

LINCOLN COUNTY, NV

**2024-167531**

\$37.00

Rec:\$37.00

**10/22/2024 12:32 PM**

MESQUITE TITLE COMPANY

Pgs=5 AE

**OFFICIAL RECORD**

**AMY ELMER, RECORDER**

**APN: 001-065-13**

When recorded mail Document and Tax Bill to:

Name: **Brandon Dee Hampton**

Address: **PO Box 726**

City/State/Zip: **Pioche, Nevada 89043**

**(20353)**

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**(Title on Document)**

**LETTERS TESTAMENTARY**

2024 OCT -7 PM 1:15

LINCOLN COUNTY CLERK  
LDA

1 BRET O. WHIPPLE, ESQ.  
2 Nevada Bar #6168  
3 **JUSTICE LAW CENTER**  
4 1100 South Tenth Street  
5 Las Vegas, Nevada 89104  
6 (702) 731-0000  
7 *Attorney for Executor*

8 **IN THE SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**  
9 **IN AND FOR THE COUNTY OF LINCOLN**

10 In the Matter of the Estate of  
11  
12 Bradley Dee Hampton,  
13  
14 Deceased.

Case No.: PR-08-02024  
Dept No.: 2

15 **LETTERS TESTAMENTARY**

16 On the 12<sup>th</sup> day of September, 2024, the Court entered an Order admitting the  
17 Decedent's Will to probate and appointing BRANDON DEE HAMPTON as Executor of the  
18 Estate of Bradley Dee Hampton, to serve without bond, pursuant to the Independent  
19 Administration of Estates Act with full authority to administer the estate pursuant to NRS  
20 143.010 through 143.210.

21 The Executor, after being duly qualified, may act and has the authority and duties of an  
22 Executor.

23 In testimony of which, I have this date signed these Letters and affixed the seal of the  
24 Court.

25 **CLERK OF THE COURT**

26 By [Signature] 10/7/24  
Deputy Clerk Date

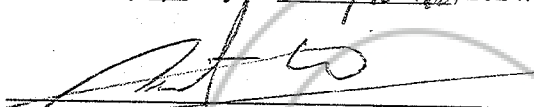
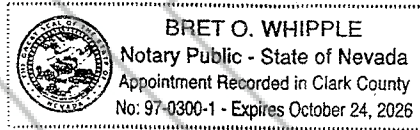
OATH

1  
2 STATE OF NEVADA }  
3 COUNTY OF CLARK } ss:  
4 }

5 I, Brandon Dee Hampton, whose mailing address is 6808 Sleepy Pine St., Las Vegas,  
6 NV 89130, solemnly affirms that I will faithfully perform according to law the duties of  
7 executor, and that all matters stated in any petition or paper filed with the court by me are true  
8 of my own knowledge or, if any matters are stated on information and belief, I believe them to  
9 be true.

10   
11 BRANDEE HAMPTON

12 SUBSCRIBED and SWORN to before me  
13 on this 19 day of September, 2024.

14   
15 

16 NOTARY PUBLIC in and for said  
17 County and State

COPY

... to which this certificate is attached  
... copy of the original, on  
... County Clerk's Office, Pioche,  
Nevada. In witness whereof, I have hereunto  
... hand and affixed the seal of the  
Seventh Judicial District Court in and for  
the County of Lincoln, State of Nevada, this  
15<sup>th</sup> day of October, 2004.  
[Signature]  
Clerk/Deputy Clerk

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4412443

## CERTIFICATE OF DEATH

2024010416  
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

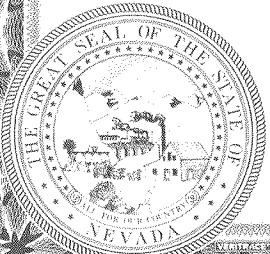
CERTIFIER

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>Bradley Dee HAMPTON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>May 08, 2024</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Pioche</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/(f not either, give street ar number) <b>172 Silver St.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>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>65</b>	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	7c. UNDER 1 DAY HOURS   MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 11, 1958</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>Divorced</b>	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) <b>Heavy Equipment Operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Commercial Construction</b>		Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Lincoln</b>	15c. CITY, TOWN OR LOCATION <b>Pioche</b>	15d. STREET AND NUMBER <b>172 Silver St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Von Armon HAMPTON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Melba June WHITE</b>			
18a. INFORMANT- NAME (Type or Print) <b>Brandon Dee HAMPTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>6808 Sleepy Pine St. Las Vegas, Nevada 89130</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</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 Caliente NV 89008</b>			
TRADE CALL - NAME AND ADDRESS <b>Southern Utah Crematory 190 North 300 West Cedar City UT 84720</b>						
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>JONATHAN JAMES NEIGHBOR SIGNATURE AUTHENTICATED</b>		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>May 13, 2024</b>		21c. HOUR OF DEATH <b>19:07</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>May 08, 2024</b>		22c. HOUR OF DEATH <b>19:07</b>
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Coroner Jonathan James Neighbor PO Box 570 Pioche, NV 89043</b>					22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>May 08, 2024</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>19:07</b>					23b. LICENSE NUMBER	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Jonathan James Neighbor PO Box 570 Pioche, NV 89043</b>						23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 14, 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 (a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Lung Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b>						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) <b>No</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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

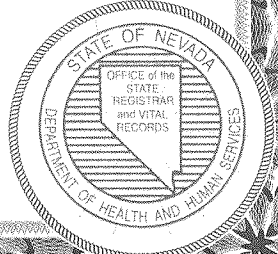
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Cody D. Phinney*

DATE ISSUED: **5/21/2024**

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