

LINCOLN COUNTY, NV **2018-155265**  
Rec:\$35.00  
Total:\$35.00 **10/02/2018 01:41 PM**  
COW COUNTY TITLE CO. Pgs=4 AK

<b>A.P.N. No.:</b>	003-078-29
<b>Escrow No.:</b>	80029
<b>Recording Requested By:</b>	
Cow County Title Co.	
<b>When Recorded Mail To:</b>	
<b>Sue Ann Roberts</b>	
251 N 44th Street, Apt 405	
Lincoln, NE 68503	




OFFICIAL RECORD  
LESLIE BOUCHER, RECORDER

(for recorders use only)

**CERTIFICATE OF INCUMBENCY**  
**(Title of Document)**

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

  
Signature \_\_\_\_\_ Escrow Agent \_\_\_\_\_  
Title \_\_\_\_\_

Don-Rita Rice  
Print Signature \_\_\_\_\_

**CERTIFICATE OF INCUMBENCY**

I, SUE ANN ROBERTS, being first duly sworn, deposes and says:

1. James B. Roberts and Dorothy N. Roberts created a living trust by a Declaration of Trust entitled "THE JAMES B. ROBERTS AND DOROTHY N. ROBERTS REVOCABLE LIVING TRUST," dated March 23, 1990
2. In July of 2005 James B. Roberts passed away leaving Dorothy N. Roberts the sole surviving grantor/trustee of THE JAMES B. ROBERTS AND DOROTHY N. ROBERTS REVOCABLE LIVING TRUST.
3. On June 2, 2011, Dorothy N. Roberts amended THE JAMES B. ROBERTS AND DOROTHY N. ROBERTS REVOCABLE LIVING TRUST, dated March 23, 1990, naming Sue Ann Roberts as Successor Trustee.
4. As Successor Trustee, I have all powers granted to the original Trustees in the Declaration of Trust.
5. I agree, and do accept, the office of Successor Trustee of THE JAMES B. ROBERTS AND DOROTHY N. ROBERTS REVOCABLE LIVING TRUST, dated March 23, 1990, and all subsequent amendments.
6. I agree to indemnify and hold harmless any person dealing with me as Trustee from any claim, demand, damage, debt, liability, account reckoning, obligation, cost, expense or cause of action arising out of my actions as Successor Trustee.

DATED this 26 day of April, 2018.

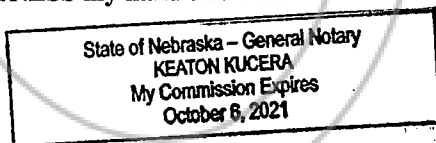
  
SUE ANN ROBERTS

STATE OF NEBRASKA

COUNTY OF LANCASTER

On this 26 day of April, 2018, SUE ANN ROBERTS personally appeared before me, and who is known to me to be the person described above and who acknowledged to me that she executed the foregoing freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and seal.



  
\_\_\_\_\_  
NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH  
VITAL STATISTICS

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

RENTS

POSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH BEING THE EARLIEST ONE LAST

USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last James Bill Roberts		2. DATE OF DEATH (Month, Day, Year) July 12, 2005	
3. CITY, TOWN OR LOCATION OF DEATH Caliente		3a. COUNTY OF DEATH Lincoln	
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Grover C. Dils Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3c. Long term care	
4. SEX Male		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	
6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 83	
7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) Oct 11, 1921		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10. STATE OF BIRTH (If not U.S.A., name country) Nevada		11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Nolan	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. Decedent's Education. Specify highest grade completed. 12	
14. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working-Life, Even if Retired) Engineer	
14b. KIND OF BUSINESS OR INDUSTRY Railroad		15. RESIDENCE—STATE Nevada	
15a. COUNTY Lincoln		15b. CITY, TOWN, OR LOCATION Caliente	
15c. STREET AND NUMBER 13 N. Spring St.		15d. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER—NAME First Middle Last Paul Irving Roberts		17. MOTHER—MAIDEN NAME First Middle Last Kathryn Kuchenmeister	
18a. INFORMANT—NAME (Type or Print) Dorothy N. Roberts		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 221, Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Conaway Veterans Cemetery	
19c. LOCATION City or Town State Caliente, Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
20b. FUNERAL DIRECTOR LICENSE NUMBER 15		20c. NAME AND ADDRESS OF FACILITY Wiscombe Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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) and manner stated. (Signature and Title) <i>[Signature]</i>	
21b. DATE SIGNED (Mo., Day, Yr.) July 14, 2005		21c. HOUR OF DEATH 0930	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) R. William Katschke, M.D.; P.O. Box 1010 Caliente, Nevada 89008		23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 14, 2005	
24c. DEATH DUE TO COMMUNICABLE DISEASE		24d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b); AND (c))		26. INTERVAL BETWEEN ONSET AND DEATH	
PART I (a) Cardiac Failure DUE TO, OR AS A CONSEQUENCE OF:		Seconds	
(b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF:		Years	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
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

No. 239585

075908

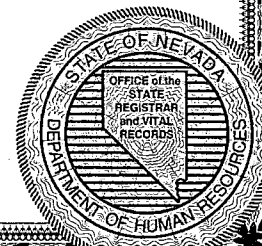
CERTIFIED COPY OF VITAL RECORDS

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: JUL 28 2005

STATE REGISTRAR

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





STATE OF UTAH  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2018005237

Dorothy Nolan Roberts

DECEDENT INFORMATION

Date of Death:	April 8, 2018	Time of Death:	00:27
City of Death:	St George	County of Death:	Washington
Age:	93	Date of Birth:	June 19, 1924
Place of Birth:	Milford, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Widowed
Spouse's Name:		Usual Occupation:	Homemaker
Industry/Business:	Own Home	Education:	High School or GED
Residence:	Callente, Nevada	Parent or Father:	Christopher Thomas Nolan
Parent or Mother:	Hilda Walker	Facility Type:	Nursing Home/Assisted Living
Facility or Address:	Seasons Health and Rehab		

INFORMANT INFORMATION

Name:	Sue Ann Roberts	Relationship:	Daughter
Mailing Address:	251 N 44th St, APT 405, Lincoln, Nebraska 68503		

DISPOSITION INFORMATION

Method of Disposition:	Burial/Removal
Place of Disposition:	Conway Memorial Park Veterans Cemetery, Callente, Nevada
Date of Disposition:	April 13, 2018

FUNERAL HOME INFORMATION

Funeral Home:	Southern Utah Mortuary - Cedar City
Address:	190 North 300 West, Cedar City, Utah 84720
Funeral Director:	Bodie Layne Topham

MEDICAL CERTIFICATION

Medical Professional: William F Esplin DO, St George Clinic, 736 South 900 East Suite 203, St George, Utah 84790

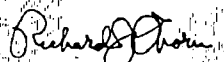
CAUSE OF DEATH

Respiratory Failure [Onset: 12 Hours]  
Due to (or as a consequence of): Metastatic Breast Cancer [Onset: 1 Month]  
Other significant conditions: Dementia, Renal Failure  
Tobacco Use: Non-user  
Medical Examiner Contacted: Yes    Autopsy Performed: No    Manner of Death: Natural

Date Registered: April 11, 2018


Date Issued: April 11, 2018

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext. This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

  
Richard J. Oborn, MPA  
State Registrar  
Rev. 1/16



065472613

  
David W. Blodgett, MD  
Director/Health Officer

