

LINCOLN COUNTY, NV

2021-160945

Rec:\$37.00

Total:\$37.00

08/05/2021 02:41 PM

COW COUNTY TITLE CO

Pgs=3 KC

Escrow No: 84048
Recording Requested By:
Cow County Title Co

When Recorded Mail To:
EVELYN L. WINTER
1110 E 10th Ave, Apt #319
Broomfield, CO 80020



00007615202101609450030033

OFFICIAL RECORD
AMY ELMER, RECORDER

Certificate of Incumbency

I, EVELYN L. WINTER, 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

THE WILLIAM T. GABA REVOCABLE LIVING TRUST
dated March 19, 1998

BY: *Evelyn L. Winter*
EVELYN L. WINTER

CERTIFICATE OF INCUMBENCY

Whereas, WILLIAM T. GABA, was the Trustee under that certain Trust entitled THE WILLIAM T. GABA REVOCABLE LIVING TRUST, dated March 19, 1998,

DR

AND, WHEREAS, WILLIAM T. GABA is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, EVELYN L. WINTER, 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, EVELYN L. WINTER 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 EVELYN L. WINTER hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 12th day of JULY, of the year 2021.

THE WILLIAM T. GABA REVOCABLE LIVING TRUST,
dated March 19, 1998

BY: *Evelyn L. Winter*
EVELYN L. WINTER
SUCCESSOR TRUSTEE

State of Colorado)
County of Broomfield) ss

This instrument was acknowledged before me on 7/20/2021
by: Evelyn L. Winter, Successor Trustee

Signature: *D. Mendoza*
Notary Public

DANIELLE MENDOZA
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20194030815
MY COMMISSION EXPIRES AUGUST 13, 2023

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4127441

202002199
STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) William T GABA			2. DATE OF DEATH (Mo/Day/Year) January 26, 2020		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and city) Nathan Adelson Hospice-Tenaya		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Hospice Facility (HFS)		4. SEX Male
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 16, 1935				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced
	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of...) Mortgage Banker		14b. KIND OF BUSINESS OR INDUSTRY BANKING		Ever in US Armed Forces? Yes
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson		15d. STREET AND NUMBER 2620 East Robindale
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Joseph GABA				
DISPOSITION	17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Margaret YARINSKY						
	18a. INFORMANT - NAME (Type or Print) Fred Allen BRACKEN		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State; Zip) 8860 Redwood Street Las Vegas, Nevada 89139				
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Donation / Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Crematory		19c. LOCATION City or Town State Las Vegas, Nevada 89122		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD810		20c. NAME AND ADDRESS OF FACILITY Simple Cremation and Burial Services; Durango 4955 South Durango Dr #206 Las Vegas NV 89113		
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) MIKE Y JEONG DO SIGNATURE AUTHENTICATED						
	21b. DATE SIGNED (Mo/Day/Yr) February 03, 2020		21c. HOUR OF DEATH 14:39		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)		22b. DATE SIGNED (Mo/Day/Yr)
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. PRONOUNCED DEAD (Mo/Day/Yr)		21f. PRONOUNCED DEAD AT (Hour)		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mike Y Jeong DO, 3150 N. Tenaya Las Vegas, NV 89128					23b. LICENSE NUMBER DO1024	
CAUSE OF DEATH	24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 06, 2020		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: (a) End Stage Cardiac Disease DUE TO, OR AS A CONSEQUENCE OF (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF (c) Severe Aortic Stenosis DUE TO, OR AS A CONSEQUENCE OF (d) Atherosclerotic Cardiovascular Disease						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATE THE UNDERLYING CAUSE LAST	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) No		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	

STATE REGISTRAR

000822156



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUL 07 2020

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

VRS-Rev-20120523a

