



OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

APN: 005-231-38; 005-231-39

Recording Requested by:
Rushforth, Lee & Kiefer
1707 Village Center Cir., Suite 150
Las Vegas, NV 89134

SPACE ABOVE THIS LINE FOR RECORDER'S USE

CERTIFICATE OF INCUMBENCY

***AFFIDAVIT OF INCUMBENT TRUSTEE
OF THE***

GEORGE R. WILLIAMS REVOCABLE LIVING TRUST

Thanjira Williams, under penalties of perjury, does hereby certify and say that:

1. On March 17, 1998, **GEORGE R. WILLIAMS** established a revocable Trust entitled the "George R. Williams Revocable Living Trust" (the "Trust").
2. Under the terms of the Trust, **GEORGE R. WILLIAMS** was serving as trustee; but **GEORGE R. WILLIAMS** has died. A certified copy of his death certificate is attached as Exhibit 1.
3. Pursuant to the terms of the Trust, the office of trustee shall be filled by the following, to serve in the order named: **WENDY A. WILLIAMS**, **DEBORA K. WILLIAMS**, and **BENJAMIN G. RAMOS**. **WENDY A. WILLIAMS** has declined to serve as trustee. A copy of her Declination is attached as Exhibit 2. **DEBORA K. WILLIAMS** is incapacitated to serve as trustee. **BENJAMIN G. RAMOS** has declined to serve as trustee. A copy of his Declination is attached as Exhibit 3.
4. **WENDY A. WILLIAMS** and **BENJAMIN G. RAMOS** have nominated **THANJIRA WILLIAMS** to serve as the successor trustee. By signing this certificate, **THANJIRA WILLIAMS** 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. The assets of the Trust include the property described on the attached Exhibit 4.

Thanjira Williams
Thanjira Williams

03/17/2018
DATE

STATE OF ~~NEVADA~~ California }
COUNTY OF ~~CLARK~~ San Diego } ss.

On March 17th 2018, before me, Loretta Agnes Hernandez Notary Public, personally appeared Thanjira Williams, who is personally known to me - OR - who was 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 he/she executed the same.

WITNESS my hand and official seal.

Loretta Agnes Hernandez
NOTARY PUBLIC



Exhibit 1

COPY

Exhibit 1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2017010159
STATE FILE NUMBER

CASE FILE NO. 3959323

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) George Ronald WILLIAMS		2. DATE OF DEATH (Mo/Day/Year) May 25, 2017		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and Inpatient (Specify)) 7590 N Jones Blvd Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 75	
9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Orasa DARASRISAK		8. DATE OF BIRTH (Mo/Day/Yr) October 15, 1941	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Operating Engineers Union	
15a. RESIDENCE STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 7590 N Jones Blvd		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT NAME (First, Middle, Last, Suffix) James WILLIAMS			17. MOTHER/PARENT NAME (First, Middle, Last, Suffix) Aledia PENDLETON		
18a. INFORMANT NAME (Type or Print) Thanjira WILLIAMS			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 7590 N Jones Blvd Las Vegas, Nevada 89131		
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) KRISTEN E ANDERSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD860		20c. NAME AND ADDRESS OF FACILITY Sunrise Cremation Society 745 W Sunset Rd #5 Henderson NV 89015	
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) LARY SIMMS DO, MPH 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) LARY SIMMS DO, MPH SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) June 01, 2017		21c. HOUR OF DEATH 01:10		22b. DATE SIGNED (Mo/Day/Yr) June 01, 2017	
22c. HOUR OF DEATH 01:10		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 25, 2017		22e. PRONOUNCED DEAD AT (Hour) 01:10	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Lary Simms DO, MPH 1704 Pinto Lane Las Vegas, NV 89106					23b. LICENSE NUMBER 880
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lary Simms DO, MPH 1704 Pinto Lane Las Vegas, NV 89106			24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 01, 2017		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				Interval between onset and death	
(a) Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Morbid Obesity DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF				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. Sleep Apnea				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOMICIDE, 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 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 the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JAN 17 2018**

Registrar of Vital Statistics

By *[Signature]*

This Copy not valid unless prepared on engraved border 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

RVS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 2

COPY

Exhibit 2

Declination to Serve as Trustee and Nomination of Substitute Trustee

Wendy A. Williams, under penalties of perjury, does hereby certify and say that:

1. On March 17, 1998, George R. Williams established a revocable Trust entitled the "George R. Williams Revocable Living Trust" ("the Trust").
2. Under the terms of the Trust, George R. Williams was serving as Trustee, but George R. Williams has died.
3. Pursuant to the terms of the Trust, I am the designated successor trustee, but, by signing this certificate, I decline to serve as trustee.
4. I nominate Thanjira Darasrisak to serve as trustee of the Trust.


Wendy A. Williams

6-26-17
Date

Exhibit 3

COPY

Exhibit 3

Declination to Serve as Trustee and Nomination of Substitute Trustee

Benjamin G. Ramos, under penalties of perjury, does hereby certify and say that:

1. On March 17, 1998, George R. Williams established a revocable Trust entitled the "George R. Williams Revocable Living Trust" ("the Trust").
2. Under the terms of the Trust, George R. Williams was serving as Trustee, but George R. Williams has died.
3. Pursuant to the terms of the Trust, I am designated as a successor trustee, but, by signing this certificate, I decline to serve as trustee.
4. I nominate Thanjira Williams to serve as trustee of the Trust.


Benjamin G. Ramos

23 JUL 17
Date

Exhibit 4

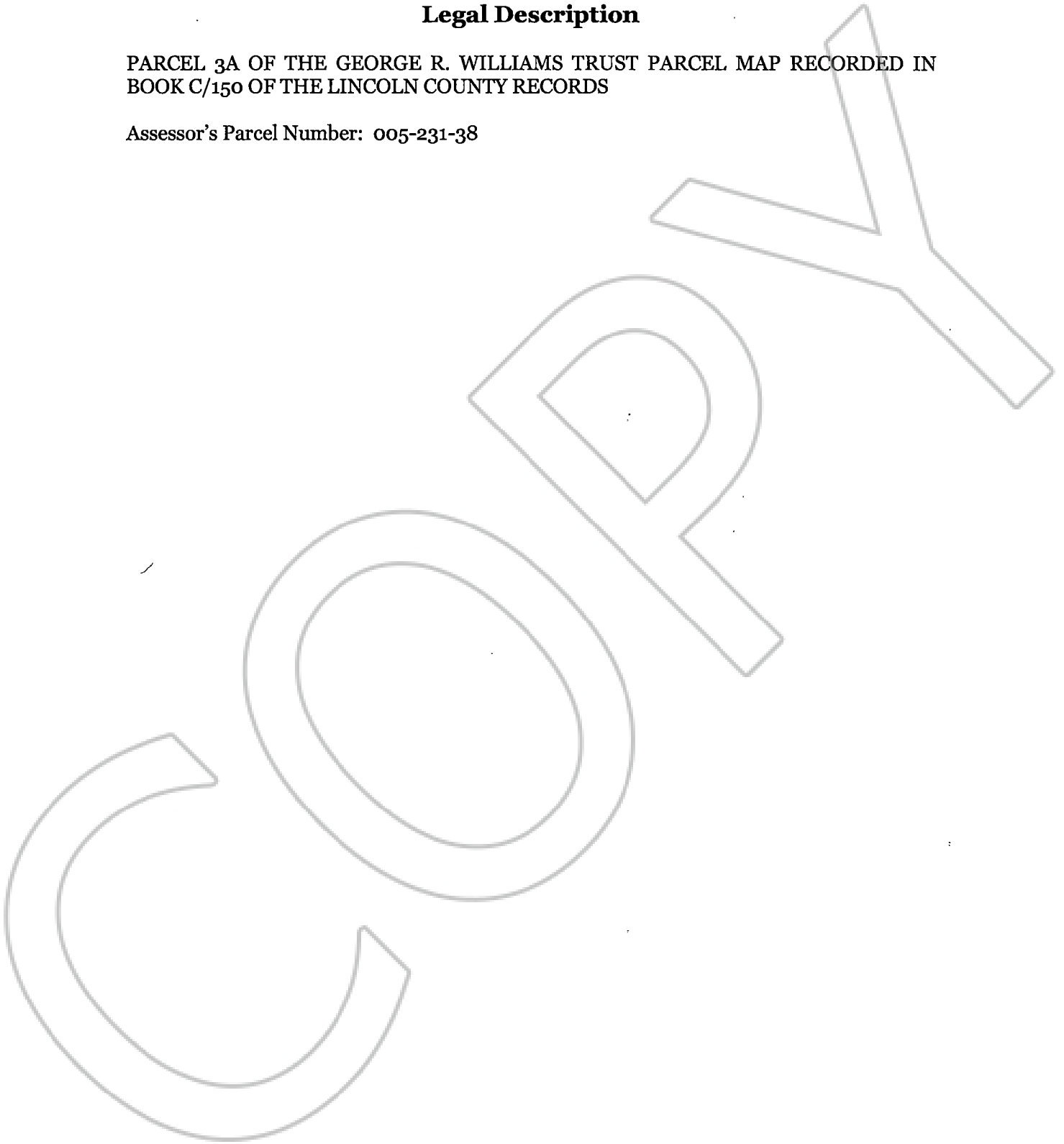
COPY

Exhibit 4

Legal Description

PARCEL 3A OF THE GEORGE R. WILLIAMS TRUST PARCEL MAP RECORDED IN
BOOK C/150 OF THE LINCOLN COUNTY RECORDS

Assessor's Parcel Number: 005-231-38



Legal Description

PARCEL 3B OF THE GEORGE R. WILLIAMS TRUST PARCEL MAP RECORDED IN BOOK
C/150 OF THE LINCOLN COUNTY RECORDS

Assessor's Parcel Number: 005-231-39

Commonly known as: 1281 MEADOW LANE, PIOCHE, NEVADA

