

APN008-061-19

APN _____

APN _____



00001862201801556560090092

OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

CERTIFICATE OF INCUMBENCY

Title of Document

Affirmation Statement

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

XX _____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: Required On Vital Records
(State specific law)

Keith W. Burton Trustee
Signature Title

KEITH W. BURTON
Print

12/13/2018
Date

Grantees address and mail tax statement:
Keith W. Burton & Sue E. Saunders, Trustees
1139 N. Water Street
Henderson, NV 89011

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA)
) SS.
COUNTY OF CLARK)

AFFIANTS, being first duly sworn, depose and say:

1. That KEITH D. BURTON and BETTY S. BURTON created the BURTON FAMILY TRUST on September 2, 2015, wherein KEITH D. BURTON and BETTY S. BURTON were designated as the original Trustees.

2. That BETTY S. BURTON, also known as BETTY SUE BURTON, died on the 17 day of September, 2018, and a certified copy of her death certificate is attached hereto as Exhibit "A".

3. That pursuant to ARTICLE ONE, Section B of the Trust, KEITH D. BURTON shall serve as sole Trustee of the Trust in the event of the death of BETTY S. BURTON.

4. That KEITH D. BURTON has been declared incapacitated and attached hereto as Exhibit "B" is a letter stating that KEITH D. BURTON is incapacitated and unable to take care of his personal and financial affairs.

5. That pursuant to ARTICLE ONE, Section C of the Trust, KEITH W. BURTON and SUE E. SAUNDERS shall serve as Successor Co-Trustees in the event of the death or incapacity of the original Trustees of the Trust, and hereby file this certificate and accept the Successor Co-Trusteeship of the BURTON FAMILY TRUST dated September 2, 2015, and all sub-trusts created thereunder.

6. The Trust covers real property commonly known as 941 Rocky Road, Alamo, Nevada 89001, APN 008-061-19, and further described as Exhibit "C", attached hereto.

PER N.R.S. 111.312, THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED AS DOCUMENT No.0148284, ON SEPTEMBER 8, 2015, IN THE OFFICE OF THE RECORDER OF LINCOLN COUNTY, NEVADA.

DATED this 13 day of December, 2018.



KEITH W. BURTON

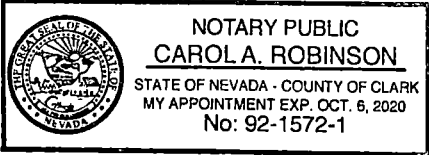


SUE E. SAUNDERS

{Notary acknowledgment follows on next page}

STATE OF NEVADA)
) SS.
COUNTY OF CLARK)

On this 13 day of December, 2018, personally appeared before me, a Notary Public, KEITH W. BURTON and SUE E. SAUNDERS, who acknowledged to me that they executed the above instrument, as the Successor Co-Trustees of the BURTON FAMILY TRUST, dated September 2, 2015.



Carola Robinson
NOTARY PUBLIC

Mail tax notices to:
KEITH W. BURTON & SUE E. SAUNDERS, Co-Trustees
1139 North Water Street
Henderson, Nevada 89011

