LINCOLN COUNTY, NV Rec:\$37.00

Rec:\$37.00 Total:\$37.00 2020-158998 09/25/2020 02:00 PM

COW COUNTY TITLE CO.

Pgs=4 AK

OFFICIAL RECORD
AMY ELMER, RECORDER

Escrow No: 82187
Recording Requested By:
Cow County Title Co

When Recorded Mail To: Patricia Jean Schnider 171 South 420 East Pine Valley, Utah 84781

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

WRIGHT TRUST DATED JUNE 25, 1998

PATRICIA JEAN SCHNIDER, Successor Trustee

CERTIFICATE OF INCUMBENCY

Whereas, RICHARD N. WRIGHT and LOU ELLEN WRIGHT were the Trustees under that certain Trust entitled WRIGHT TRUST, and listed as Grantee under that certain QUITCLAIM DEED recorded July 31, 1998 in Book 136 of Official Records, page 120 as File No. 111359, Lincoln County, Nevada records, covering the following described property:

AND, WHEREAS, RICHARD N. WRIGHT and LOU ELLEN WRIGHT are one and the same as named on that certain Death Certificate attached hereto and made a part hereof, PATRICIA JEAN SCHNIDER, 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, PATRICIA JEAN SCHNIDER 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 PATRICIA JEAN SCHNIDER hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 1st day of September, of the year 2020.

WRIGHT TRUST DATED JULY 25, 1998

PATRICIA JEAN SCHNIDER SUCCESSOR TRUSTEE

State of	NEVADA }	
County of	LINCOLN }	
This instrur	nent was acknowledged before me on September 10, 2020	2
by: Patricia	a Jean_Schnider, Successor Trustee	
Signature:	Don Rita Mine	
	Notary Public Don-Rita Rice	





STATE OF UTAH

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2012014080

Richard Norman Wright

DECEDENT INFORMATION

Date of Death: November 17, 2012 Time of Death: 05:20
City of Death: Saint George County of Death: Washington
Age: 89 Date of Birth: August 2, 1923

Place of Birth: Philadelphia, Pennsylvania Sex: Male
Armed Services: Yes Marital Status: Married
Spouse's Name: Julia DeFedericis Usual Occupation: Construction

Industry/Business: Construction Education: 9th Through 12th Grade
Residence: Parent or Father: Fredrick E Wright

Parent or Mother: Rose Balch Facility Type: Nursing Home/Assisted Living

Facility or Address: St George Care And Rehab Ctr

INFORMANT INFORMATION

Name: Julia De Federicis Wright Relationship: Wife

Mailing Address: 590 Dixon Street, PO Box 83, Caliente, Nevada 89008

DISPOSITION INFORMATION

Method of Disposition: Burial/Removal

Place of Disposition: Conaway Veterans Memorial Park, Caliente, Nevada

Date of Disposition: November 24, 2012

FUNERAL HOME INFORMATION

Funeral Home: Southern Utah Mortuary - Cedar City

Address: 190 North 300 West, , Cedar City, Utah 84720

Funeral Director: Coby Zobell

MEDICAL CERTIFICATION

Medical Professional: Robert Paul Rignell MD, 515 South 300 East #105, Saint George (Washington), Utah 84770

CAUSE OF DEATH

Debility, Dementia, Weight Loss Tobacco Use: Did not Contribute

Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: November 21, 2012 Date Issued: August 13, 2020

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.

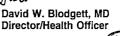
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

Linda S. Wininger LCSW

State Registrar

066427068

Jan Willer









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

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74 [51	FATHER—NAME First	Middle	Last	MOTHER-MAIDEN NA	10 (100 1 1700) T TOO 1 1200	Middle	Lest
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4(). 441		ovledge, death occurred at the		// 2016	On the basis of examination and at the time, date and place and c	for Investigation, in my opin tue to the cause(s) and ma	nion death occurred
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DEATH .	PART OTHER SIGNIFICAN	NT CONDITIONS—Conditions of	ontributing to death but not resulting	g in the underlying cause;		Yes or No. CORONER (REFERRED TO
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/	INJURY AT WORK (Specify Yes or No)		(Specify)	nam timi ay	STREET OR R.F.D. No.:	CITY OR TOWN	STATE
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"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:

Registrar of Vital Statistics
E ISSUED:

By: L. W. W. Statistics
This Copy not valid unless prepared on engraved border displaying date, Galland signature, of Registrar. SOUTHERN NEVADA HEALTH DISTRICT : P.O. Box 3902 · Las Vegas, NV 89127 · 702-759-1010 · Tax ID # 88-0151573

