

APN#: **004-101-02**  
Escrow No. **21-258899**

**MAIL TAX STATEMENT TO AND  
WHEN RECORDED RETURN TO:**

LORI ANN BUNDY ANDERSON  
3430 OHIO AVE  
ELKO, NV 89080

LINCOLN COUNTY, NV

**2021-161093**

\$37.00

Rec:\$37.00

**09/09/2021 03:19 PM**

WFG NATIONAL TITLE COMPANY OF NEVADA, INC. Pg. 9 KC

**OFFICIAL RECORD**

**AMY ELMER, RECORDER**

**Certificate of Incumbency**

DO NOT REMOVE  
THIS IS PART OF THE OFFICIAL DOCUMENT



APN: 004-101-02  
Escrow No.: 21-258899

**MAIL TAX STATEMENT TO AND  
WHEN RECORDED RETURN TO:**

Lori Ann Bundy Anderson  
3430 Ohio Ave.  
Elko, NV 89080

**CERTIFICATE OF INCUMBENCY**

WHEREAS, Ray L Bundy was the Trustee under that certain Trust entitled Ray L Bundy Trust, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded 12/2/2009 in/as 252-0490 Doc #0134944, of Official Records, covering the following described property:

**See Exhibit "A" attached hereto and made a part hereof**

AND Whereas, Ray L Bundy is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, and \* is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

Executed this 3rd day of September, 2021.

By: Lori Ann Bundy Anderson  
Lori Ann Bundy Anderson, Co-Successor Trustee

\* Lori Ann Bundy Anderson  
\* Kenneth Bundy  
Rae Dean Bundy Baysinger

By: Signed in counterpart  
Kenneth Bundy, Co-Successor Trustee

By: Signed in counterpart  
Rae Dean Bundy Baysinger, Co-Successor Trustee



APN: 004-101-02  
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**MAIL TAX STATEMENT TO AND  
WHEN RECORDED RETURN TO:**

**CERTIFICATE OF INCUMBENCY**

WHEREAS, Ray L Bundy was the Trustee under that certain Trust entitled Ray L Bundy Trust, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded 12/2/2009 in/as 252-0490 Doc #0134944, of Official Records, covering the following described property:

**See Exhibit "A" attached hereto and made a part hereof**

AND Whereas, Ray L Bundy is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, and \* \_\_\_\_\_ is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

Executed this 7th day of September, 2021.

By: Signed in counterpart  
Lori Ann Bundy Anderson, Co-Successor Trustee

By: [Signature]  
Kenneth Bundy, Co-Successor Trustee

By: Signed in counterpart  
Rae Dean Bundy Baysinger, Co-Successor Trustee

\* Lori Ann Bundy Anderson  
Kenneth Bundy  
Rae Dean Bundy Baysinger



APN: 004-101-02  
Escrow No.: 21-258899

**MAIL TAX STATEMENT TO AND  
WHEN RECORDED RETURN TO:**

**CERTIFICATE OF INCUMBENCY**

WHEREAS, Ray L Bundy was the Trustee under that certain Trust entitled Ray L Bundy Trust, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded 12/2/2009 in/as 252-0490 Doc #0134944, of Official Records, covering the following described property:

**See Exhibit "A" attached hereto and made a part hereof**

AND Whereas, Ray L Bundy is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, and ~~Rae Dean Bundy Baysinger~~ is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

Executed this 3rd day of September, 2021.

\* Lori Ann Bundy Anderson  
Kenneth Bundy  
Rae Dean Bundy Baysinger

By: Signed in counterpart  
Lori Ann Bundy Anderson, Co-Successor Trustee

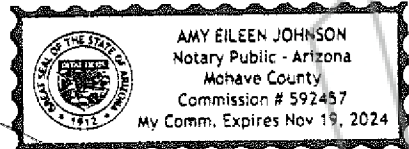
By: Signed in counterpart  
Kenneth Bundy, Co-Successor Trustee

By: Rae Dean Bundy Baysinger  
Rae Dean Bundy Baysinger, Co-Successor Trustee

STATE OF NEVADA ~~Arizona~~  
COUNTY OF ~~Mohave~~

This instrument was acknowledged before me this 2nd day of September, 2021 by Lori Ann Bundy Anderson.

[Signature]  
Notary Public for Nevada ~~Nevada~~ Arizona  
My Commission Expires: 11/19/2024



STATE OF NEVADA  
COUNTY OF \_\_\_\_\_

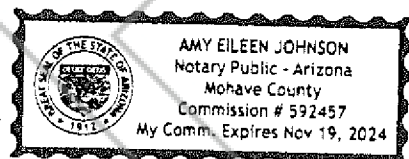
This instrument was acknowledged before me this \_\_\_\_\_ day of September, 2021 by Kenneth Bundy.

Notary Public for Nevada  
My Commission Expires: \_\_\_\_\_

STATE OF NEVADA ~~Arizona~~  
COUNTY OF ~~Mohave~~

This instrument was acknowledged before me this 3rd day of September, 2021 by Rae Dean Bundy Baysinger.

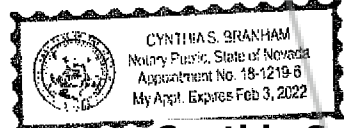
[Signature]  
Notary Public for Nevada ~~Nevada~~ Arizona  
My Commission Expires: 11/19/2024



STATE OF NEVADA  
COUNTY OF EIKO

This instrument was acknowledged before me this 3rd day of September, 2021 by Lori Ann Bundy Anderson.

