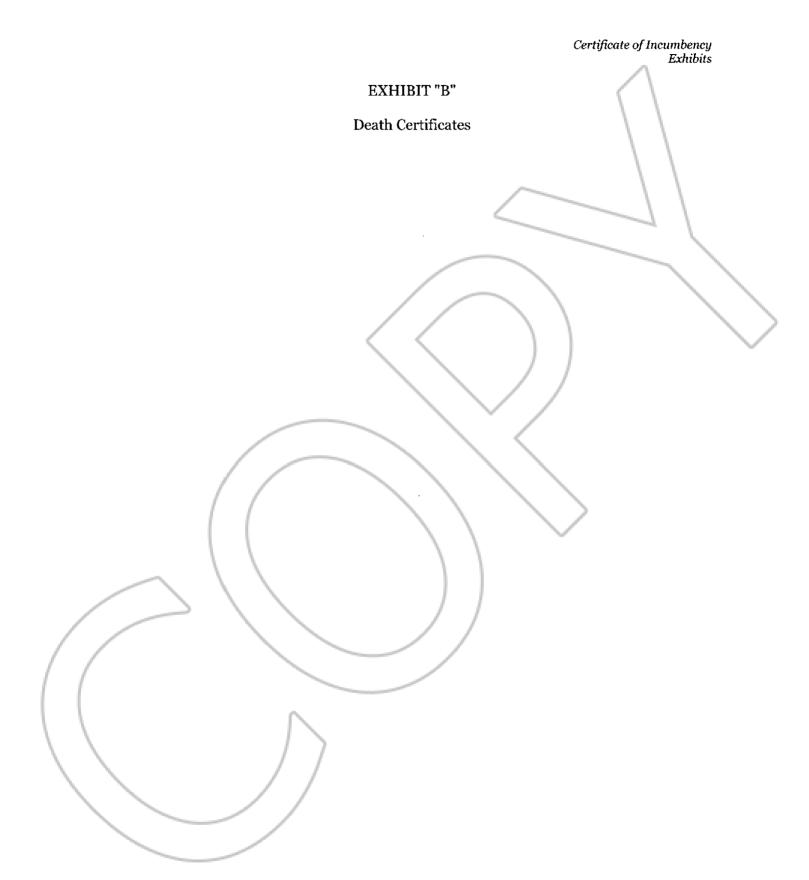
All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

Lot Forty-nine (49) of ALAMO SOUTH SUBDIVISION, TRACT NO. 1, UNIT NO. 2, as shown by final plat recorded January 13, 1977 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 126 as File No. 59021, Lincoln County, Nevada records.

EXEPTING THEREFROM that portion of Lot 49, Tract No. 1, Unit No. 2 Alamo South Subdivision located West of the 21 foot irrigation easement situate in the Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4) of Section 8, Township 7 South, Range 61 East, M.D.B. & M., as conveyed by Deed recorded December 18, 1987 in Book 78 of Official Records, page 89 as File No. 88148, Lincoln County, Nevada records.

EXCEPTING AND RESERVING all mines of gold, silver, copper, lead, cinnabar and other valuable minerals which may exist in the said tract as reserved in the land patent recorded April 9, 1927 in Book C-1 of Deeds, page 296 as File No. 3965, Lincoln County, Nevada records.





## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH** VITAL STATISTICS

**CASE FILE NO. 3944075** 

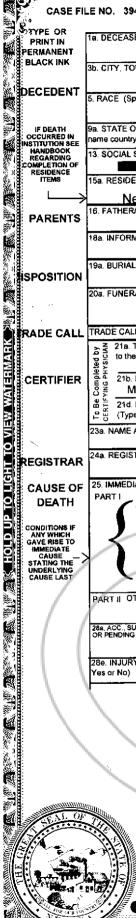
**CERTIFICATE OF DEATH** 

2017003961

(ia)									•		STATE F	FILE NUMI	BER		
PRINT IN	1a. DECEASED-NAME (FIRST	r,MIDDLE,LAS	T, SUFFIX)					2. DATE C	OF DEATH (N	lo/Day/Yea	r) 3a	a. COUNT	Y OF DEAT	Н	
PERMANENT	Mary			SHELDON					February 05, 2017				Clark		
BLACK INK	25 CITY TOWN OR LOCATE	AL OR OTHER	OR OTHER INSTITUTION -Name(if not either, give street a					eet an 3e. If Hosp. or Inst. indicate DOA, OP/Em							
	Henderson	l	St Rose Dominican Hospital Siena Campu					Inpatient(Specify) Inpatient Fe					Female		
DECEDENT	5. RACE (Specify)		6.	Hispanic Orig	in? Specify		ast birthda	7b. UNDE	R 1 YEAR 7	c. UNDER	DAY	B. DATE O	F BIRTH (A	/lo/Day/Yr)	
	٧	Vhite	N	lo - Non-Hisp	panic	(Years)	86	MOS			MINS		mber 30		
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OCCURRED IN NSTITUTION SEE	name country) Californ		United States 12 Widowed												
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMB	COOCHE COOCH, MICH (SILVE SILVE)						ND OF BUSI	F BUSINESS OR INDUSTRY Ever in US Armed						
OMPLETION OF RESIDENCE									wn Hom	Home Forces? No					
ITEMS	15a. RESIDENCE - STATE	15b COUNT	Υ	15c. CI	TY, TOWN OR LO	CATION	15d. ST	REET AND	NUMBER			1	15e. INSII LIMITS (S	DE CITY Specify Yes	
	Nevada	1 .	Clark		Henderso	מוב	11303	South 6	Point	Name and Address of the Indiana		١,	or No)	Yes	
				V a	TIC (I de Ci o				VÁMIE (First	Middle La	ast Suff	ix)	<b>N</b>		
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix).  17 MOTHER/PARENT NAME (First Middle Last Suffix)  Rether(PARENT NAME (First Middle Last Suffix)  Katherine BUEHLER														
	18a. INFORMANT- NAME (Type or Print)  18b. MAILING ADDRESS (Street or R.F. D. No. City or Town, State, Zip)														
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				LOL OFNET	EDV OR OBEMA			ALL I OHIL	Hendersc			City or To	wn Stat	10	
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	20a. FUNERAL DIRECTOR - S	SIGNATURE (	Dr Person Acti	ing as Such)	20b. FUNERA		F 20c. NA							<b>V</b>	
	CHRI	S WALT	ERS		LICENSE NUN	196			esert Me		i .			_	
		TURE AUT	HENTICATE	D	04		<u> </u>	1/1	11 Las √eg	as BIVO N	Las v	egas N	7 09101		
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CONDITIONS IF	_		\					-		•	;	1			
GONDITIONS IF ANY WHICH GAVE RISE TO	(b)	R AS A CONSE	OUENCE OF				_				<del>- :</del>	Interval b	etween ons	et and death	
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UNDERLYING CAUSE LAST	DUE TO, OR	AS A CONSE	QUENCE OF	No.	•	/	-/-				1				
	(d)		<b>N</b>	The state of the s		<i>P</i>	/	_						ne"	
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-///	/		- No.									No	(Specify Yes	TO CORONER s or No) Yes	
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	28e. INJURY AT WORK (Spec Yes or No)	building,	CE OF INJUR' etc. (Specify)	Y- At home, far	rm, street, factory	office 28	Bg LOCATI	ION S	STREET OR	K.F.D No.	CIT	Y OR TOW	TIN .	STATE	
1 1				7	LOCA	L REGIS	STRAR								
\	\		/	/	, <b>-</b> -									* 4	

"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-201205238





393820

APR 0 7 2017

DATE ISSUED:

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

Registrar g



# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH** 

2007012585

STYPE OR	F								E FILE N				
PRINT IN	1a. DECEASED-NAME FIRST	Г	1b. MIDDLE	1c. LAST	Т	2. DATE	OF DEATH	Mo/Day/Yea	r) 3a. 🤄	COUNTY OF DE	ATH		
PERMANENT	Bryan	Charles	SHELDON										
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Name(If not either, give street 3e.If Hosp. or inst. indicate DOA, OP/Emer. Rm.								4. SEX				
	Alamo		and number)	49 Teresa C	Court		Inpatient(S	ecify)	\ \		l <sub>Male</sub>		
DECEDENT	5. RACE-(e.g., White, Black,	If Was Door	dent of Hispanic Origin			17% LINUX	D 4 VEAD	Zo TENDED 1	KAV In a	ATE OF BIRTH			
	American Indian) (Specify)	If yes, specifi	Mexican, Cuban, Pue	i? No rto Rican, etc.	7a. AGE-Last birthday (Years)	MOS 1	DAYS	HOURS I N	INS O	ATE OF BIRTE	. (мольаултт)		
	American Indian) (Specify) White	, , , , , , ,	Mexican, Cuban, Pue Non-hispa	nic	75	5   ****	1			September			
IF DEATH	9a. STATE OF BIRTH (If not U.	S.A., 9b. 0	CITIZEN OF WHAT CO	UNTRY 10. EDUCA	TION 11. MARRIED	, NEVER MAR	RRIED, WID	OWED,	2. SURVI	/ING SPOUSE	if wife, give		
OCCURRED IN INSTITUTION	name country) Oklahoma		United States	14	DIVORCED (S	Specify)	Marrie	d l'	naiden nar	Mary Helen	WIEBE		
SEE HANDBOOK	13. SOCIAL SECURITY NUMBER	ER 14a.	USUAL OCCUPATION		Done During Most	of Working	170	OF BUSINE	SS OR IN	DUSTRY	****		
REGARDING		Life.	Even If Retired)		-	Commen		The state of the s	_ \	1	:		
RESIDENCE ITEMS	15a. RESIDENCE - STATE	15b. COUNTY	/	CITY, TOWN OR L	n Supervisor	d. STREET A	ND MINDE		nty Sch	ool District			
ITEMS			1	,				1		15e. LIMI	INSIDE CITY TS (Specify Yes or		
-	Nevada	ļ Li	ncoln	Alamo	5 4	9 Teresa (	Court	The second name of	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	No)	TS (Specify Yes or NO		
İ	16. FATHER - NAME (First Mid		17. MOTHE	R - NAME (F	ast Suffix)								
PARENTS	Ernest SHELDON							Bessie Owens ODELL					
	18a. INFORMANT- NAME (Type	186. MAILING AD	DRESS (Street or	r R.E.D. No, C									
	Mary Hele			796	1.								
:	•			reresa Col	urt Atamo		Nevada 89001						
	19a. BURIAL, CREMATION, RE	- P	APT		19c. LOCATION City or Town State								
ISPOSITION	Cremat	tion		€ Dé	sert Crematory	/ \		j L	as Vega	s Nevada 8	<b>3101</b>		
ISPUSITION	20a. FUNERAL DIRECTOR - SI	GNATURE (O	Person Acting as Suc	n) 20b. FUNERA		NAME AND AL							
	CHRIS	S WALTE	RS .	DIRECTOR LI	7%					and Burial			
•		TURE AUTH	ENTICATED_	64	1	/111	I1 Las Veg	as Blvd N	Las Vega	s NV 8910	1		
RADE CALL	TRADE CALL - NAME AND ADD	RESS			/	1	-/-						
	S	**	d Last e		<u> </u>								
	2 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  2 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)												
	NO RICHARD WILLIAM KATSCHKE ID M.D. 18 E									"			
Ì	한 원 21b. DATE SIGNED (M 이 일 November 28, 2	o/Day/Yr)	21c. HOUR OF			22c. HOUR OF DEATH							
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OLKIII ILK	21d. NAME OF ATTEN	DING PHYSIC	AN IF OTHER THAN O	ERTIFIER	원 년 22d. PF	RONOUNCED	DEAD (Mo/	Day/Yr)	22e. PRO	NOUNCED DEA	D AT (Hour)		
•	P 版 (Type or Print)	/ /		7	2 8 mill	- No.	1	·			, ,		
				795	76.								
	23a. NAME AND ADDRESS OF	CERTIFIER (F	HYSICIAN, ATTENDIN	IG PHYSICIAN, MEL	DICAL EXAMINER.	OR CORONE	R) (Type or I		23b. L	ICENSE NUMBI	:R		
	23a. NAME AND ADDRESS OF Rici	F F		17%	76.	794	79	 hint)	23b. L	ICENSE NUMB	:R		
2501253	Ric	hard Willia	m Katschke Jr. I	M.D. P.O. Box	1010 Caliente,	NV 8900	8	)		10509			
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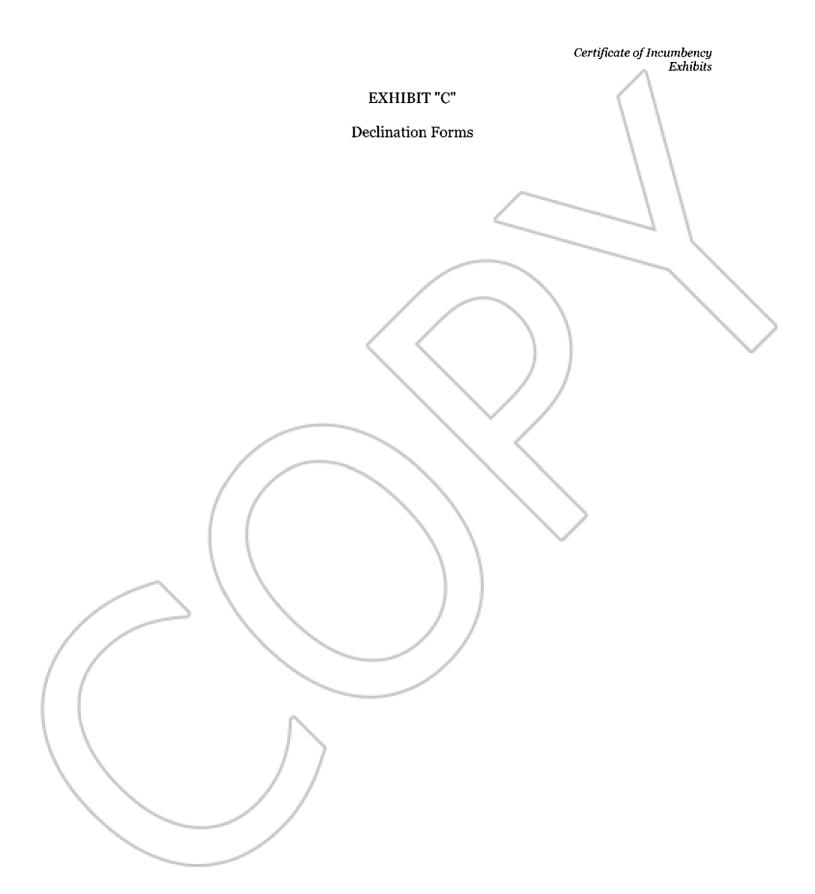
CERTIFIED COPY OF VITAL RECORDS

