

DOC # 849662
09/19/2014 03:16PM Deputy: AR
OFFICIAL RECORD
Requested By:
Stewart Title - Carson
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-914 PG-3597 RPTT: 0.00



A.P.N. No.:	1420-34-201-012
Escrow No.:	01415-12327
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Terril Morris	
2707 Kayne Ave	
Minden, NV 89423	

(for recorders use only)

Incumbency Certificate
(Title of Document)

Please complete Affirmation Statement below:

* I the undersigned hereby affirm. that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

XX I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380

(State specific law)

Signature

Escrow Officer

Title

Escrow Agent

Liz Svenningsen Ashley Busse
Print Signature



CERTIFICATE OF INCUMBENCY

Whereas, LAVERNE D. ROBINSON was the Trustee under that certain Trust entitled The Laverne Robinson 1998 Trust dated June 15, 1998, and listed as Grantee under that certain TRUST TRANSFER DEED recorded September 25, 1998 in Book 0998, as Document No. 0450270, of Official Records, covering the following described property:

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

AND Whereas, LAVERNE D. ROBINSON is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, TERRIL MORRIS, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE

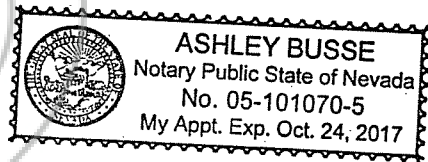
By: Terril Morris
TERRIL MORRIS

State of Nevada)
County of Carson City) ss.

This instrument was acknowledged before me on the 15 day of September, 2014.

By: Terril Morris

Signature: Ashley Busse
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH
 VITAL STATISTICS

CERTIFICATE OF DEATH

2012002680

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENT'S

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) LaVerne D ROBINSON		2. DATE OF DEATH (Mo/Day/Year) February 19, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 25, 1924		9a. STATE OF BIRTH (If not U.S.A. name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 3596		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY State Of Nv Dept. Of Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2707 Kayne Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert FIEDLER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Minnie LIPELT		18a. INFORMANT - NAME (Type or Print) Terry MORRIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2707 Kayne Ave Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID HOWARD JOHNSON M.D. <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) February 22, 2012		21c. HOUR OF DEATH 06:15	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
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) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423		23b. LICENSE NUMBER 4143		24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2012		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).) Congestive Heart Failure and Coronary Artery Disease	
25. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
25. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
25. IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
25. IMMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		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

364314



BK 914
 PG-3599

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VRS-Rev-20110104

424052

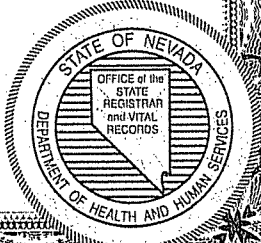
CERTIFIED COPY OF VITAL RECORDS

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: **02/24/2012**

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

R. D. White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



EXHIBIT "A" LEGAL DESCRIPTION

File No.: 01415-12327

A portion of the Southwest 1/4 of the Northwest 1/4 or Section 34 in Township 14 North, Range 20 East, M.D. & M. more particularly described as

Commencing at the 1/4 corner common to Sections 33 and 34 in Township 14;
thence North 89°55'20" East 661.70 feet;
thence North 0°02'47" East 170.80 feet to the true point of beginning;
thence North 0°02'47" East 140.80 feet;
thence North 89°55'20" East 330 feet;
thence South 0°02'47" West 140.80 feet;
thence South 89°55'20" West 330 feet to the true point of beginning;

Granting and Reserving therefrom for each party hereto and their heirs and assigns an easement for road purposes along the West 20 feet and an easement for utility purposes along the East 5 feet.

Document No. 119110 is provided to comply with the requirements of NRS 111.312

