

LINCOLN COUNTY, NV

2024-167413

\$37.00

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09/10/2024 10:28 AM

SOLOMON DWIGGINS FREER & STEADMANPgs 8 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

RECORDING REQUESTED BY:

SOLOMON DWIGGINS FREER &
STEADMAN, LTD.

Craig D. Friedel, Esq.
9060 W. Cheyenne Avenue
Las Vegas, NV 89129

WHEN RECORDED RETURN TO:
MAIL TAX STATEMENTS TO:

RUSTY L. LANGE, Successor Co-Trustees
of the RUSSELL L. AND KAREN LANGE
REVOCABLE TRUST
P.O. BOX 576
Alamo, NV 89001

APN: 011-191-15

(FOR RECORDER'S USE ONLY)

**CERTIFICATE OF INCUMBENCY OF THE SUCCESSOR CO-TRUSTEES OF
THE RUSSELL L. AND KAREN LANGE REVOCABLE TRUST, DATED
SEPTEMBER 29, 2004**

RUSTY L. LANGE ("RUSTY") and JARED J. LANGE ("JARED"), being first duly sworn, do hereby certify and say that:

1. On September 29, 2004, RUSSELL L. LANGE ("RUSSELL") and KAREN LANGE ("KAREN"), as Settlor and Trustees, established THE RUSSELL L. AND KAREN LANGE REVOCABLE TRUST ("Trust").

2. On May 10, 2009, KAREN died. A certified copy of the Certificate of Death is attached hereto as **Exhibit A**.

3. Pursuant to Article 12, Section A of the Trust, upon the death of KAREN, RUSSELL became the sole Trustee of the Trust and all trusts created thereunder.

4. On August 23, 2023, RUSSELL died. A certified copy of the Certificate of Death is attached hereto as **Exhibit B**.

5. Pursuant to Article 12, Section A of the Trust, upon the death of both KAREN and RUSSELL, RUSTY and JARED shall serve as Co-Trustees of the Trust and any and all

trusts created thereunder.

6. RUSTY and JARED hereby agree to serve as Co-Trustees of the Trust, and any and all sub-trusts created thereunder, to accept the duties and responsibilities thereof, and to be bound by the terms of the Trust.

7. The Trust has an ownership interest in the real property commonly known as 1785 Alamo West Road, Alamo, Nevada 89001, and legally described on **Exhibit C** attached hereto.

8. The Trust has not been revoked or amended to make any representations contained in this Certificate incorrect.

DATED this 6th day of September, 2024.

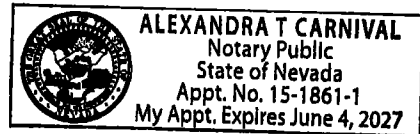
THE RUSSELL L. AND KAREN LANGE REVOCABLE TRUST, DATED SEPTEMBER 29, 2004

Rusty Lange
By: RUSTY L. LANGE
Successor Co-Trustee

STATE OF NEVADA)
COUNTY OF LINCOLN) ss.

This CERTIFICATE OF INCUMBENCY OF THE SUCCESSOR CO-TRUSTEES OF THE RUSSELL L. AND KAREN LANGE REVOCABLE TRUST, was signed and attested to before me this 6th day of September, 2024, by RUSTY L. LANGE, as Successor Co-Trustee of the RUSSELL L. AND KAREN LANGE REVOCABLE TRUST, dated September 29, 2004.

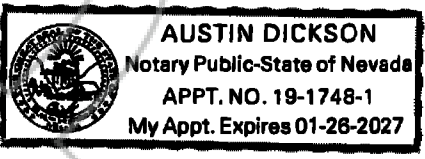
Alexandra T. Carnival
NOTARY PUBLIC
THE RUSSELL L. AND KAREN LANGE REVOCABLE TRUST, DATED SEPTEMBER 29, 2004



Jared Lange
By: JARED J. LANGE
Successor Co-Trustee

STATE OF NEVADA)
COUNTY OF Clark) ss.

This CERTIFICATE OF INCUMBENCY OF THE SUCCESSOR CO-TRUSTEES OF THE RUSSELL L. AND KAREN LANGE REVOCABLE TRUST, was signed and attested to before me this 6th day of September, 2024, by JARED J. LANGE, as Successor Co-Trustee of the RUSSELL L. AND KAREN LANGE REVOCABLE TRUST, dated September 29, 2004.



