

LINCOLN COUNTY, NV

2018-155139

Rec:\$35.00

Total:\$35.00

08/28/2018 01:27 PM

COW COUNTY TITLE CO.

Pgs=4 AK



00001259201801551390040046

OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

Escrow No: 79503
Recording Requested By:
Cow County Title Co

When Recorded Mail To:
LINDA L. CARPENTER
8140 W. Rosada Way
Las Vegas, NV 89149

Certificate of Incumbency

I the undersigned hereby affirms that this document submitted for recording contain personal information (social security number) of a person as required by specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant references is NRS 40.525

HAROLD D. CHARLTON & DOROTHY L. CHARLTON TRUST,
dated January 6, 1983

BY: *Linda L. Carpenter*
LINDA L. CARPENTER
Successor Trustee

CERTIFICATE OF INCUMBENCY

Whereas, **HAROLD D. CHARLTON** and **DOROTHY L. CHARLTON** were the Trustees under that certain Trust entitled **HAROLD D. CHARLTON and DOROTHY L. CHARLTON TRUST**, dated **January 6, 1983**

AND, WHEREAS,

HAROLD D. CHARLTON and **DOROTHY L. CHARLTON** is one and the same as named on that certain Death Certificate attached hereto and made a part hereof,

LINDA L. CARPENTER 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 Section ONE of said Trust,

LINDA L. CARPENTER 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 **LINDA . CARPENTER** hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 20th day of August, of the year 2018

HAROLD D. CHARLTON & DOROTHY L. CHARLTON TRUST,
DATED JANUARY 6, 1983

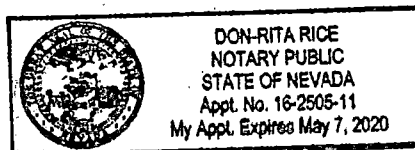
BY: Linda L. Carpenter
LINDA L. CARPENTER
SUCCESSOR TRUSTEE

State of Nevada }
County of Lenoir } ss

This instrument was acknowledged before me on August 20, 2018
by: LINDA L. CARPENTER

Signature:

Don-Rita Rice
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2015018265

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,MIDDLE, LAST,SUFFIX) Harold Douglas CHARLTON		2. DATE OF DEATH (Mo/Day/Year) October 17, 2015		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 address) 2000 North Rampart #143		3e. If Hosp. or Inst. indicate DOA, OP/ Emer: Rm. Inpatient (Specify) Atria Seville Assisted Living	
4. SEX Male		7a. AGE-Last birthday (Years) .90		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
5. RACE: White (Specify) White		6. Hispanic Origin? Specify No.- Non-Hispanic		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) January 10, 1925		9a. STATE OF BIRTH (If not U.S.A.) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify Widowed)		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE- STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 8140 West Rosada Way		15e. Ever in US Armed Forces? Yes		15f. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT- NAME (First Middle Last Suffix) Mr. Ed CHARLTON			17. MOTHER/PARENT- NAME (First Middle Last Suffix) Alice EDMONSTON		
18a. INFORMANT- NAME (Type or Print) Linda CARPENTER			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 8140 West Rosada Way Las Vegas, Nevada 89149		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Donation / Cremation		19b. CEMETERY OR CREMATORY- NAME La Paloma Funeral Services		19c. LOCATION City or Town State Las Vegas Nevada	
20a. FUNERAL DIRECTOR- SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 810		20c. NAME AND ADDRESS OF FACILITY Simple Cremation and Burial Services 3620 N. Rancho Drive #101 Las Vegas, NV 89130	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN FUDENBERG SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) October 23, 2015		21c. HOUR OF DEATH 12:50		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) JOHN FUDENBERG SIGNATURE AUTHENTICATED	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) October 23, 2015		22c. HOUR OF DEATH 12:50	
22d. PRONOUNCED DEAD (Mo/Day/Yr) October 17, 2015		22e. PRONOUNCED DEAD AT (Hour) 12:50		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner John Fudenberg 1704 Pinto Lane Las Vegas, NV. 89106	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 26, 2015		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) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Obstructive Pulmonary Disease					
26. 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 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.

B000185825

DATE ISSUED: **OCT 26 2015**

Registrar of Vital Statistics
By: *J. Ironwell*

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



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VRS-Rev-20120523a

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013006752

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Dorothy Lillian CHARLTON		2. DATE OF DEATH (Mo/Day/Year) April 05, 2013		3a. COUNTY OF DEATH Lincoln	
	3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) Grover C DiIs Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 18, 1924		9a. STATE OF BIRTH (If not U.S.A., name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 8		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Harold CHARLTON	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
DISPOSITION	15d. STREET AND NUMBER 293 Ryan Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur ERNST	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty ERNST		18a. INFORMANT- NAME (Type or Print) Linda CARPENTER		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 8140 West Rosada Way Las Vegas, Nevada 89149	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services		19c. LOCATION City or Town State Las Vegas Nevada	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 810		20c. NAME AND ADDRESS OF FACILITY Simple Cremation and Burial Services 3620 N Rancho Drive #101 Las Vegas NV 89130	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MICHAEL LUEDEMAN M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) April 14, 2013		21c. HOUR OF DEATH 12:45	
	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)	
REGISTRAR	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) MICHAEL LUEDEMAN M.D. 700 N. Spring St. Caliente, NV 89008		23b. LICENSE NUMBER 14495		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 2013		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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Pneumonia, Aspiration Interval between onset and death 1 Week		(b) Hypoxia Interval between onset and death 1 Week		(c) Dementia, End Stage Interval between onset and death 1 Year	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) Congestive Heart Failure Interval between onset and death 3 Years		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	
	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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

480528

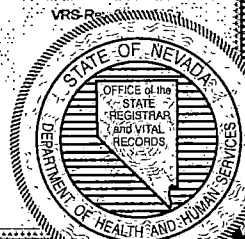
CERTIFIED COPY OF VITAL RECORDS

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: **MAY 03 2013**

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

Rid White
STATE REGISTRAR



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