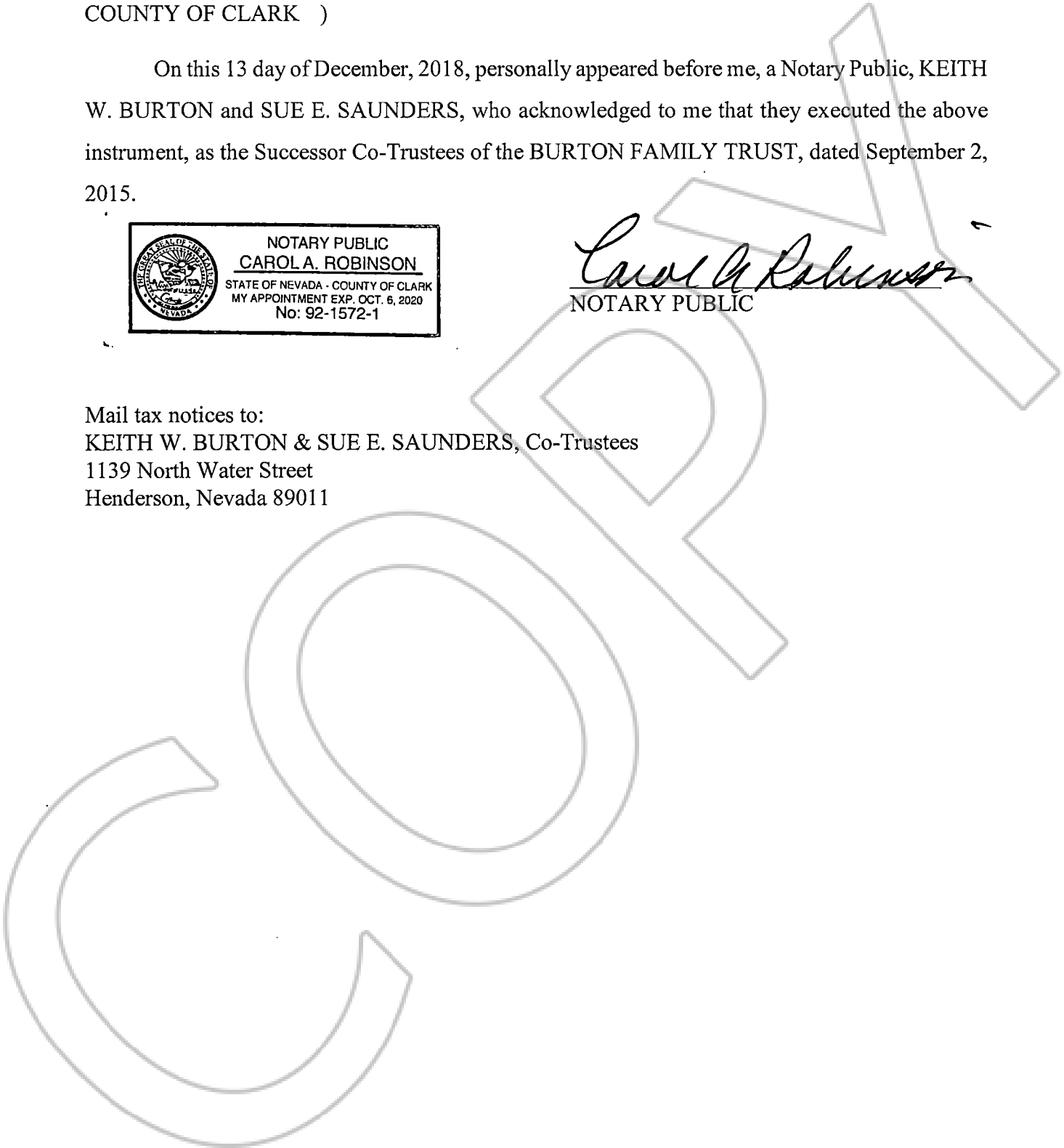


EXHIBIT "A"
Death Certificate of BETTY S. BURTON,
also known as BETTY SUE BURTON

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4041743

CERTIFICATE OF DEATH

2018018374

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) Betty Sue BURTON		2. DATE OF DEATH (Mo/Day/Year) September 17, 2018		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 No. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient (Specify) Nathan Adelson Hospice-Tenaya Nursing Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 79	7b. UNDER 1-YEAR MOS 	7c. UNDER 1-DAY HOURS
8. DATE OF BIRTH (Mo/Day/Yr) March 04, 1939		9a. STATE OF BIRTH (If not US/CA, name country) Florida		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Keith David BURTON	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Cashier		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Alamo	15d. STREET AND NUMBER 941 Rocky Road	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle, Last, Suffix) Grady CARPENTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Trudie MCALPIN		
18a. INFORMANT- NAME (Type or Print) Keith David BURTON		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 305 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION - City of Town State Alamo Nevada 89001	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD907	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008		
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) JENNIFER M POPLAWSKI APRN 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)		
21b. DATE SIGNED (Mo/Day/Yr) September 25, 2018		21c. HOUR OF DEATH 21:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Jennifer M Poplawski APRN 4141 Swenson Street Las Vegas, NV 89119			
23b. LICENSE NUMBER APRN001663		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 25, 2018		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) Cardiovascular Accident Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF Atrial Fibrillation Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death					
(d) 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 I					
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

000737534



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: **SEP 26 2018**

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

Julie Katchear
STATE REGISTRAR

VRS Rev 20120523a

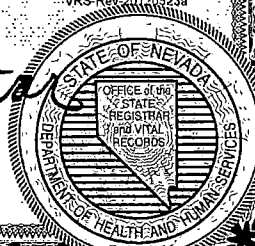


EXHIBIT "B"
Letter Regarding KEITH D. BURTON

COPY

Alamo Clinic

Lincoln County Medical Associates
33 Joshua Tree St
Alamo NV 89001
Phone (775) 725 3364 Fax (775) 725-3591

October 24th 2018

Re: Keith Burton

DOB: 7/16/1939

To whom it may concern:

Mr. Burton is a patient under my care and suffers from severe dementia. He is therefore unable to act on his own behalf.

He has been assessed by two providers in this service and is found to be incompetent to manage his medical and financial power of attorney secondary to his dementia.

His children have agreed that his son Keith Wayne Burton will take over his power of attorney and will manage his affairs from this time forward.

Any other questions or concerns please contact our office.



Robert Schofield PA-C



Clair Bart Anderson PA

EXHIBIT "C"
Legal Description
for
941 Rocky Road, Alamo, Nevada 89001
(APN 008-061-19)

COPY

That portion of the South Half (S ½) of Section 16, Township 7 South, Range 61 East, M.D.M., more particularly described as follows:

BEGINNING at the Southeast corner of the Southwest Quarter (SW ¼) of the Southeast Quarter (SE ¼) of said Section 16; thence North along the East line thereof to the point of intersection of the East line of the West Half (W ½) of the Southeast Quarter (SE ¼) of said Section 16 with the Southwesterly Right-of-Way line of U.S. Highway No. 93; thence Northwesterly along said Right-of-Way line a distance of 990 feet, more or less, to an existing fence line; thence Southwesterly along said fence to the Centerline of an existing creek; thence Southeasterly along said creek Centerline a distance of 1,072 feet, more or less, to a point on the South line of said Section 16; thence East along the South line of said Section 16 to the TRUE POINT OF BEGINNING.