LINCOLN COUNTY, NV

\$37.00

2022-163135

Rec:\$37.00

10/10/2022 03:47 PM

WILLIAMS STARBUCK ATTORNEYS AT LAW Pgs=5 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

APN: 003-091-10

After Recording, Mail To and Send Subsequent Tax Bills to:

Andrea Bello, Trustee ROBERT C. DAVIS LIVING TRUST

359 Nebraska Ave.

Henderson, Nevada 89015

Certificate of Incumbency

(Trustee)

On April 21, 2022, Robert C. Davis created the "Robert C. Davis Living Trust" (the "Trust"), wherein Robert C. Davis was designated as Trustor and Trustee of the Trust. Robert C. Davis died on September 10, 2022, as evidenced by the Death Certificate at "Exhibit A" Andrea Bello is named as the Successor Trustee in the Trust and he has accepted her appointment as Trustee of the Trust as evidenced by the Appointment and Acceptance dated October 10, 2022 at "Exhibit B"

I, Andrea Bello, do hereby certify that I have been appointed, and have accepted my appointment, as Trustee of the Trust. I further declare that I have full power and authority granted by statute and under said Trust with respect to the following Trust Property situated in the County of Lincoln, State of Nevada:

LOT TWENTY (20) IN LINCOLN PARK ADDITION TO THE CITY OF CALIENTE AS SHOWN UPON THE MAP THEREOF RECORDED APRIL 28, 1945 AS FILE 19695.

More commonly known as: 441 McArthur Dr., Caliente, Nevada 89008.

SUBJECT TO: Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements that are now of record, if any.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

THE UNDERSIGNED HEREBY AFFIRMS THAT AN EXHIBIT TO THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER.

Dated this 10th day of October 2022.

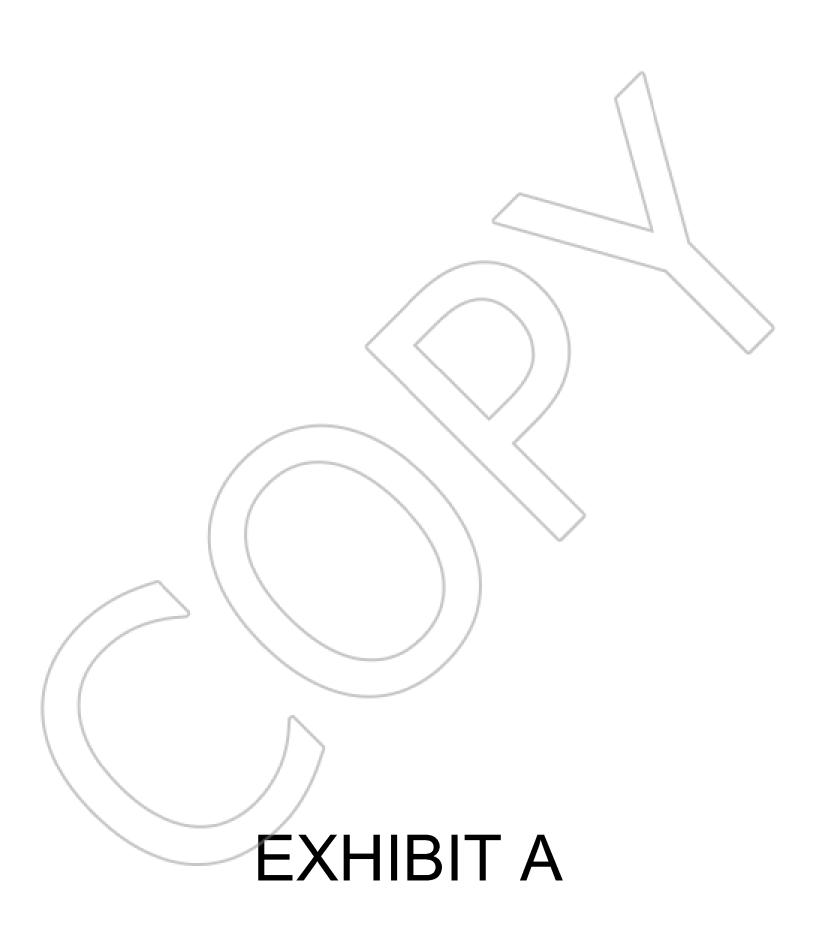
Andrea Bello, Trustee

STATE OF NEVADA

COUNTY OF CLARK

This instrument was acknowledged before me on this 10th day of October 2022, by Andrea Bello in her capacity as Trustee of the Robert C. Davis Living Trust dated April 21, 2022.

