

APN: 001-331-74

RECORDING REQUESTED BY:
Hutchison & Steffen, PLLC

WHEN RECORDED MAIL TO:
Hutchison & Steffen, PLLC
10080 W. Alta Drive, Suite 200
Las Vegas, NV 89145
Attn: C. Michael Rasmussen, Esq.

MAIL TAX STATEMENTS TO:
Gordon Kline, Successor TTEE
807 San Eduardo Avenue
Henderson, Nevada 89002

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

GORDON A. KLINE, being duly sworn, deposes and says:

1. That GORDON A. KLINE and CHARLOTTE A. KLINE of Las Vegas, Nevada, created "THE KLINE FAMILY TRUST" dated January 12, 2009, and GORDON A. KLINE and CHARLOTTE A. KLINE were named in said Trust as the initial Trustees.

2. That CHARLOTTE A. KLINE died on December 4, 2020, as evidenced by that death certificate attached hereto.

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

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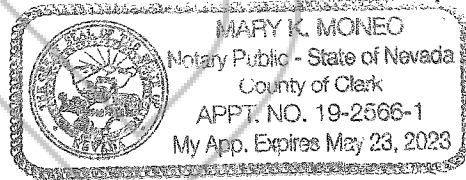
4. The Successor Trustee now accepts the sole trusteeship in the following described property:

Parcel 1 of the Kline Parcel Map Recorded in Book B Page 359

X6 Kline
GORDON A. KLINE

SUBSCRIBED and SWORN to before me this
4th day of Dec, 2021 by Gordon A. Kline.

MK Moneo
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. 4182452

2020027034
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Charlotte Ann KLINE		2 DATE OF DEATH (Mo/Day/Year) December 04, 2020		3a COUNTY OF DEATH Clark	
3b CITY TOWN OR LOCATION OF DEATH Henderson		3c HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street address) 138 West Carriage Way		3d If Hosp or Inst indicate DOA or Emer Rm Inpatient (Specify) Other Residence	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE - Last birthday (Years) 75		7b UNDER 1 YEAR MONTHS DAYS		7c UNDER 1 DAY HOURS MIN	
8 DATE OF BIRTH (Mo/Day/Yr) January 13, 1945		9a STATE OF BIRTH (If not US/CA name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 11		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gordon Alfred KLINE	
13 SOCIAL SECURITY NUMBER [REDACTED]		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Beautician		14b KIND OF BUSINESS OR INDUSTRY Salon	
15a RESIDENCE - STATE Nevada		15b COUNTY Clark		15c CITY TOWN OR LOCATION Henderson	
15d STREET AND NUMBER 807 San Eduardo Avenue		15e INSTITUTE CITY LIMITS (Specify Yes or No) Yes		15f Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Gilly Kilgore MILLER			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Arlene May DYMOND		
18a INFORMANT - NAME (Type or Print) Gordon Alfred KLINE		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 807 San Eduardo Avenue Henderson, Nevada 89002			
19a BURIAL, CREMATION REMOVAL OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Palm Crematory		19c LOCATION City or Town State Las Vegas Nevada 89101	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSEPH PALMER		20b FUNERAL DIRECTOR LICENSE NUMBER FD856		20c NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015	
20d SIGNATURE AUTHENTICATED					
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) DEAN TSAI MD			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) December 07, 2020		21c HOUR OF DEATH 12 35		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) Dean Tsai MD 8655 S Eastern Ave Las Vegas, NV 89141			
23b LICENSE NUMBER 9130		24a REGISTRAR (Signature) NANCY BARRY			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 07, 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))		Interval between onset and death			
PART I (a) Chronic Obstructive Pulmonary Disease		Years			
(b) Tobacco Use		Years			
(c) 					
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 AGG 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: Charlotte Miller KLINE

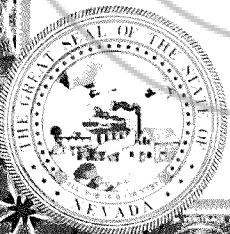
LOCAL REGISTRAR

VRS - Rev. 20120523a

"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: **DEC 11 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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE