

APN: 006-041-61

RECORDING REQUESTED BY:  
Hutchison & Steffen, PLLC

WHEN RECORDED MAIL TO:  
Hutchison & Steffen, PLLC  
10080 W. Alta Drive, Ste. 200  
Las Vegas, NV 89145  
Attn: Thomas L. Roberts, Esq.

MAIL TAX STATEMENTS TO:  
Susan B. Merrill, Successor TTEE  
1422 W. 410 N  
St. George, UT 84770

**CERTIFICATE OF INCUMBENCY**

STATE OF UTAH )  
 ) ss:  
COUNTY OF WASHINGTON )

SUSAN B. MERRILL, being duly sworn, deposes and says:

1. That ALBERT CARL BIEDERMAN and PHYLLIS LAWRENCE BIEDERMAN of Overton, Nevada, created "THE ALBERT C. & PHYLLIS L. BIEDERMAN FAMILY TRUST" dated April 16, 2009, and ALBERT CARL BIEDERMAN and PHYLLIS LAWRENCE BIEDERMAN were named in said Trust as the initial Trustees.

2. That ALBERT CARL BIEDERMAN died on July 16, 2015. PHYLLIS LAWRENCE BIEDERMAN died July 10, 2020 as evidenced by that death certificate attached hereto.

3. That said trust instrument provides for the appointment of SUSAN B. MERRILL as the Successor Trustee of said Trust; and said Successor Trustee hereby files this certificate and accepts the sole trusteeship of said Trust.

4. . The Successor Trustee now accepts the sole trusteeship in that real property situated in the County of Lincoln, State of Nevada, described as follows:

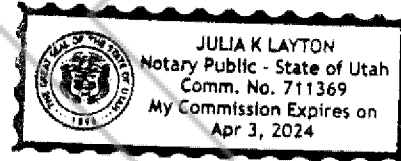
“The West Half (W ½) of the Southeast Quarter (SE ¼) and the East Half (E ½) of the Southwest Quarter (SW ¼) of Government Lot Six (6) in Section 2, Township 4 North, Range 67 East M.D.M.”

THE ALBERT C. & PHYLLIS L. BIEDERMAN  
FAMILY TRUST” dated April 16, 2009

By: Susan B Merrill Successor Trustee  
SUSAN B. MERRILL, Successor Trustee

SUBSCRIBED and SWORN to before me this  
13<sup>th</sup> day of October, 2020 by  
SUSAN B. MERRILL, Successor Trustee.

Julia K Layton  
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. 4155625

2020014640  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST MIDDLE LAST SUFFIX) <b>Phyllis BIEDERMAN</b>		2 DATE OF DEATH (Mo/Day/Year) <b>July 10, 2020</b>		3a COUNTY OF DEATH <b>Clark</b>	
	3b CITY, TOWN OR LOCATION OF DEATH <b>Overton</b>		3c HOSPITAL OR OTHER INSTITUTION - Name (If not other, give street address) <b>241 W. Virginia Avenue</b>		3e If Hosp or Inst indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE - Last birthday (Years) <b>90</b>	
	7b UNDER 1 YEAR <b>MOS</b>		7c UNDER 1 DAY <b>HOURS</b>		7d UNDER 1 DAY <b>MIN</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>Widowed</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
	15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Clark</b>		15c CITY, TOWN OR LOCATION <b>Overton</b>	
DISPOSITION	16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Benjamin Earl LAWRENCE</b>		17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rena JONES</b>			
	18a INFORMANT - NAME (Type or Print) <b>Susan MERRILL</b>		18b MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) <b>1422 W. 410 N. St. George, Utah 84770</b>			
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b CEMETERY OR CREMATORY - NAME <b>Cedar City Cemetery</b>		19c LOCATION City or Town State <b>Cedar City Utah</b>	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BRIAN REBMAN</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD49</b>		20c NAME AND ADDRESS OF FACILITY <b>Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021</b>	
CERTIFIER	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>CHRISTINA M DI LORETO MD SIGNATURE AUTHENTICATED</b>			
	21b DATE SIGNED (Mo/Day/Yr) <b>July 16, 2020</b>		21c HOUR OF DEATH <b>13:15</b>		22c HOUR OF DEATH <b>13:15</b>	
REGISTRAR	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d PRONOUNCED DEAD (Mo/Day/Yr) <b>July 10, 2020</b>		22e PRONOUNCED DEAD AT (Hour) <b>13:15</b>	
	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Christina M Di Loreto MD 1704 Pinto Lane Las Vegas, NV 89106</b>				23b LICENSE NUMBER <b>17849</b>	
CAUSE OF DEATH	24a REGISTRAR (Signature) <b>NANCY BARRY</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 16, 2020</b>		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24b SIGNATURE AUTHENTICATED					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
	PART I (a) <b>Hypertensive Cardiovascular Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(d)				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 <b>Open Fracture Of Distal Right Leg</b>				26 AUTOPSY (Specify Yes or No) <b>No</b>		
28a ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b DATE OF INJURY (Mo/Day/Yr) <b>July 10, 2020</b>		28c HOUR OF INJURY		
28d DESCRIBE HOW INJURY OCCURRED <b>Fell, Fractured Distal Leg Bones</b>						
28e INJURY AT WORK (Specify Yes or No) <b>No</b>		28f PLACE OF INJURY - At home, farm, street, factory, office building etc (Specify) <b>Home</b>		28g LOCATION STREET OR R.F.D. No CITY OR TOWN STATE <b>241 W. Virginia Avenue Overton Nevada</b>		

LOCAL REGISTRAR

"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 22 2020** 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

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