DOC # 0151933

35/31/2017

08:09 AM

Official Record

Recording requested By DURHAM JONES & PINEGAR

Lincoln County - NV Leslie Boucher - Recorder

Fee: **\$17.00** RPTT: Page 1 of 4 Recorded By: AK

Book- 311 Page- 0467

APN: 00603105 00605102

RECORDING REQUESTED BY: WHEN RECORDED DELIVER TO:

Robert L. Bolick, Esq. DURHAM JONES & PINEGAR, P.C. 10785 West Twain Avenue, Suite 200 Las Vegas, Nevada 89135

MAIL TAX STATEMENTS TO:

Nellie Rae Jones 1120 Plumstead St. Henderson, NV 89002

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

NELLIE RAE JONES, LORRAINE WATSON and SHERRI HAINES, being duly sworn, depose and sav:

- 1. That STANLEY E. JONES and NELLIE RAE JONES, of Las Vegas, Nevada, created the STANLEY E. JONES FAMILY TRUST dated August 15, 1972. STANLEY E. JONES and NELLIE RAE JONES were named in said trust as the initial Trustees.
- 2. That STANLEY E. JONES died on January 6, 2006. See Certified Death Certificate attached hereto as Exhibit 1.
- 3. That the trustee powers are conferred upon the successor Trustee
- 4. That there is real property owned by this Trust and the description of said property is set forth as follows:

All of the East Half of the Southeast Quarter (E2 SE4) and the Southwest Quarter of the Southeast Quarter (SW4 SE4) of Section Twelve (12), in Township Four North (T4N), Range Sixty-eight East (R68E), M.D.B. & M., and Lot numbered Four (4) of Section Seven (7), in Township Four North (T4N), Range Sixty-nine East (R69E), M.D.B. & M, containing one hundred fifty-nine and twenty-nine hundredths (159.29) acres.

Page 1 of 3

Together with any and all improvements situated thereon, consisting of a dwelling house, several out buildings, fences, etc.

Together with any and all water rights appurtenant thereto and in particular Certificate of Apporpriation of Water No. 836 under Application No. 5698 for the waters of Buck's Corral

5. That said instrument provides for the appointment of NELLIE RAE JONES, LORRAINE WATSON and SHERRI HAINES as Trustee of the trust, and said Trustees hereby file this certificate and accept the trusteeship of said trust.

DATED this 20 day of March, 2017.
mo and
Medical Jalen
LORRAINE WATSON
SHERRI HAINES
OTATE OF NEWADA)
STATE OF NEVADA)) ss COUNTY OF CLARK)
On this 29 day of March, 2017, before me, a notary
public, personally appeared NELLIE RAE JONES, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to
the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person or entity upon behalf of which person acted, executed the instrument.

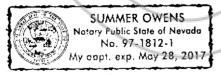
SUMMER OWENS
Notary Public State of Nevada
No. 97-1812-1
My appt. exp. May 28, 2017

NOTARY PUBLIC

Page 2 of 3

STATE OF NEVADA)
) ss COUNTY OF CLARK)
On this 29 day of Marw, 2017, before me, a notary
public, personally appeared LORRAINE WATSON, personally known to me (or proved to
me on the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her
authorized capacity, and that by her signature on the instrument, the person or entity upon behalf of which person acted, executed the instrument.
behalf of which person acted, executed the instrument.
SUMMER OWENS Notary Public State of Nevada Summer OwenS
No. 97-1812-1 My appt. exp. May 28, 2017 NOTARY PUBLIC
STATE OF NEVADA)
) ss COUNTY OF CLARK)
20 Marcha
public, personally appeared SHERRI HAINES, personally known to me (or proved to me or
the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized
capacity, and that by her signature on the instrument, the person or entity upon behalf of
which person acted, executed the instrument.





00165

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS **CERTIFICATE OF DEATH**

¥	, LOCAI	L FILE NUMBER			STATE FILE NUMBER					
TYPE OR PRINT	DECEASED-NAM	MË First	Middle Last i				(Month, Day, Year)	- 20	DUNTY OF DEATH	
PERMANENT	ı. Star		#rys	JONES	dra col		ary 6, 2			
BLACK INK	1						If Hosp, or Inst. Ind Rm. Inpatient (Spec	icate DUA, DP/EIT cily)		
DECEDENT		lerson		Fairview	e e lace to	UNDER 1	3e. YEAR UNDER 1	IDAY IDAYES	4. Male	
			vas Decedent of Hispani pecify Mexican, Cuban, I	c Origin? Specify ☐ yes ☐ Puerlo Rican, etc.	o If yes, AGE—Last Birthday (Y	ears) MOS D		MINS		
	5. Whit	-	CITIZEN OF WHAT C	olay In. day a	7a. 7	_ ,	7c.	3 1	lar 14, 1930 OUSE (If wife, give maiden name)	
IF DEATH OCCURRED IN	(If not U.S.A., nam	ie country)	TRY	grade completed.	. , ,	MARRIED, NEVE WIDOWED, DIVI	ORCED			
INSTITUTION SEE HANDROOK	9a. Idah SOCIAL SECURIT		9b. U.S.A	10. 11		(Specify) Mar	YESS OR INDUSTR		lie Rae Hunt	
REGARDING COMPLETION OF		TNOMBER	Working Life, Even if I			1		\		
RESIDENCE FIEMS	13. RESIDENCESTA	ATE COUNT	14a. Dent	ist / Retire		1.0	dical	-	INSIDE CITY LIMITS	
				10		The state of the s			(Specify Yes or No)	
- (15a Neva	tda 156. First	Clark	15c. Hent	lerson Juother <i>Maid</i> e	15d.	850 Fai	rview Mkkle	15e. Yes	
PARENTS	16. Will	÷ *	ervs	Jenes	17. Ila	IN NOTAL F	no.	IMAGIS	Marston	
	INFORMANT-NA		- T	MAILING A	and the second second	(Street or R	F.D. No., City or Tox	wn, State, Zip)	Hai ston	
	18a. Nell	ie Rae Jon	oc - Liife	18b.	350 Fairvi	aw Hone	jerson. N	evada A ^o	9015	
,		ION, REMOVAL, OFHER		ETERY OR CREMATORY-		11011	LOCATION	City or Town	State	
	19a. Buya	lat a a	19b	Palm Valle	y View Ce	esterv	19a Las	Vecas. N	levada	
DISPOSITION	FUNERAL DIFFECT	OF SIGNATURE	FUNE	RAL DIRECTOR NAME	AND ADDRESS OF FA	ACILITY Pale	Northwey - Ea			
. [20a.	Y XUINT	206.	NSE NUMBER	700 S. Easter	n Ave. Las V	egas, Mevada 8:	*	~	
	Z Lia. To the	pest of my knowledge, de the cause(s) jetated,	sath occurred at the time	, date and place and					y opinion death occurred nd manner stated.	
		ute and Title)	Fline	<u>~</u> \	£_	at the time, that (Signature and Title)		to was causa(s) at	C (Healthe) Old Iou.	
'	DATE	SIGNED (Mo., Day, Yr.)	HOUR O	EDEATH	\$ \$	DATE SIGNED (Mo.	Day, Yr.)	HOUR OF DEA	TH	
OCCUPATION OF THE PARTY OF THE	ဗြို့ 21b.	1 9166	21c.	Before 1;		22b. /	· 	22c.		
CERTIFIER	NAME NAME	OF ATTENDING PHYSIC	AN IF OTHER THAN C	ERTIPIER (Type or Print)	- Bg	PRONOUNCED DE	AD (Mo., Day, Yr.)	PRONOUNCED	ONOUNCED DEAD (Hour)	
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		45	1,000	TENDING PHYSICIAN, ME	7%		•	LICE	NSE NUMBER	
Į	23a. F	Hiot Horow	itz M ED 427	5 S. Burnhau	76		The second second	23b.	2324	
CONDITIONS	REGISTRAR		Δ. Δ.	DAT DAT	E RECEIVED BY REG		2) DEATH DUE TO	COMMUNICABL	E DISEASE	
IF ANY WHICH GAVE RISE TO	24a. (Signature)	> Juliura	len, Aly	PUU 246	JAN 10	2006	24c. YES ☐			
IMMEDIATE CAUSE STATING THE	25. IMMEDIATE CA	AUSÉ (ENTER ON	LY ONE CAUSE PER LI	NE FOR (a), (b), (AND (c).)	/ /			Interval	between onset and death	
STATING THE UNDERLYING CAUSE LAST	PART (a)	Lowesty		+ Fain	<u> </u>		707	<u>: -</u>	us muchly	
CAUSE LAST	' DU.	E TO, OR AS A CONSE	DUENCE OF:		\ \		P.	Interval	between onset and death	
L	} <u>(e)</u>							:		
- [(BU	ETO, OR AS A CONSEC	QUENCE OF:) 1			• Interval	between onset and death	
CAUSE OF	(c)	raightein hat noble	Sulp E					٠ • •		
DEATH	PART OTHER	SIGNIFICANT CONDITI	ONS—Obnations compla	uting to death but not resul	ting by the lundwidying ca	ubsegiverrin Part1.	Yes		SE REFERRED TO ER (Specify Yes of Wa)	
	ACC., SUICIDE, HO	3M. UNDET. DATE OF	F INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJ	URY OCCURRED	26. NO	27.	Yes W	
- / · · · /	OR PENDING INVI (Specify) 28a.	EST.	,	The state of the s	98d.				1	
-/ A	INJURY AT WORK	PLACE	OF INJURY—At home, f	arm, street, factory, office	LOCATION.	STREET OR R.	F.D. No.	CITY OR TOWN	STATE	
1 /	(Specify Yes or No) 28e.	281.	building, elc	. (Specify)	289.					

STATE REGISTRAR

No. 330040

"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.



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APR 2 5 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