Cynthia S. Branham  
Notary Public for Nevada  
My Commission Expires: 02-03-2022



**Cynthia S. Branham**  
**# 18-1219-6**  
**Expires Feb 3, 2022**

STATE OF NEVADA  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of September, 2021

Notary Public for Nevada  
My Commission Expires: \_\_\_\_\_

STATE OF NEVADA  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of September, 2021 by Rae Dean Bundy Baysinger.

Notary Public for Nevada  
My Commission Expires: \_\_\_\_\_

STATE OF NEVADA  
COUNTY OF \_\_\_\_\_

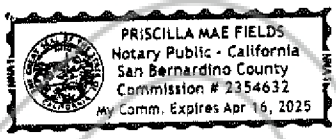
This instrument was acknowledged before me this \_\_\_\_\_ day of September, 2021 by Lori Ann Bundy Anderson.

Notary Public for Nevada  
My Commission Expires: \_\_\_\_\_

<sup>CALIFORNIA</sup>  
~~STATE OF NEVADA~~  
COUNTY OF SAN BERNARDINO

This instrument was acknowledged before me this 7<sup>th</sup> day of September, 2021 by Kenneth Bundy.

*Priscilla Mae Fields*  
Notary Public for Nevada <sup>CALIFORNIA</sup>  
My Commission Expires: 16 April 2025



STATE OF NEVADA  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of September, 2021 by Rae Dean Bundy Baysinger.

Notary Public for Nevada  
My Commission Expires: \_\_\_\_\_

**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4047338

**CERTIFICATE OF DEATH**

2018020454

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>Ray L BUNDY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 23, 2018</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 location)(Specify) <b>251 South Main Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>97</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>7</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 13 1921</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Heavy Equipment Operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Road Construction</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>251 South Main</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Omer BUNDY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rowena WHITMORE</b>		
18a. INFORMANT- NAME (Type or Print) <b>Lori BUNDY-ANDERSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>Box 68 Silverpeak, Nevada 89047</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Beaver Dam Cemetery</b>		19c. LOCATION - City or Town - State <b>Beaver Dam Arizona 86432</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street, Caliente NV 89008</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>CLARENCE RAY</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</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>October 28, 2018</b>		21c. HOUR OF DEATH <b>15:30</b>		22c. HOUR OF DEATH <b>15:30</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>October 23, 2018</b>		22e. PRONOUNCED DEAD AT (Hour) <b>15:30</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>FRED QUIHUIS</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 29, 2018</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>Congestive Heart Failure</b>		Months			
(b) DUE TO, OR AS A CONSEQUENCE OF <b>Coronary Artery Disease</b>		Interval between onset and death Years			
(c) DUE TO, OR AS A CONSEQUENCE OF <b>Chronic Obstructive Pulmonary Disease</b>		Interval between onset and death Years			
(d) DUE TO, OR AS A CONSEQUENCE OF		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>Advanced Age, Cigarette Use</b>				25. AUTOPSY (Specify Yes or No) <b>No</b>	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
28a. 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



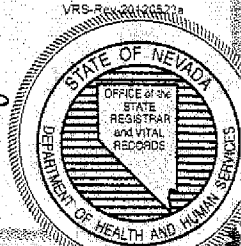
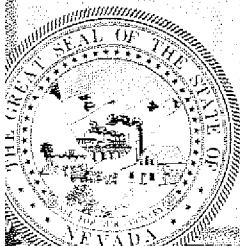
CERTIFIED COPY OF VITAL RECORDS

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: **NOV 02 2018**

*Julie Katcheva*  
STATE REGISTRAR

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





**EXHIBIT A  
LEGAL DESCRIPTION**

A PORTION OF SECTION 8, TOWNSHIP 7 SOUTH, RANGE 61 EAST, MDB&M, SITUATE IN PAHRANAGAT VALLEY, LINCOLN COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST (NW) CORNER OF LOT TWO (2), BLOCK SIXTY-FIVE (65), OF ALAMO TOWN, LINCOLN COUNTY, NEVADA; THENCE S 00 DEGREE 09 MINUTES 04 SECONDS W ALONG THE EAST RIGHT-OF-WAY LINE OF MAIN STREET A DISTANCE OF 579.49 FEET TO AN INTERSECTION WITH SOUTH RIGHT-OF-WAY LINE OF SOUTH SECOND AVENUE; THENCE S 89 DEGREES 50 MINUTES 56 SECONDS E ALONG THE SAID SOUTH RIGHT-OF-WAY LINE PRODUCED EASTERLY A DISTANCE OF 31.00 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUING S 89 DEGREES 50 MINUTES 56 SECONDS E A DISTANCE OF 678.50 FEET TO A POINT; THENCE 14 DEGREES 11 MINUTES 14 SECONDS W A DISTANCE OF 340.16 FEET TO A POINT; THENCE N 89 DEGREES 50 MINUTES 56 SECONDS W A DISTANCE OF 584.50 FEET TO A POINT; THENCE N 01 DEGREE 50 MINUTES 41 SECONDS W A DISTANCE OF 330.20 FEET TO THE TRUE POINT OF BEGINNING.

Assessor's Parcel No: 004-101-02