

011-180-01

011-180-04

Mail recorded certificate to:

Evans & Associates
2400 S. Cimarron Rd. #140
Las Vegas, NV 89117

Mail Tax Statements to
Connell Family Trust
2538 N. Walnut
Las Vegas, NV 89115

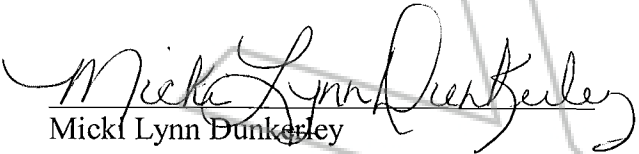
CERTIFICATE OF INCUMBENCY

Micki Lynn Dunkerley, under penalty of perjury, does hereby certify and say that:

- A. On December 14, 1999, Guy L. Connell and Francis Connell established a revocable Trust entitled "The Connell Family Trust".
- B. By the terms of said Trust, Francis Connell was serving as Trustee, but she died on May 19, 2023.
- C. Pursuant to the terms of the Trust, Micki Lynn Dunkerley is the designated successor Trustee. By signing this certificate, Micki Lynn Dunkerley agrees to serve as Trustee, accepts the duties and responsibilities thereof, and agrees to be bound by the terms of the Trust.
- D. The Trustee has, among other powers, the power to sell, exchange, lease, and otherwise engage in transactions involving Trust assets as the Trustee deems appropriate. The Trustee has the power to make all types of investments without limitation.
- E. The Trust instrument provides that no person dealing with the Trust is obligated to inquire as to the powers of the Trustee or to inquire as to how the Trustee applies any funds delivered to the Trustee.

F. That this Certificate of Incumbency is applicable to the following parcel of real property situated in the County of Lincoln, State of Nevada, bounded and described on the Exhibits attached hereto and incorporated herein by reference.


DATED: 5/23/23


Micki Lynn Dunkerley

State of Nevada)
) ss.
County of Clark)

This document was acknowledged to before me on 5/23/23 by Micki Lynn Dunkerley.


NOTARY PUBLIC

 KANDIS L. SCHNELL
Notary Public-State of Nevada
APPT. NO. 99-4412-1
My Appt. Expires 08-11-2023

That portion of the West Half of the Northwest Quarter of the Southwest Quarter of Section 30, Township 6 South, Range 61 East, Mt. Diablo Meridian, Nevada; together with any and all improvements thereon described as follows:

Beginning at the Southwest Corner of the West Half of the Northwest Quarter of the Southeast Quarter of said Section 30, thence Northerly along the West side of thereof a distance of 132 feet, thence Easterly a distance of 660 feet, thence Southerly a distance of 132 ft, thence Westerly along the South Line thereof a distance of 660 feet to the point of Beginning.

Apn 011-180-04



Lincoln County

A parcel of land situated within the West Half (W1/2) of the Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4) of Section 30, Township 6 South, Range 61 East, Mount Diablo Meridian, Lincoln County, Nevada being more particularly described as follows:

Beginning at the Center Quarter (1/4) Corner of said Section 30, being monumented with a 2 1/2" alum. cap affixed to a 1" iron pipe marked "C1/4/S30/Owens/PLS 2884"; thence North 89°48'30" East along the North boundary of said West Half (W1/2) of the Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4) a distance of 489.37 feet to an intersection with a curve on the centerline of an existing concrete lined irrigation canal; thence along the centerline of said canal in a Southeasterly direction: Along a curve to the left, having a central angle of 07°57'21", a radius of 900.00 feet and an arc length of 124.97 feet to the end of curve; South 35°09' " East 88.96 feet to a point of curve; along a curve to the left, having a central angle of 15°42'35", a radius of 347.00 feet and an arc length of 95.14 feet to a point of intersection on the East boundary of said West Half (W1/2) of the Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4); thence leaving said centerline South 01°26'35" East along said East boundary a distance of 921.46 feet; thence South 89°48'31" West a distance of 666.19 feet to a point on the West boundary of said West Half (W1/2) of the Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4) said point being monumented with a yellow plastic cap affixed to a 3/4" rebar, marked "Smith, PLS 12751"; thence North 01°19'12" West along said West boundary a distance of 1170.97 feet to the said Center Quarter (1/4) Corner and point of beginning.

ASSESSOR'S PARCEL NUMBER FOR 2000 - 2001: 11-180-01

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. 4350604

2023011737
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Francis Frei CONNELL		2. DATE OF DEATH (Mo/Day/Year) May 19, 2023		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 or number) 2490 North Walnut Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) BUSINESS OWNER		14b. KIND OF BUSINESS OR INDUSTRY COLLISION REPAIR SHOP	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Cecil FREI		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene SEEGMILLER			
	18a. INFORMANT- NAME (Type or Print) Micki Lynn DUNKERLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2538 N Walnut Road Las Vegas, Nevada 89115			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Bunker's Memory Gardens		19c. LOCATION City or Town State Las Vegas Nevada 89129	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAYE D MACPHERSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD202		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
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) MELANIE R ROUSE SIGNATURE AUTHENTICATED		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) MELANIE R ROUSE SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr) May 30, 2023		21c. HOUR OF DEATH 16:05		22b. DATE SIGNED (Mo/Day/Yr) May 30, 2023	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 16:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 19, 2023	
	22e. PRONOUNCED DEAD AT (Hour) 16:05		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Melanie R Rouse 1704 Pinto Lane Las Vegas, NV 89106			
CAUSE OF DEATH	24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 30, 2023		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) Global Geriatric Decline With Dementia 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			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertensive Cardiovascular Disease				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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		

"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: 5/31/2023

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

By: *Susan Zannus*

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

