

APN: 002-270-08

Recording Requested by:
MICHAELSON LAW
AND WHEN RECORDED MAIL THIS TO
Michaelson Law
1746 W. Horizon Ridge Parkway
Henderson, NV 89012

Mail tax statements to:
Joseph David Miller
PO Box 94
Panaca, NV 89042

LINCOLN COUNTY, NV

2024-166760

\$37.00

04/04/2024 07:41 AM

Rec:\$37.00

MICHAELSON LAW

Pgs=3 KC

OFFICIAL RECORD

AMY ELMER, RECORDER

CERTIFICATE OF INCUMBENCY
(Trustee)

I, Joseph David Miller, do hereby certify that I am the sole Trustee of the Miller Family Living Trust dated December 4, 2017, and any amendments thereto (herein "Trust"). Carol Jean Miller, Grantor and Trustee, died on September 6, 2023 as evidenced in the attached Death Certificate. I further declare that I have full power and authority granted by statute and under said Trust with respect to the following Trust Property located in Lincoln County, Nevada:

A portion of the Southwest Quarter (SW ¼) in Section 9, Township 2 North, Range 68 East, M.D.B.&M described as follows:

Lot 2A as shown by map thereof on file in file C of Parcel Maps, page 136 in the office of the County Recorder, of Lincoln County, Nevada.

Buyers shall construct and maintain, at their own expense, at least a four (4) inch black PVC sewer line from the east boundary line of the property, which sewer line shall be attached to, and extended to, the adjoining properties at the expense of those owners. Said sewer line to be constructed with at least one "cleanout" near the east boundary line of subject property.

Common Address: 438 S. Third St., Panaca, NV 89042

**SUBJECT TO ALL LIENS, ENCUMBRANCES, RESTRICTIONS, COVENANTS,
EASEMENTS AND CONDITIONS OF RECORD.**

Sole Trustee's Address: 438 S. Third St., Panaca, NV 89042

[signature on the following page]

WITNESS my hand on 4/1/2024.
[DATE]

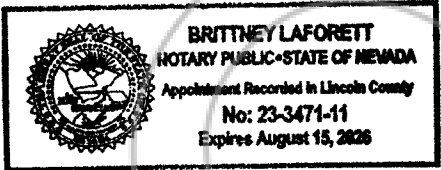
TRUSTEE: Joseph D. Miller
Joseph David Miller

NOTARY SUBSCRIPTION

STATE OF NEVADA)
)
COUNTY OF LINCOLN)

On April 1, 2024, before me, the undersigned Notary, personally appeared Joseph David Miller, who is personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that he executed it.

NOTARY SEAL:



Brittney Laforett
Notary Public, State of Nevada

My Commission Expires: 8-15-2026

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4369355

CERTIFICATE OF DEATH

2023020555
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) Carol Jean MILLER		2. DATE OF DEATH (Mo/Day/Year) September 06, 2023		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) 438 South 3rd Street		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. (Inpatient)(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1947		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Joseph David MILLER	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SECRETARY		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 438 South 3rd Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clifford Alfred BICKNELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lilian Jane FOWLER		
18a. INFORMANT- NAME (Type or Print) Joseph David MILLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 94 Panaca, Nevada 89042			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada 89042	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BODIE L TOPHAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) TROY PAUL BERTOLI MD 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)			
21b. DATE SIGNED (Mo/Day/Yr) September 20, 2023		21c. HOUR OF DEATH 14:06		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) Troy Paul Bertoli MD 3039 W Horizon Ridge Pkwy Henderson, NV 89005			
23b. LICENSE NUMBER 12412		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 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) Cardio Pulmonary Failure		Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		(b) Chronic Diastolic Congestive Heart Failure		Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF:		(c) Hypertension		Interval between onset and death Years	
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 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	



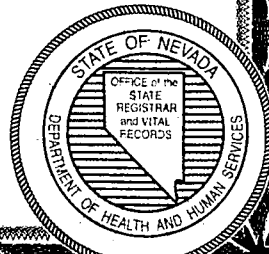
CERTIFIED COPY OF VITAL RECORDS

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.

Cody D. Storey
STATE REGISTRAR

DATE ISSUED: **9/28/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE