

APN: 02-103-03

Prepared By/ When Recorded, Mail to:  
Jeffrey Burr, Ltd.  
2600 Paseo Verde Parkway  
Henderson, NV 89074

Mail Tax Statements to:  
James G. Munford  
407 Box Elder Way  
Henderson, NV 89015

AFFIDAVIT OF SUCCESSOR TRUSTEE

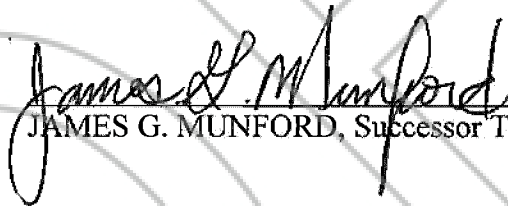
STATE OF NEVADA        )  
                                  ) SS:  
COUNTY OF CLARK     )

JAMES G. MUNFORD, being first duly sworn, deposes and says as follows:

1. VERGENE W. MUNFORD and ROSALIE MUNFORD, as Trustors created the VERGENE W. MUNFORD AND ROSALIE G. MUNFORD FAMILY TRUST AGREEMENT dated March 4, 1997 (the "Trust"), wherein VERGENE W. MUNFORD and ROSALIE MUNFORD were designated as the original Trustees of the Trust.
2. VERGENE W. MUNFORD died June 16, 2012. A certified copy of the Death Certificate is attached hereto as **Exhibit "1"**.
3. ROSALIE MUNFORD died February 12, 2021. A certified copy of the Death Certificate is attached hereto as **Exhibit "2"**.
4. JAMES G. MUNFORD is named in the Trust to serve as the Successor Trustee of the VERGENE W. MUNFORD AND ROSALIE G. MUNFORD FAMILY TRUST AGREEMENT dated March 4, 1997 and agrees to serve as the Successor Trustee of the VERGENE W. MUNFORD AND ROSALIE G. MUNFORD FAMILY TRUST AGREEMENT dated March 4, 1997.

5. JAMES G. MUNFORD hereby files this Affidavit and accepts the office of the Successor Trustee of the VERGENE W. MUNFORD AND ROSALIE G. MUNFORD FAMILY TRUST AGREEMENT dated March 4, 1997.
6. Real property located in the County of Lincoln, State of Nevada, more particularly described in **Exhibit "3"** was conveyed to the VERGENE W. MUNFORD AND ROSALIE G. MUNFORD FAMILY TRUST AGREEMENT dated March 4, 1997.
7. The Trust is currently in effect and has not been revoked.
8. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 29 day of September, 2021.

  
\_\_\_\_\_  
JAMES G. MUNFORD, Successor Trustee

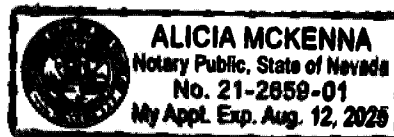
STATE OF NEVADA        )  
                                  ) ss  
COUNTY OF CLARK     )

SUBSCRIBED AND SWORN to (or affirmed) before me this 29 day of September, 2021, by JAMES G. MUNFORD, Successor Trustee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

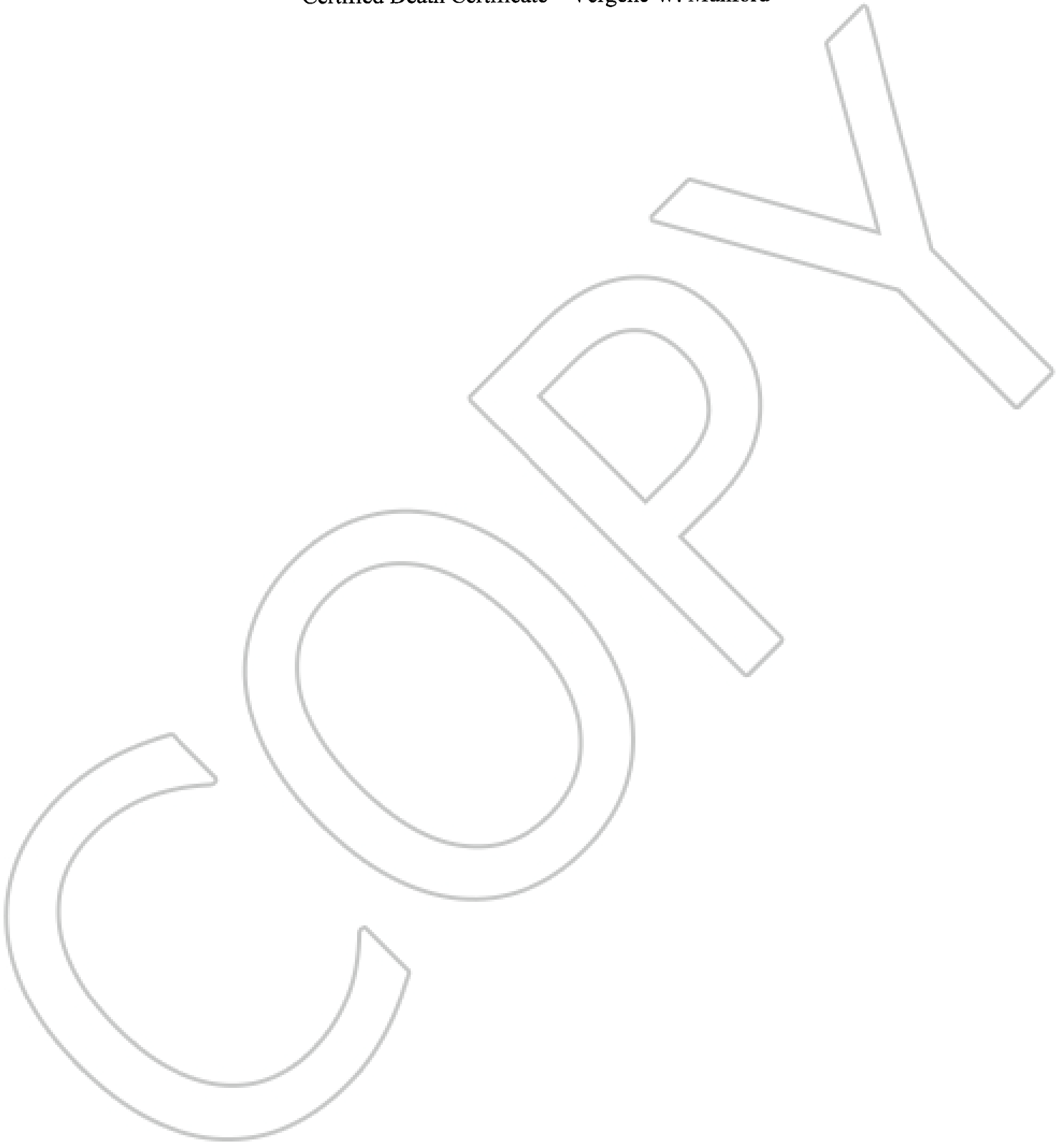
I certify under penalty of perjury under the laws of this State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public



