



OFFICIAL RECORD
AMY ELMER, RECORDER

Recording Requested By:

When Recorded Mail To:

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

NAME OF TRUST THE ROBERT DANNEBERGER 42K12 LIVING TRUST

JULIE MALLET
PRINTED NAME OF SUCCESSOR TRUSTEE

CERTIFICATE OF INCUMBENCY

Whereas, **ROBERT DANNEBERGER** was the Trustee under that certain Trust entitled **THE ROBERT DANNEBERGER 42K12 LIVING TRUST**, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded in Book **274** of Official Records, page **0268** as File No. **0141985** LINCOLN County, Nevada records, covering the following described property:

AND, WHEREAS, **ROBERT J. DANNEBERGER** is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, **JULIE MALLET**, 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, **JULIE MALLET** 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 **JULIE MALLET** hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 3 day of DECEMBER, of the year 2019.

NAME OF TRUST **THE ROBERT DANNEBERGER 42K12 LIVING TRUST**

BY: Julie Mallett

SUCCESSOR TRUSTEE **JULIE MALLET**

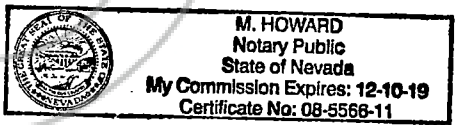
State of Nevada)
) ss
County of Lincoln)

This instrument was acknowledged before me on December 3, 2019

by: Julie Mallett * *

Signature: M. Howard

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4089629

2019013518
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) Robert DANNEBERGER		2. DATE OF DEATH (Mo/Day/Year) June 26, 2019		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH: Henderson		3c. HOSPITAL OR OTHER INSTITUTION: Name (If not either, give street and 505 Meadbury Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) December 03, 1944		9a. STATE OF BIRTH (If not US/CA name country) United States		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Pipe Fitter		14b. KIND OF BUSINESS OR INDUSTRY Union	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 505 Meadbury Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) DANNEBERGER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT - NAME (Type or Print) Billy L ANDERSON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 261 East Kimberly Drive Henderson, Nevada 89015	
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		20b. FUNERAL DIRECTOR LICENSE NUMBER FD860		20c. NAME AND ADDRESS OF FACILITY Sunrise Cremation Society 401 Max Court Henderson NV 89011	
20a. SIGNATURE AUTHENTICATED		20b. SIGNATURE AUTHENTICATED		20c. SIGNATURE AUTHENTICATED	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHRISTINA M DI LORETO MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) July 10, 2019		21c. HOUR OF DEATH 16:25		22a. PRONOUNCED DEAD (Mo/Day/Yr) June 26, 2019	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Christina M. Di Loreto MD 1704 Pinto Lane Las Vegas, NV 89106		22b. DATE SIGNED (Mo/Day/Yr) July 10, 2019		22c. HOUR OF DEATH 16:25	
22d. PRONOUNCED DEAD (Mo/Day/Yr) June 26, 2019		22e. PRONOUNCED DEAD AT (Hour) 16:25		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Christina M. Di Loreto MD 1704 Pinto Lane Las Vegas, NV 89106	
23b. LICENSE NUMBER 17849		24a. REGISTRAR (Signature): NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): July 11, 2019	
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).) (a) Arteriosclerotic Cardiovascular Disease		Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death:		Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death:		Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death:		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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

AKA: John Robert DANNEBERGER

STATE REGISTRAR

VRS-Rev-20120523a

"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:

JUL 16 2019

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

