

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$41.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 311 Page- 0549

A.P.N. No.:	002-103-28
Escrow No.:	77898
Recording Requested By:	
COW COUNTY TITLE CO	
When Recorded Mail To:	
Sherrin McHenry	
1088 Desert Pines Dr.	
Cedar City, Utah 84720	



0151945

(for recorders use only)

CERTIFICATE OF INCUMBENCY

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, xx hereby submitted for recording does contain the social security number of a person or persons as required by law: 40.525
(State specific law)

Don-Rita Rice _____ Title *Agent*

Signature _____

Don-Rita Rice
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

CERTIFICATE OF INCUMBENCY

Whereas, **ROBERT KENT McHENRY** was the Trustee under that certain Trust entitled ROBERT KENT McHENRY FAMILY TRUST DATED APRIL 15 2010, and listed as Grantee under that certain QUITCLAIM DEED recorded April 23, 2010 in Book 255 of Official Records, page 611 as File No. 135855, 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:

That portion of the Northwest Quarter (NW1/4) of Section 9, Township 2 South, Range 68 East, M.D.B. & M., more particularly described as follows:

Lot 11 in SUN GOLD MANOR UNIT NO. 1, according to the Official Subdivision Map recorded September 30, 1952 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 63 as File No. 27842, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2016 - 2017: 002-103-28

AND, WHEREAS, Robert Kent McHenry is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, SHERRIN McHENRY, 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 Article One, Section C of said Trust, SHERRIN McHENRY 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 SHERRIN McHENRY hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 23rd day of May, of the year 2017.

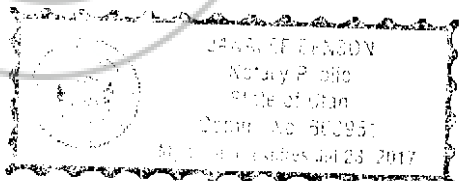
SUCCESSOR TRUSTEE

BY: Sherrin McHenry
SHERRIN McHENRY
SUCCESSOR TRUSTEE

State of UTAH }
County of IRON }

This instrument was acknowledged before me on May 23, 2017
by: Sherrin McHenry

Signature: Jamalee Benson
Notary Public





0151945

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OFFICE OF VITAL RECORDSDEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2013021038

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Kent MCHENRY			2. DATE OF DEATH (Mo/Day/Year) December 20, 2013		3a. COUNTY OF DEATH Lincoln				
	3b. CITY, TOWN, OR LOCATION OF DEATH Panaca			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Grover C Dils Medical Center		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient)(Specify) Dead On Arrival (DOA)				
	5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71				
	7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 26, 1942				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married			
	13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Pipeline		14b. KIND OF BUSINESS OR INDUSTRY Construction		Ever in US Armed Forces? Yes		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca		15d. STREET AND NUMBER 1330 Wadsworth Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert John MCHENRY				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Norma WADSWORTH					
PARENTS	18a. INFORMANT - NAME (Type or Print) Kathleen FARNSWORTH			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1501 West 330 North St. George, Utah 84770						
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery			19c. LOCATION City or Town State Panaca Nevada 89042			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008				
TRADE CALL	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) CHASE D DIRKS SIGNATURE AUTHENTICATED				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) CHASE D DIRKS SIGNATURE AUTHENTICATED					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH						
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr) December 27, 2013		22c. HOUR OF DEATH 12:04				
REGISTRAR	22d. PRONOUNCED DEAD (Mo/Day/Yr) December 20, 2013					22e. PRONOUNCED DEAD AT (Hour) 12:04				
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Pioche, NV 89043						23b. LICENSE NUMBER 40			
	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 31, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CAUSE OF DEATH	26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death		
	PART I (a) Arteriosclerotic Cardiovascular Disease							Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF: (b) Diabetes Mellitus							Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF: (c) _____							Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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 1.					28. 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	

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: 01/03/2014


 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

