APN: 008-061-01

Escrow No.: NCS-1075609-HHLV

Mail Tax Statements to and when recorded mail to:
The Granada Trust, dated November 14, 1995
9516 W. Flamingo #205
LVNV 89142

LINCOLN COUNTY, NV

2021-160868

Rec:\$37.00

\$37.00

07/26/2021 08:12 AM

FIRST AMERICAN TITLE INSURANCE COMPARMY=4 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

## **CERTIFICATE OF INCUMBENCY**

Whereas, Robert M. Kelch was the Trustee under that certain Trust entitled The Granada Trust, dated November 14, 1995, and listed as Grantee under that certain GRANT, BARGAIN AND SALE DEED recorded April 5, 1996 in Book 118 as Document No. 105049 of Official Records, covering the following described property:

LOT ONE (1) OF PARCEL MAP FOR LARRY R. & ARMENE MILLER AND BRENT D. & MICHELLE STEWART FILED IN BOOK A OF PLATS, PAGE 147, RECORDED APRIL 24, 1979 AS FILE NO. 64179 OF OFFICIAL RECORDS, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

AND Whereas, Robert M. Kelch is one and the same as named on that certain Certificate of Death attached hereto and made a part hereof.

SS

Judi Mottus and Marilyn Kelch Gubler is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE

Judi-Mottus and Marilyn Kelch Gubler

STATE OF

NEVADA

COUNTY OF

**CLARK** 

This instrument was acknowledged before me on

23,2021

hv

Judi Mottus.

4.

Notary Public

(My commission expires: 02/29/2024)

TARA DECODA LEACH
Notary Public, State of Nevada
No. 20-1633-01
My Appt. Exp. Feb. 29, 2024

STATE OF COUNTY OF		) : ss. )	)1	
	Notary Public sion expires:		NO STA	大. RAVELO DTARY PUBLIC TE OF NEVADA た No. 96-2157-1 財曜第一条時間 15: 2024
	••			



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

CERTIFICATE OF DEATH

2020002130

TYPE OR					7 · · · · · · · · · · · · · · · · · · ·	STATE FILE NUMBER	
PRINTIN	1a. DECEASED-NAME (FIRST,M				2. DATE OF DEATH (Mo/Day/Y	ear) 3a. COUNTY OF	DEATH.
PERMANENT ::- BLACK INK	Robert N	- in the second of the second	KELCH		February 04, 2020		lark 🚇 🔝
BLACKINK	3b. CITY, TOWN, OR LOCATION	- mumbant		region of the second of the second	street an 3e.tf Hosp. or Inst. inc	icate DOA,OP/Emer. Rm.	4. SEX 📜 🛒
DECEDENT	Las Vegas		Summerlin Hospital N	ledical Center	Continue Control of the Control	npatient	) Male
	5 RACE (Specify)	the state of the s	spanic Origin? Specify	7a. AGE-Last birthday	7b. UNDER 1 YEAR   7c. UNDE	R 1 DAY 8. DATE OF BIR	TH (Mo/Day/Yr) "
	F , Whi	Man Printer Chair 7	AND JUNE AND AND AND	` ` <b>?                                </b>		I Decembe	er 19, 1950
IF DEATH	9a. STATE OF BIRTH (If not US/C	A 9b CITIZEN OF WH	AT COUNTRY 10 EDUCAT		S (Specify) 12: SURVIVING SPC	USE'S NAME (Last name prior to	o first marrlage)
INSTITUTION SEE	name country) Nevada  13. SOCIAL SECURITY NUMBER	United S		*'arfranciin/	14b. KIND OF BUSINESS O	Carra california assessi calif	er in US Armed
# REGARDING COMPLETION OF	10. GOOME SECONAL MONBEN		Developer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REAL ES		ces? No
RESIDENCE :	15a. RESIDENCE - STATE	5b. COUNTY-1	15c CITY, TOWN OR LO	F 5:	11-1	115	e. INSIDE CITY IITS (Spedfy Yes
	Nevada	Clark	Las Vega	ıs 7, 9513	Canyon Mesa Drive		No) Yes
PARENTS	16. FATHER/PARENT - NAME' (F			17. MOTHER/P	ARENT - NAME (First Middle	Last Suffix)	rh e s
ARENTS		Maxwell KELCH.			, LauraBell		
	18a. INFORMANT- NAME (Type o	(ELCH	18b. MAILING ADD		F.D. No. City or Town, State, Zin		
	19a. BURIAL, CREMATION, REM	in the state of th	The state of the s		Mesa Drive Las Vegas	CATION City or Town	State
SPOSITION	-/ Burial		King Davi	d Memorial Ceme	etery	Las Vegas Nevada	
	20a. FUNERAL DIRECTOR - SIGN	NATURE (Or Person Acting			E AND ADDRESS OF FACILIT	YM AF AF A	
	The state of the s	POSTER 🔪 🥢	LICENSE NUN		54 P. 122274 N. 1 127 P. 127 P. 178	lemorial Chapel	**** ****
		RE AUTHENTICATED	7 700	19	269/ E Eldorado Lr	Las Vegas NV 891	20
RADE CALL	TRADE CALL NAME AND ADDR		e time, data and place and d	ue 22a Ontho	basis of examination and/or invest	nation in myoninion, death o	ocurred
	ਰ ਹੈ to the cause(s) stated (Sign	nature & Title) SIGN	ATURE AUTHENTICATI	D 🖁 🖰 at the time o	date and place and due to the caus	e(s) stated. (Signature & Title	9) E) (E (e
CERTIFIER	MICI	HELLE L'DANIEL	JR OF DEATH		E SIGNED (Mo/Day/Yr)		
CENTIFIER	້ອີ February 05, 2020			E B ZZD DA	Colored (Morbay) 17	22c. HOUR OF DEAT	
	# 21d. NAME OF ATTENDIN			್ ಕೆ 8 22d. PRO	NOUNCED DEAD (Mo/Day/Yr)	22e. PRONOUNCED	DEAD AT (Hour);"
	은 병문(Type or Print)	10 11 11 11 11 11 11 11 11 11 11 11 11 1	44.11.4			<u>Nali   1840   1</u>	
TAMES NO.	23a. NAME AND ADDRESS OF C		TENDING PHYSICIAN, MEI 10120 S Eastern Av			236 LICENSE NU	*****
REGISTRAR	24a. REGISTRAR (Signature)			24b. DATE RECEIVE		DEATH DUE TO COMMUN	
REGIS I RAK	A STATE OF THE STA	41 1814 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ENTICATED /	(Mo/Day/Yr) Feb	ruary 05, 2020	YES NO	$\mathbf{X}$
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE CAUS	E PER LINE FOR (a), (b), A	ND (c) )		Interval between	n onset and death
DEATH		monary.Arrest 🔪					
	DUE TO, OR AS	A CONSEQUENCE OF				Interval betwee	n onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO		A CONSEQUENCE OF		200 mm ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
MMEDIATE CAUSE	Probable	Bowel Ischemia			A STATE OF THE STA	interval betwee	n onset and death
STATING THE UNDERLYING		A CONSEQUENCE OF				Interval between	en onset and death
CAUSE LAST	(b) (b)					The state of the s	
	PART II OTHER SIGNIFICANT O	CONDITIONS-Conditions co	ntributing to death but not re	sulting in the underlying		6 AUTOPSY (Specif 27. W	AS CASE
		e filmis			Part of the second of the seco	(Spec	lfy Yes or No) No
	28a. ACC., SUICIDE, HOM., UNDET.	28b, DATE OF INJURY (Mo/Da)	(Yr) 28c HOUR OF INJ	JRY 28d. DESCRIBE	HOW INJURY OCCURRED	is in	
100						The same	
	28e. INJURY AT WORK (Specify		t home, farm, street, factory,	office 28g LOCATIO	STREET OR R.F.D. N	CITY OR TOWN	STATE
i li ii	Yes or No)	puilding, etc. (Specify)	14 15 14 14 14 14 14 14 14 14 14 14 14 14 14	<u> </u>			ey Jejeb
The second of the second					's		
				iviti 4			/