Austin Dickson
NOTARY PUBLIC

EXHIBIT "A"

**Certified Copy of the Certificate of Death of
KAREN LANGE**

COPY

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2009006898
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Karen LANGE			2. DATE OF DEATH (Mo/Day/Year) May 10, 2009		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 and number) Desert Springs Hospital		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient		4. SEX Female					
PRECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 19, 1943	
	9a. STATE OF BIRTH (If not U.S.A. name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Russell LANGE			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING IMPLEMENTATION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever in US Armed Forces? No					
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo		15d. STREET AND NUMBER 245 W. Richardville Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Harold CARTER					17. MOTHER - NAME (First Middle Last Suffix) Gertrude EVANS						
	18a. INFORMANT - NAME (Type or Print) Russell LANGE				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 245 W. Richardville Rd. Alamo, Nevada 89001							
POSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial				19b. CEMETERY OR CREMATORY - NAME Orem Cemetery				19c. LOCATION City or Town State Orem Utah 84057			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Downtown 1325 North Main Street Las Vegas NV 89101					
TRADE CALL	21. TRADE CALL - NAME AND ADDRESS Sundberg-Olpin Mortuary 495 S. State St. Orem UT 84057											
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) SIGNATURE AUTHENTICATED MOUSHUMI SHUMI 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) May 12, 2009				21c. HOUR OF DEATH 04:50		22b. DATE SIGNED (Mo/Day/Yr)				22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)				22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) MOUSHUMI SHUMI MD 2350 W. Charleston Blvd. Las Vegas, NV 89102						23b. LICENSE NUMBER 12487					
	24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 13, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											
	PART I											
	(a) Cardiorespiratory arrest											
	DUE TO, OR AS A CONSEQUENCE OF:											
	(b) Massive hemoptysis and/or hematemesis											
DUE TO, OR AS A CONSEQUENCE OF:												
(c) Chronic space occupying lung lesion												
DUE TO, OR AS A CONSEQUENCE OF:												
(d)												
PART II												
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		

STATE REGISTRAR

"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 as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By:

Date Issued:

MAY 18 2009

EXHIBIT "B"

Certified Copy of the Certificate of Death of
RUSSELL L. LANGE

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4366504

CERTIFICATE OF DEATH

2023018493
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) Russell LANGE		2. DATE OF DEATH (Mo/Day/Year) August 23, 2023		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 1783 Alamo West Road		3e. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 11, 1942		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)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TRUCK DRIVER		14b. KIND OF BUSINESS OR INDUSTRY TRUCKING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 1783 Alamo West Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Jack LANGE			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Vera LLEWELLYN		
18a. INFORMANT- NAME (Type or Print) Rusty LANGE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 576 Alamo, Nevada 89001		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Orem Cemetery		19c. LOCATION City or Town - State Orem Utah 84097	
20a. FUNERAL DIRECTOR - SIGNATURE (Of 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: Walker Sanderson Funeral Home 646 East 800 North Orem UT 84097					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROY WALCH 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) ROY WALCH SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) August 23, 2023		21c. HOUR OF DEATH 07:43		22b. DATE SIGNED (Mo/Day/Yr) August 23, 2023	
22c. HOUR OF DEATH 07:43		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 23, 2023		22e. PRONOUNCED DEAD AT (Hour) 07:43	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Roy Walch 1050 SR 322 Pioche, NV 89043					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 24, 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) Acute On Chronic Respiratory Failure Interval between onset and death					
(b) Chronic Obstructive Pulmonary Disease Interval between onset and death					
(c) Pulmonary Hypertension Interval between onset and death					
(d) Coronary Artery Disease 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. Lung Cancer					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	



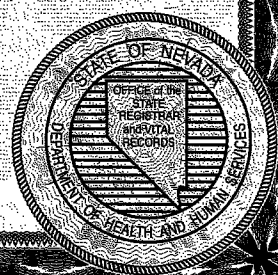
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **8/29/2023**

Wesley T Storey
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "C"
LEGAL DESCRIPTION

APN.: 011-191-15

THAT PORTION OF THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHEAST QUARTER (NE1/4) OF SECTION 31, TOWNSHIP 6 SOUTH, RANGE 61 EAST, M.D.B.&M. MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 1B OF THAT CERTAIN SUBSEQUENT PARCEL MAP FOR RUSSELL LANGE & KAREN LANGE, RECORDED DECEMBER 01, 2008 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK C OF PLATS, PAGE 441 AS FILE NO 132954, LINCOLN COUNTY, NEVADA RECORDS.