

APN: 014-010-24  
APN: 014-010-25

**WHEN RECORDED MAIL TO:**

**MAIL TAX NOTICES TO:**

Richard L. Rankin  
P.O. Box 458  
Alamo, Nevada 89001



OFFICIAL RECORD  
AMY ELMER, RECORDER

**AFFIDAVIT OF SUCCESSOR TRUSTEES**

STATE OF NEVADA )  
 ) ss:  
COUNTY OF CLARK )

We, DOUGLAS J. RANKIN and RICHARD L. RANKIN, being first duly sworn, depose and say:

1. That MEREDITH R. RANKIN and RUBY F. RANKIN created the RANKIN 1977 TRUST on January 13, 1977, wherein MEREDITH R. RANKIN and RUBY F. RANKIN were designated as the original Trustees.

2. That MEREDITH R. RANKIN died on January 11, 2017, as evidenced by his Certified Death Certificate, which is attached hereto; and RUBY F. RANKIN died on February 11, 2013, as evidenced by her Certified Death Certificate, which is attached hereto.

3. That, pursuant to the terms of the Trust Agreement, DOUGLAS J. RANKIN and RICHARD L. RANKIN are to serve as Successor Trustees, and hereby file this certificate and accept the Successor Trusteeship of the RANKIN 1977 TRUST, dated January 13, 1977.

4. That there is real property situated in the County of Lincoln, State of Nevada as bounded and described as follows:

**Legal Description:**

**Parcel One (1):**

**ALL THAT PORTION OF THE FOLLOWING DESCRIBED PROPERTY LYING NORTHWESTERLY AND ALONG THE EXISTING RAIL AND ROAD RIGHT OF WAYS**

OF THE STATE ROUTE 317 ROAD RIGHT OF WAY:

The West half of the Northwest Quarter (W1/2 of NW 1/4) of Section 35, Township 5 South, Range 66 East, of the Mount Diablo Base and Meridian.

A Portion of APN 014-010-24

Parcel Two (2):

The following described land ALL being located in Township 5 South, Range 66 East, M.D.B.&M.

Section 26:       The Southwest Quarter of the Southwest Quarter of the Southwest Quarter of the Southwest Quarter (SW1/4 of SW1/4 of SW1/4 of SW1/4)

Section 27:       The Southeast Quarter of the Southeast Quarter of the Southeast Quarter of the Southeast Quarter (SE1/4 of SE1/4 of SE1/4 of SE1/4)

Section 34:       The Northeast Quarter of the Northeast Quarter of the Northeast Quarter of the Northeast Quarter (NE1/4 of NE1/4 of NE1/4 of NE1/4)

All of APN: 014-010-25

EXCEPTING FROM Parcels 1 and 2 above any portion lying within the existing UP rail road and State road right of ways, together with all appurtenances thereunto belonging.

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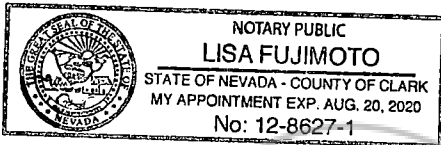
Including, but not limited to all water rights hereunto belonging,  
as the same now exist.

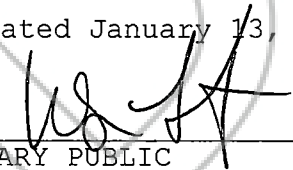
DATED this 10<sup>th</sup> day of February, 2020.

  
DOUGLAS J. RANKIN

STATE OF NEVADA )  
 ) ss:  
COUNTY OF CLARK )

On this 10<sup>th</sup> day of February, 2020, personally appeared  
before me, a Notary Public, **DOUGLAS J. RANKIN**, who acknowledged to  
me that he executed the above instrument, as the Successor  
Trustees of the RANKIN 1977 TRUST, dated January 13, 1977.



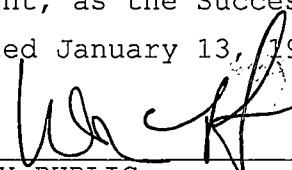
  
NOTARY PUBLIC

DATED this 24<sup>th</sup> day of February, 2020.