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

SIGNATURE AUTHENTICATED

DATE ISSUED 7/9/2021

CASE FILE NO. 4128076

DATE ISSUED: 1912021 By: X Man Burnus

This Copy not valid unless prepared on engraved border displaying date, seet and signature of Registrar. SOUTHERN NEVADA HEALTH DISTRICT ... BO. Box 3902 . Las Vegas, NV 89127 ... 702-759 1010 . Tax ID # 88-0151573



## CATION OF VITAL RECORD

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

CASE FILE NO. 4128076

TYPE OR				VILLOWIE (	JF DEATH		/ \		
PRINTIN	In DECEASED-NAME (FIRST,	MIDOLELAGE					-\ A	000000100	
PERMANENT						ł		020002130	
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1}	36. CITY, TOWN, OR LOCATIO	NOE DEATH IS		KELCH		E DATE OF DEATH (	(o/Day/Year)	38 COUNTY OF C	TEATH
¥050==-	3b. CITY, TOWN, OR LOCATIO  Las Vegas  5, RACE (Specify)	WAL DEWIN 130'S	IOSPITAL OR OT	HER INSTITUTION TO		February 04	. 2020		
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<b>3</b>	5, RACE (Specify)		Summ	nerlin Hospital Me	edical Canias	Inpstient(Spe	MIST INDICATE	DOA, OP/Emer. Rm.	4. SEX
8			10. HONDING E	Origin? Specify	odioai Center	- Annendabe	iny)	inal	
U)		'hite `	No-A	Von-Hispanic	a AGE Last birthday	76 UNDER 1 VEAR 17	Inpar	ient	Male
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RESIDENCE ITEMS			- according	(Give Kind of Work Do	one During Mass of	144 199	u	01 1010 1 102	-
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i L	1	15b. COUNTY	15c	CITY, TOWN OR LOC		. REA	L ESTATE	7L 1-101	es? No
	Nevada	Clark	1	ALL IN LOUNT ON FOU	ATION 15d, STR	EET AND NUMBER			
PARENTS	16. FATHER/PARENT - NAME (	Clark		Las Vegas	0540	0		115e 1	INSIDE CITY IS (Spedly Yes
1 JUEN 12	) SWAN LINE (	Past Middle Lest	Suffix)	vaqac		Canyon Mesa D	rive		Yes
	l.	7.4 Harriston 1.7 P	ELCH		17. MOTHERUP	ARENT NAME (FIST	Middle Leet	C. #Cu)	1.03
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]	ludi	KELCH		18b, MAILING ADDR	ESS (Street or D.	D. W. O.	Belle G	ANG	7%
}	19a RUPIAL COCHETION	NECOL	_		0542.0	D No, City or Town, Si	ate, Zip)		
ISPOSITION	19a BURIAL, CREMATION, REA Burial	YOVAL, OTHER (SI	ecty) 19b CEME	TERY OR OTHER	9313 Canyon	Mesa Drive Las V	egas, Nev	ada 89144	\ / _
1 - 1 - 0 11 10 14	Burial	, ,	211100.02111	VI C	RY - NAME	1	9c. LOCATIO		7/
<u> </u>	20a, FUNERAL DIRECTOR . SIG			ving David	Memorial Ceme	terv i		,	State
	20a, FUNERAL DIRECTOR - SIG	PORTORE (Or Perso	n Acting as Such)	20b, FUNERAL O	RECTOE 200 NAME	E AND ADDRESS OF F	Las	Vegas Nevada 8	9120
	VAI.	PUSTER		LICENSE NUMBE	P ZUE NAM	AND ADDRESS OF F	ACILITY		
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		and a set of the set		76.	100				
ı.	21a. To the best of my kno	wiedge, death occu	ned at the time, di	ate and place and due	1277 Ondha b				
	to the cause(s) stated (Sig	wiedge, death occur nature & Title)	red at the time, di SIGNATURE	ate and place and due AUTHENTICATED	1 2 5 5 5 5 5	Sis of exemination and a	io estimat		rred
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Registrar of Vital Statistics

DATE ISSUED: 7/9/2021

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