AMBER ANDERSON Notary Public-State of Nevada APPT. NO. 20-4158-01 My Appt. Expires 11-09-2022



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

CASE FILE NO. 4305348

CERTIFICATE OF DEATH

2022021790 STATE FILE NUMBER

TYPE OR PRINT IN	1a, DECEASED-NAME (FIRST, MIDDLE, L'AST, SUFFIX)						
PERMANENT	Robert Clifford DAVIS September 10, 2022 Clark						
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. 4. SEX						
	3b. CITY, TOWN, OR LOCATION OF DEATH Henderson 3c. HOSPITAL OR OTHER INSTITUTION - Name(if not either, give street and interpretation of the control of th						
DECEDENT	5. RACE (Specify) [6. Hispanic Origin? Specify 7a. AGE-Last birthday 7b. UNDER 1 YEAR 7c. UNDER 1 DAT 8. DATE OF BIRTH (MO/Day 11)						
	White 71 January 16, 1951						
IF DEATH	9a. STATE OF BIRTH (If not US/CA, 9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATUS (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Wildowed						
OCCURRED IN INSTITUTION SEE HANDBOOK	name country) Ohio United States 12 / 13 SOCIAL SECURITY NUMBER 14e, USUAL OCCUPATION (Give Kind of Work Done During Most of 14b, KIND OF BUSINESS OR INDUSTRY Ever in US Armed						
REGARDING	Mechanic GOVERNMENT Forces? No						
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes						
	Nevada Lincoln Caliente 441 MacArthur Drive						
	Nevada Lincoln Callente 1441 WacArthur Drive 16. FATH RIPARENT - NAME (First Middle Last Suffix) 17. MOTHERIPARENT - NAME (First Middle Last Suffix)						
PARENTS	Raymond Grant DAVIS Linnie GLACIER						
}	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)						
	Andrea M BELLO 359 Nebraska Avenue Henderson, Nevada 89015						
	198. BURIAL, CREMATION, REMOVAL, OTHER (SPECIA) Table CEMETERS OF STREET OF STREET OF STREET OF STREET						
ISPOSITION							
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KAREN M UMBRIACO 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY LICENSE NUMBER Palm Mortuary-Henderson						
	SIGNATURE AUTHENTICATED FD942 800 S Boulder Hwy Henderson NV 89015						
RADE CALL	TRADE CALL - NAME AND ADDRESS						
	21a. To the best of my knowledge, death occurred at the time, date and place and due 22a: On the basis of examination and/or investigation, in my opinion death occurred 3 to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED 3 at the time, date and place and due to the cause(s) stated. (Signature & Title)						
	To the cause(s) stated (Signature a fine)						
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH						
*	September 12, 2022 23:21 6 2 22d, PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour)						
1	2 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER						
\	239. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER						
`	Sved F Rahman MD 10410 S Eastern Ave Henderson, NV 89052						
REGISTRAR	NANCY BARRY						
:	SIGNATURE AUTHENTICATED						
CAUSE OF	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (c) Stage IV Pancreatic Cancer With Metastasis To Liver						
DEATH	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death						
CONDITIONS IF							
ANY WHICH	DUE TO, OR AS A CONSEQUENCE OF:						
IMMEDIATE CAUSE							
STATING THE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:						
CAUSE DAST							
-	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specil 27. Was CASE REFERRED TO CORONER Ascites, Anxiety No						
	28s. ACC., SUICIDE, HOM., UNDET. 28b. DATE OF INJURY (Mo/Day/Yr): 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST. (Specify)						
\	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY-At home; farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE						
1 1	Yes or No) pullding, etc. (Specify)						

"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.

Registrar of Vital Statistics IGNATURE AUTHENTICATED

DATE ISSUED:

9/15/2022

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





Appointment and Acceptance by Trustee for the Robert C. Davis Living Trust

This Appointment and Acceptance by Trustee (*Appointment*) for the Robert C. Davis Living Trust dated and made effective April 21, 2022 (the *Trust*), is made in accordance with the Trust.

On April 21, 2022, Robert C. Davis, created the Trust wherein Robert C. Davis was designated as Trustor and Trustee.

On September 10, 2022, Robert C. Davis, the original Trustor and Trustee of the Trust, died.

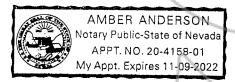
Pursuant to Section 3.03 of the Trust, Andrea Bello is named as Successor Trustee of the Trust upon the death of Robert C. Davis and hereby wishes to accept here appointment as Trustee effectively immediately.

NOW, THEREFORE, in consideration of these premises Andrea Bello hereby accepts his appointment as Trustee of the Trust effective immediately.

ACCEPTING TRUSTER	ACCE	TING	TRU	JSTE)	E:
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		·
Andrea Bello		
STATE OF NEVAD	A)
\	\) ss.
COUNTY OF CLAF	RK \)

This instrument was acknowledged before me on this 10th day of October 2022, by Andrea Bello.



Notary Public