

APN: 002-151-05

RECORDING REQUESTED BY:  
Stewart Title Company

WHEN RECORDED MAIL TO:  
Robert George Dotson  
802 W Slate Lane  
Saint George, UT 84790

LINCOLN COUNTY, NV

**2024-166946**

\$37.00

Rec:\$37.00

**05/28/2024 04:52 PM**

STEWART TITLE LAS VEGAS WARM SPRINGS, NV 89155-5 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

## CERTIFICATE OF INCUMBENCY Successor Trustee

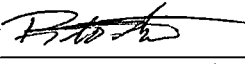
Whereas, William L McCrosky and Mary Jeanett McCrosky were the Trustees under that certain Trust entitled The William L McCrosky and Mary Jeanett McCrosky Family Living Trust, and listed as Grantees under that certain GRANT, BARGAIN, SALE DEED recorded March 4, 2014, as Document No. 0145143, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, William Leslie McCrosky and Mary Jeanett McCrosky are one and the same as named on that certain Death Certificates attached hereto and made a part hereof, Robert George Dotson, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SIGNATURE AND NOTARY ACKNOWLEDGEMENT ON PAGE 2 HEREOF


SUCCESSOR TRUSTEE

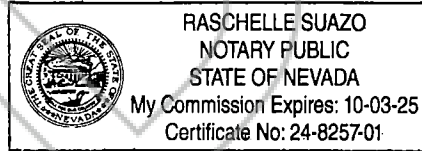
By: 

Robert George Dotson

State of Nevada )  
County of Clark ) ss

This instrument was acknowledged before me, a notary public on the 14<sup>th</sup> day of May, 2024 by Robert George Dotson, Successor Trustee.

  
Notary Public  
10-3-25



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4389591

**CERTIFICATE OF DEATH**

202400057  
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>Mary Jeanett MCCROSKY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 02, 2024</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>189 South 6th Street</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>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>82</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 30, 1941</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 first marriage)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>189 South 6th Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>George F BOWLES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Edna ALLMAN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Orrin B DOTSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>Po Box 311 Panaca, Nevada 89042</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Panaca Cemetery</b>		19c. LOCATION City or Town State <b>Panaca Nevada 89042</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BODIE L TOPHAM</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD959</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Callente NV 89008</b>	
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) <b>TROY PAUL BERTOLI MD</b> 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) <b>January 05, 2024</b>		21c. HOUR OF DEATH <b>04:24</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>Troy Paul Bertoli MD 3039 W Horizon Ridge Pkwy Henderson, NV 89005</b>		23b. LICENSE NUMBER <b>12412</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 08, 2024</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).)					
PART I				Interval between onset and death	
(a) Cardio Pulmonary Failure				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Cirrhosis Of The Liver				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Fatty Liver Disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Hyperlipidemia				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Hypertension, Portal Hypertension, Hepatic Encephalopathy, Type 2 Diabetes</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		28h. 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.

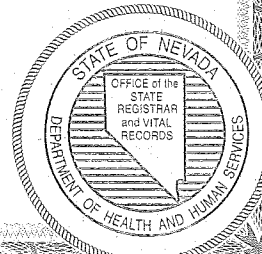
1/17/2024

DATE ISSUED:

*Cody D. Piracy*

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4355233

**CERTIFICATE OF DEATH**

**2023013337**  
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>William Leslie MCCROSKY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 18, 2023</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
9b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/(if not either, give street or number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Nursing Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 26, 1930</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jeanette BOWLES</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Gas Station</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>60 South 4th Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William R MCCROSKY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lena LYTLE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Robert DOTSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>227 East Wayfield Drive Draper, Utah 84020</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Panaca Cemetery</b>		19c. LOCATION City or Town State <b>Panaca Nevada 89042</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
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) <b>R WILLIAM KATSCHKE MD</b> 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) <b>June 20, 2023</b>		21c. HOUR OF DEATH <b>03:58</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>R William Katschke MD P.O. Box 1010 Caliente NV 89008</b>			
23b. LICENSE NUMBER <b>10509</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 20, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Congestive Heart Failure</b>				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Years	
(b) <b>Coronary Artery Disease</b>				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Years	
(c) <b>Hypertension</b>				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Years	
(d) <b>Hyperlipidemia</b>				Interval between onset and death Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Dementia, Atrial Fibrillation</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	



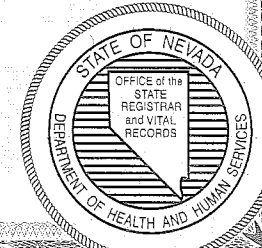
**CERTIFIED COPY OF VITAL RECORDS**

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DATE ISSUED: **7/5/2023**

STATE REGISTRAR

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## EXHIBIT "A" LEGAL DESCRIPTION

File No.: 2327042

Situate in a portion of the Northwest Quarter (NW  $\frac{1}{4}$ ) of Section 9, Township 2 South, Range 68 East, M.D.M., more particularly described as follows:

The South Four (4) feet of Lot Two (2) and the North One Quarter of Lot Three (3) in Block Twenty-Six (26) in the TOWN OF PANACA, as shown on the Official Map thereof recorded March 6, 1922 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, Page 34, Lincoln County, Nevada records, and further described as follows:

Beginning at the Northeast corner of said Lot Three (3) and running thence South along the West side of 4th Street a distance of 66 feet; thence running West at right angles a distance of 264 feet to the West line of said Lot Three (3); thence North along the West line of Lots 3 and 2, a distance of 70 feet; thence running East at right angles a distance of 264 feet to the West line of 4th Street; thence running South along the West line of 4th Street, a distance of 4 feet to the Point of Beginning.

ASSESSOR'S PARCEL NUMBER 002-151-05