



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:

1. On June 28, 1984, BRYAN C. SHELDON and MARY H. SHELDON established a revocable Trust entitled the "SHELDON 1984 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 as Exhibit "B" and incorporated herein by this reference.
3. Pursuant to the terms of the Trust, SHERYL A. HOLBROOK and SUSAN L. REGAN, 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.
4. Pursuant to the terms of the Trust, BRYAN S. SHELDON is the designated successor 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.
5. 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.
6. For purposes of the federal Health Insurance Portability and Accountability Act of 1996 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 co-trustee'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.

DATED 5 May 17.

BRYAN S. SHELDON

STATE OF NEVADA }
 } ss.
COUNTY OF CLARK }

This instrument was acknowledged before me on MAY 05 2017, by BRYAN S. SHELDON.

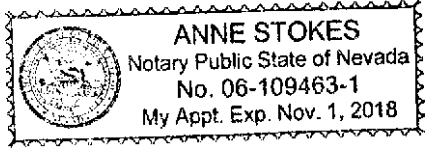
NOTARY PUBLIC



EXHIBIT "A"

Property Description

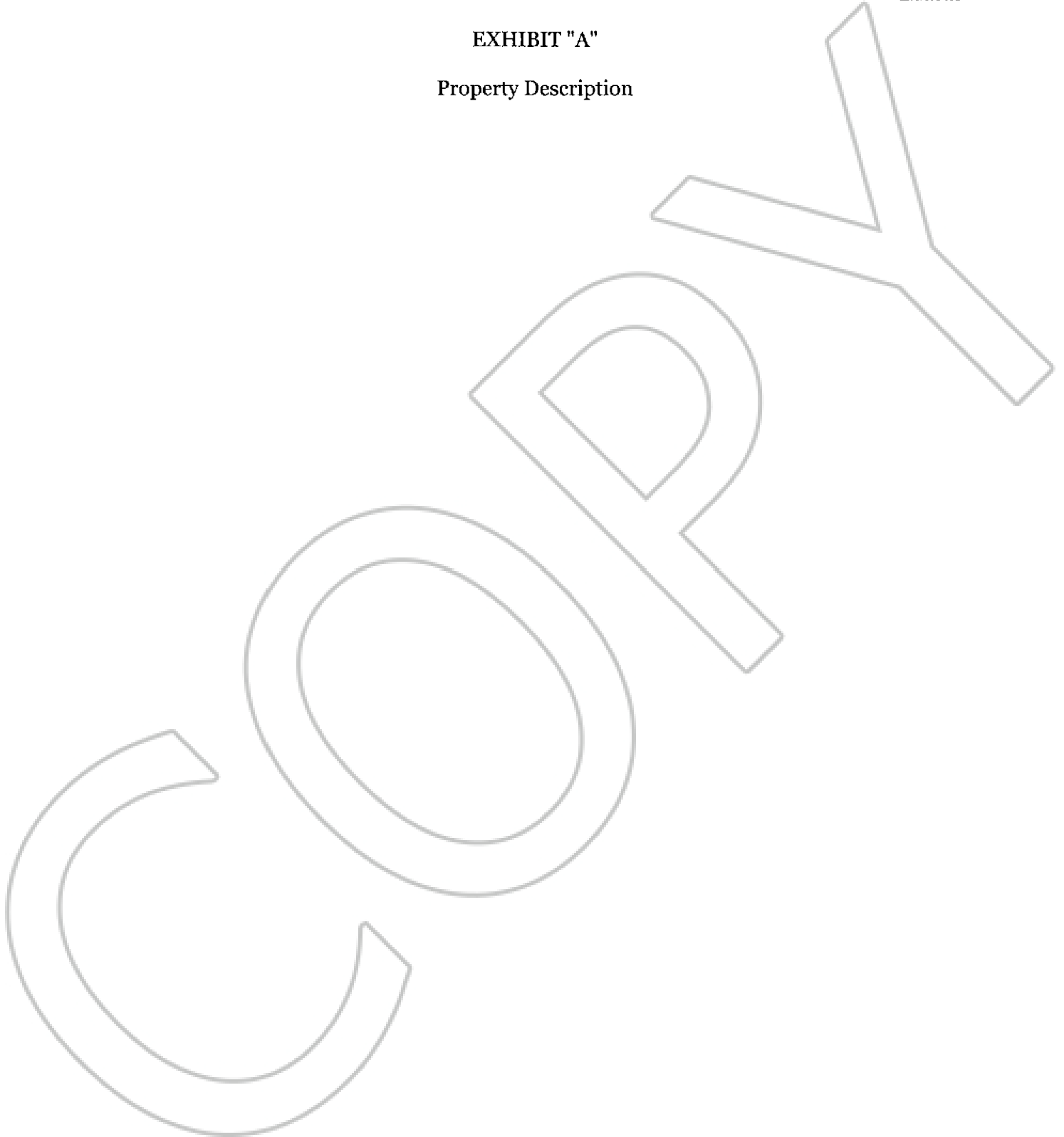




EXHIBIT "A"

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.

EXCEPTING 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.



*Certificate of Incumbency
Exhibits*

EXHIBIT "B"

Death Certificates



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

CERTIFICATE OF DEATH

2017003961 STATE FILE NUMBER

CASE FILE NO. 3944075

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 (FIRST,MIDDLE,LAST,SUFFIX) Mary SHELDON; 2. DATE OF DEATH (Mo/Day/Year) February 05, 2017; 3a. COUNTY OF DEATH Clark; 3b. CITY, TOWN, OR LOCATION OF DEATH Henderson; 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either: give street address) St Rose Dominican Hospital Siena Campus; 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient; 4. SEX Female; 5. RACE (Specify) White; 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 86; 7b. UNDER 1 YEAR MOS DAYS; 7c. UNDER 1 DAY HOURS MINS; 8. DATE OF BIRTH (Mo/Day/Yr) December 30, 1930; 9a. STATE OF BIRTH (If not US/CA, name country) California; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 12; 11. MARITAL STATUS (Specify) Widowed; 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage); 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker; 14b. KIND OF BUSINESS OR INDUSTRY Own Home; Ever in US Armed Forces? No; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Clark; 15c. CITY, TOWN OR LOCATION Henderson; 15d. STREET AND NUMBER 130 South Point; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Bernhard WIEBE; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Katherine BUEHLER; 18a. INFORMANT - NAME (Type or Print) Sue SHELDON; 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 130 South Point Henderson, Nevada 89074; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation; 19b. CEMETERY OR CREMATORY - NAME Desert Crematory; 19c. LOCATION City or Town State Las Vegas Nevada 89101; 20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED; 20b. FUNERAL DIRECTOR LICENSE NUMBER 64; 20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101; 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) SYED F RAHMAN MD SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) March 06, 2017; 21c. HOUR OF DEATH 22:12; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print); 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); 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) Syed F Rahman MD 10410 S Eastern Ave Henderson, NV 89052; 23b. LICENSE NUMBER 10030; 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 06, 2017; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cerebrovascular Disease DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Months; (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death; (c) 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; 25. 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.

NRS-Rev-20120523a



393820

APR 07 2017

Registrar of Vital Statistics

By: Pamela Thomas

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





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

2007012585
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 Bryan		1b. MIDDLE Charles		1c. LAST SHELDON		2. DATE OF DEATH (Mo/Day/Year) November 15, 2007		3a. COUNTY OF DEATH Lincoln			
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 49 Teresa Court			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		4. SEX Male			
5. RACE (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. 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) September 12, 1932		9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
12. SURVIVING SPOUSE (if wife, give maiden name) Mary Helen WIEBE		13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Refrigeration Supervisor			14b. KIND OF BUSINESS OR INDUSTRY County School District			
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo		15d. STREET AND NUMBER 49 Teresa Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Ernest SHELDON					17. MOTHER - NAME (First Middle Last Suffix) Bessie Owens ODELL						
18a. INFORMANT - NAME (Type or Print) Mary Helen SHELDON				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 49 Teresa Court Alamo, Nevada 89001							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Desert Crematory			19c. LOCATION City or Town State Las Vegas Nevada 89101					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101					
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) SIGNATURE AUTHENTICATED RICHARD WILLIAM KATSCHKE JR. 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) November 28, 2007			21c. HOUR OF DEATH 12:54			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
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 William Katschke Jr. M.D. P.O. Box 1010 Caliente, NV 89008								23b. LICENSE NUMBER 10509			
24a. REGISTRAR (Signature) LIZ MUNFORD SIGNATURE AUTHENTICATED					24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 03, 2007			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 (a) Metastatic Lung Cancer							Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death				
(b) Chronic Obstructive Pulmonary Disease							Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death				
(c) Tobacco Abuse							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, HGM., 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

532548

184066

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:

01/09/2008

PHSC0 (REV) 1/06

STATE REGISTRAR
SIGNATURE AUTHENTICATED

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar.