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:

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





### DECLINATION TO SERVE AS TRUSTEE

SHERYL A. HOLBROOK, under penalties of perjury, does hereby certify and say that:

- 1. On June 28, 1984, BRYAN C. SHELDON and MARY H. SHELDON established a revocable Trust entitled the "SHELDON 1984 TRUST", referred to herein as "the Trust".
- 2. Under the terms of said Trust, BRYAN C. SHELDON and MARY H. SHELDON were serving as Trustees, but BRYAN C. SHELDON and MARY H. SHELDON have died, and certified copies of the deceased Trustee's death certificates are attached hereto and incorporated herein by this reference.
- 3. Pursuant to the terms of the Trust, I was the designated successor Trustee, but, by signing this certificate, I decline to serve as Trustee.
- 4. Pursuant to the terms of the Trust, SUSAN L. REGAN is the designated Successor Trustee to replace me, but she has declined to serve as Trustee.
- 5. I acknowledge that, pursuant to the terms of the Trust, BRYAN S. SHELDON is the designated Successor Trustee to replace me and SUSAN L. REGAN as Trustees.

SHERYLA. HOLBROOK

STATE OF NEVADA }
COUNTY OF CLARK }
ss.

This instrument was acknowledged before me on \_\_\_\_\_MAY 0 5 2017 , by SHERYL A. HOLBROOK.

ANNE STOKES
Notary Public State of Nevada
No. 06-109463-1
My Appt. Exp. Nov. 1, 2018

NOTARY PUBLIC

### DECLINATION TO SERVE AS TRUSTEE

SUSAN L. REGAN, under penalties of perjury, does hereby certify and say that:

- 1. On June 28, 1984, BRYAN C. SHELDON and MARY H. SHELDON established a revocable Trust entitled the "SHELDON 1984 TRUST", referred to herein as "the Trust".
- 2. Under the terms of said Trust, BRYAN C. SHELDON and MARY H. SHELDON were serving as Trustees, but BRYAN C. SHELDON and MARY H. SHELDON have died, and certified copies of the deceased Trustee's death certificates are attached hereto and incorporated herein by this reference.
- 3. Pursuant to the terms of the Trust, SHERYLA. HOLBROOK is the designated Successor Trustee, but she has declined to serve as Trustee.
- 4. Pursuant to the terms of the Trust, I was the designated Successor Trustee after SHERYLA. HOLBROOK, but, by signing this certificate, I decline to serve as Trustee.
- 5. I acknowledge that, pursuant to the terms of the Trust, BRYAN S. SHELDON is the designated Successor Trustee to replace me and SHERYLA. HOLBROOK as Trustees.

SS.

DATED <u>5/5/17</u>.

SUSAN L. REGAN

STATE OF NEVADA

COUNTY OF CLARK

This instrument was acknowledged before me on

MAY 0 5 2017

by SUSAN

L. REGAN.

ANNE STOKES

Notary Public State of Nevada

No. 06-109463-1

My Appt. Exp. Nov. 1, 2018

NOTARY PUBLIC