  
RICHARD L. RANKIN

STATE OF NEVADA )  
 ) ss:  
COUNTY OF CLARK )

On this 24<sup>th</sup> day of February, 2020, personally appeared  
before me, a Notary Public, **RICHARD L. RANKIN**, who acknowledged to  
me that he executed the above instrument, as the Successor  
Trustees of the RANKIN 1977 TRUST, dated January 13, 1977.

  
NOTARY PUBLIC

\*signed in counterpart



**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. 3935315

2017000542  
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) <b>Meredith Ryan RANKIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 11, 2017</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and <b>1095 Rankin Ranch Loop</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 03, 1935</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>11</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Laborer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing Building Products</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
15d. STREET AND NUMBER <b>1095 Rankin Ranch Loop</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Claud Lee RANKIN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Georga RYAN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Richard Lee RANKIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1095 Rankin Ranch Loop Alamo, Nevada 89001</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DAVID F HOLT</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>866</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Cheyenne</b> <b>7400 W Cheyenne Las Vegas NV 89129</b>	
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) <b>[Signature]</b>			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) <b>CLARENCE RAY SIGNATURE AUTHENTICATED</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>January 17, 2017</b>		21c. HOUR OF DEATH <b>07:14</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>January 17, 2017</b>	
22c. HOUR OF DEATH <b>07:14</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>January 11, 2017</b>		22e. PRONOUNCED DEAD AT (Hour) <b>07:14</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Clarence Ray 1050 SR 322 Pioche, NV 89043</b>				23b. LICENSE NUMBER <b>059</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 17, 2017</b>		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) <b>Acute Myocardial Infarct</b>		Minutes			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) <b>Congestive Heart Failure</b>		3+ Years			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) <b>Hypertension</b>		3+ Years			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Advanced Age</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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	

LOCAL REGISTRAR

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from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



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Registrar of Vital Statistics

By *[Signature]*

DATE ISSUED: **JAN 20 2017**

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SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



**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. 3698472

2013002572  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Ruby Richardson RANKIN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 11, 2013</b>			3a. COUNTY OF DEATH <b>Clark</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an <b>Mountainview Hospital</b>			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		
DECEDENT	5. RACE (Specify) <b>White</b>			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) <b>72</b>		
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) <b>June 09, 1940</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) <b>Utah</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>12</b>		
	11. MARITAL STATUS (Specify) <b>Married</b>			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Meredith RANKIN</b>					
PARENTS	13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Bank Teller</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Banking</b>		
	15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Lincoln</b>			15c. CITY, TOWN OR LOCATION <b>Alamo</b>		
POSITION	15d. STREET AND NUMBER <b>1465 High 96 North</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			Ever in US Armed Forces? <b>No</b>		
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John RICHARDSON</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Vilate Ruth RICHARDSON</b>				
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Meredith RANKIN</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P. O. Box 475 Alamo, Nevada 89001</b>					
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>			19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>		
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER <b>50</b>			20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Cheyenne</b> <b>7400 W Cheyenne Las Vegas NV 89129</b>		
	TRADE CALL - NAME AND ADDRESS								
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>AFSHIN DOUST MD</b>			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) <b>February 20, 2013</b>			21c. HOUR OF DEATH <b>08:51</b>			22b. DATE SIGNED (Mo/Day/Yr)		
CAUSE OF DEATH	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) <b>AFSHIN DOUST MD 2020 Goldring Las Vegas, NV 89106</b>					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>11054</b>			24a. REGISTRAR (Signature) <b>NINETTE HARRINGTON</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 21, 2013</b>		
	24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Congestive heart failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b> PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. AUTOPSY (Specify Yes or No) <b>No</b>			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>						
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			LOCAL REGISTRAR						

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VRS-Rev-20120523a



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AUG 03 2017

Registrar of Vital Statistics  
By: *[Signature]*

DATE ISSUED:  
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