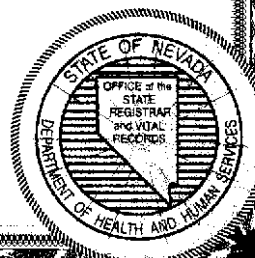
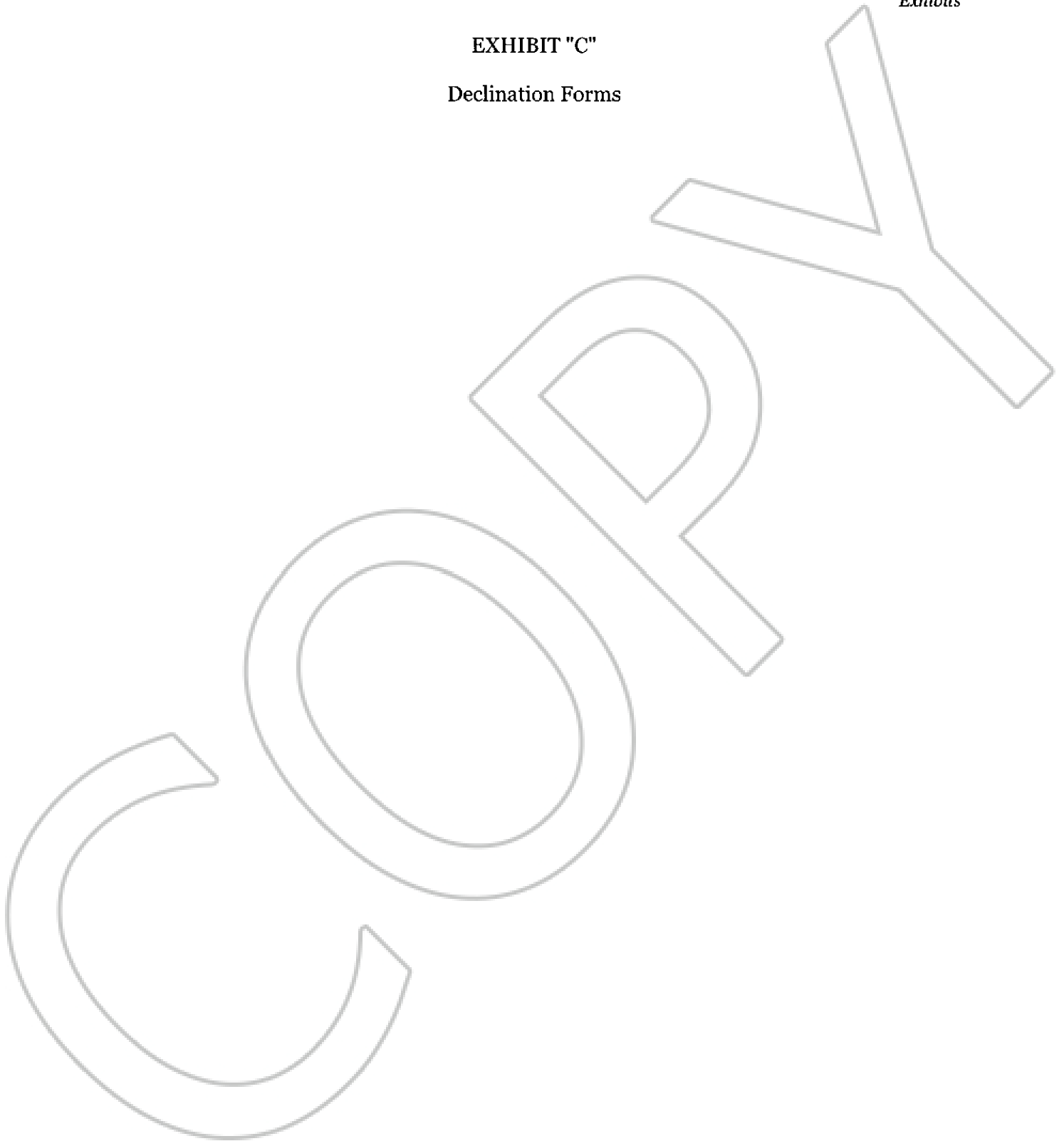




EXHIBIT "C"
Declination Forms





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.

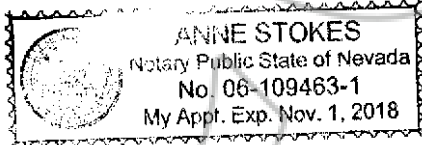
DATED 5-5-2017

Sheryl A. Holbrook

 SHERYL A. HOLBROOK

STATE OF NEVADA }
 }
 COUNTY OF CLARK } ss.

This instrument was acknowledged before me on MAY 05 2017, by SHERYL A. HOLBROOK.



[Signature]

 NOTARY PUBLIC



DECLINATION TO SERVE AS TRUSTEE

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

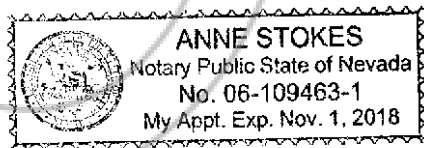
1. On June 28, 1984, BRYAN C. SHELDON and MARY H. SHELDON established a revocable Trust entitled the "SHELDON 1984 TRUST", referred to herein as "the Trust".
2. Under the terms of said Trust, BRYAN C. SHELDON and MARY H. SHELDON were serving as Trustees, but BRYAN C. SHELDON and MARY H. SHELDON have 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.

DATED 5/5/17.

Susan L. Regan
 SUSAN L. REGAN

STATE OF NEVADA }
 }
 COUNTY OF CLARK } SS.

This instrument was acknowledged before me on MAY 05 2017, by SUSAN L. REGAN.



[Signature]
 NOTARY PUBLIC