**EXHIBIT "1"**  
Certified Death Certificate – Vergene W. Munford



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

CERTIFICATE OF DEATH

2012009669  
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>Vergene W. MUNFORD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 16, 2012</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Henderson</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>71 E. Texas Ave.</b>		3d. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		7a. AGE - Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
5. RACE <b>White</b>		8. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Rosalie GODDARD</b>		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Chemical Plant</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Henderson</b>	
15d. STREET AND NUMBER <b>71 E. Texas Ave.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Thomas MUNFORD</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary WILCOCK</b>		18a. INFORMANT - NAME (Type or Print) <b>James G MUNFORD</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>407 Box Elder Way Henderson, Nevada 89015</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/State</b>		19b. CEMETERY OR CREMATORY - NAME <b>Cedar City Cemetery</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>50</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Henderson</b> <b>800 S Boulder Hwy Henderson NV 89015</b>	
TRADE CALL - NAME AND ADDRESS <b>Southern Utah Mortuary 190 North 300 West Cedar City UT 84720</b>					
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>WARREN WHEELER M.D.</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>June 20, 2012</b>		21c. HOUR OF DEATH <b>20:44</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119</b>		23b. LICENSE NUMBER <b>11795</b>	
24a. REGISTRAR (Signature) <b>SUSAN ZANNIS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 20, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Carcinoma pancreas</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>				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

"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 as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By: 

Date Issued:

JUN 22 2012

**EXHIBIT "2"**  
Certified Death Certificate – Rosalie Munford

COPY

# 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. 4197089

2021004293  
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>Rosalie MUMFORD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 12, 2021</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Henderson</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) <b>71 E Texas Avenue Home</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>84</b>	7b. UNDER 1 YEAR MOS    DAYS    HOURS    MINS	7c. UNDER 1 DAY
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 18, 1936</b>		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 final marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>HOMEMAKER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>	15c. CITY, TOWN OR LOCATION <b>Henderson</b>	15d. STREET AND NUMBER <b>71 E Texas Avenue</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank GODDARD</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary TALBOT</b>		
18a. INFORMANT - NAME (Type or Print) <b>James MUMFORD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>407 Box Elder Way Henderson, Nevada 89015</b>			
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 84721</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOSEPH PALMER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD858</b>	20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015</b>		
TRADE CALL - NAME AND ADDRESS: Southern Utah Mortuary 190 N 300 W Cedar City UT 84720					
To Be Completed by CERTIFYING PHYSICIAN		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>CLEVIS T PARKER MD</b> SIGNATURE AUTHENTICATED		To Be Completed by CORONER'S OFFICE	
		21b. DATE SIGNED (Mo/Day/Yr) <b>February 15, 2021</b>	21c. HOUR OF DEATH <b>08:45</b>		
		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
To Be Completed by CORONER'S OFFICE		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)		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Clevis T Parker MD, 6950 W Desert Inn Rd Las Vegas, NV 89117</b>				23b. LICENSE NUMBER <b>17763</b>	
24a. REGISTRAR (Signature) <b>LIZ MUMFORD</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 18, 2021</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).)				Interval between onset and death	
PART I (a) <b>Osteoporosis With Vertebral Fractures</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Global Geriatric Decline</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
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>Chronic Obstructive Pulmonary Disease, Pulmonary Hypertension, Pulmonary Fibrosis, Peripheral Vascular Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

AKA: Rosalie Goddard MUMFORD

LOCAL REGISTRAR

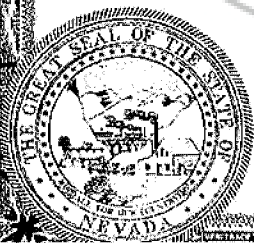
VRS-Rev-20120523a

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DATE ISSUED: **FEB 19 2021**

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



**EXHIBIT "3"**  
Legal Description

**APN: 02-103-03**

Lot Fifty-seven (57) in Sun Gold Manor Unit No. 1, in the Town of Panaca.

Subject to: Covenants, conditions, restrictions, rights, rights of way  
and easements now of record.

**Commonly known as: 1348 Callaway Street, Panaca, Nevada.**

