

Mail Tax Notice to: **Marlow B. Williams**
223 S Texas Ave
Henderson NV 89015

Warranty Deed

Order No.: 1000

Marlow B. Williams Successor Trustee of Sharon J. Williams, Trustee of the Williams Family Living Trust Grantor, of: Henderson, State of Utah

hereby QUIT-CLAIMS TO

Marlow B. Williams, Trustee of the Williams Family Living Trust, dated November 2, 1992, Grantee
of: Henderson, State of Nevada

for the sum of (\$10.00) Ten Dollars and other good and valuable considerations the following described tract of land in Iron County, State of Utah, to-wit:

Commencing 1039.63 feet East from the Northwest Corner of the Southwest Quarter of the Northeast Quarter of Section 15, Township 38 South, Range 11 West, Salt Lake Base and Meridian. South 20° West 580 feet, South 11° West 790 feet, South 8° 45' West 1176 feet, East 802 feet, North 2477 feet, West 280.37 feet. Also commencing 1039.63 feet East from the Southwest Corner of the Northwest Quarter of the Northeast Quarter of Section 15, East 1600.37 feet, North 2640 feet, West 639.63 feet, South 20° West, more or less to the place of beginning.

WITNESS the hand of said Grantor, June 4, 1999

Williams Family Living Trust



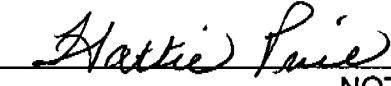
Marlow B. Williams, Successor Trustee

County of Clark)
State of Nevada) ss.

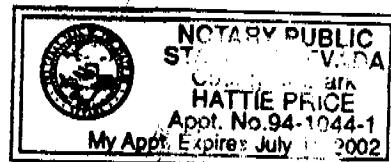
00409484 Bk00683 Pg00687-00687

DIXIE B MATHESON - IRON COUNTY RECORDER
1999 JUN 08 14:26 PM FEE \$10.00 BY PTC
REQUEST: CEDAR LAND TITLE INC

On June 4, 1999, personally appeared before me, Marlow B. Williams the signer of the foregoing instrument, who duly acknowledged to me that he executed the same.



NOTARY PUBLIC
Residing in: Henderson, NV



When recorded mail deed and tax notice to:

Merideth Elyse Hartman
2157 High Mesa Dr.
Henderson, NV 89012

00754904

B: 1513 P: 594 Fee \$40.00
 Carri R. Jeffries, Iron County Recorder Page 1 of 3
 10/20/2020 11:38:38 AM By MERIDETH ELYSE HARTMAN



Parcel Numbers D-1127-0000-0000, D-1118-0004-0000, D-1118-0013-0000, D-1118-0003-0000, D-1118-0009-0000,
D-1118-0001-0000, D-1118-0014-0000, D-1127-0001-0000, D-0003-0000, D-1118-1126-0000

AFFIDAVIT OF TRUSTEESHIP

Merideth Elyse Hartman, Marlow Rees Williams, Spencer Clark Williams, and

Stephanie Louise Aranbasich, being first duly sworn, deposes and says:

1. That Marlow B. Williams, listed as Trustee of the Williams Family Living Trust
 Dated November 2, 1992 is one and the same person as Marlow B. Williams, listed as decedent on the Certificate of Death.
2. By virtue of that death certificate attached hereto and recorded as part hereof and said Declaration of Trust. I do hereby declare that the conditions for Successor Trustee appointment have been met and that pursuant to said Declaration of Trust, that we the undersigned, Merideth Elyse Hartman, Marlow Rees Williams, Spencer Clark Williams, and Stephanie Louise Aranbasich are now authorized as Successor Trustee of said trust.
3. The real property subject to this Affidavit is located in Iron County, State of Utah: **LEGAL DESCRIPTION:**

D-1127-0000-0000 (S 15 T 38S R 11W COM 1039.63 FT E OF NW COR SW1/4NE1/4 SEC 15,T38S,R11W, SLM; S 20 FT; W 580 FT; S11*W 790 FT; S8*45'W 1176 FT; E 802 FT; N 2477 FT; W 280.37 FT; ALSO COM 1039.63 FT E FR SW COR NW1/4NE1/4 SEC 15; E 1600.37 FT; N 2640 FT; W 639.63 FT; S20*W M/L TO POB)

D-1118-0004-0000 (S 11 T 38S R 11W S1/2SW1/4 SEC 11 & NE1/4NW1/4 SEC 14,T38S,R11W, SLM)

D-1118-0013-0000 (S 11 T 38S R 11W ALL NW1/4SW1/4 SEC 11,T38S,R11W, SLM)

D-1118-0003-0000 (S 15 T 38S R 11W SE1/4NE1/4 SEC 15; W1/2NW1/4 SEC 14,T38S,R11W, SLM)

D-1118-0009-0000 (S 11 T 38S R 11W S1/2SW1/4 SEC 11 & NE1/4NW1/4 SEC 14,T38S,R11W, SLM)

D-1118-0001-0000, D-1118-0014-0000, D-1127-0001-0000, E-0261-0023-0000, D-1127-0003-0000

(S 3 T 37S R 12W BEG AT PT S0*26'50"E 2081.94 FT FR N1/4 COR SEC 3,T37S,R12W, SLM; N89*44'20"E 1300.56 FT; S1*08'10"W 829.86 FT; N89*57'22"W 1303.76 FT; N1*22'08"E 823.03 FT TO POB. TOG W/ R/W & EASE DESC REC BK 365/639. TOG W/ 1 AC-FT WTR WUC #73-1349)

D-1118-1126-0000 (S 10 T 38S R 11W NE1/4SE1/4 SEC 10,T38S,R11W, SLM. EXCL D-1118-1-1)

WITNESS the hand(s) of said grantor(s) this 5 day of October, 2020.

Merle D. Blye Hartman

Signature: Merideth Elyse Hartman


Signature: Marlowe Boes Williams

Signature: Marlow Rees Williams

SpCk

Signature: Spencer Clark Williams

Susan Bach

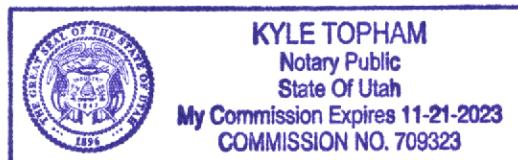
Signature: Stephanie Louise Aranbasich

STATE OF Utah)
:ss
COUNTY OF Iron)

On the 5 day of October, 2026, personally appeared before me, Meredith Elyse Hartman, Marlow Rae Williams, Spencer Clark Williams, Stephanie Louise Aranbasich, the signer of the within instrument who duly acknowledged to me that he/she executed the same.

NOTARY PUBLIC

My Commission Expires: 11/21/2023



00754904

B: 1513 P: 595 Fee \$40.00
Carri R. Jeffries, Iron County Recorder Page 2 of 3
10/20/2020 11:38:38 AM By MERIDETH ELYSE HARTMAN



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4146889

CERTIFICATE OF DEATH

2020010724

STATE FILE NUMBER

DECEDENT <small>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</small>	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marlow Blair WILLIAMS				2. DATE OF DEATH (Mo/Day/Year) May 23, 2020		3a. COUNTY OF DEATH Clark			
	3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Henderson Hospital		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient		4. SEX Male			
PARENTS	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday 79 (Years)		7b. UNDER 1 YEAR MOS DAYS 7c. UNDER 1 DAY HOURS MINS			
	9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Rebecca BULLOCH	
DISPOSITION	13. SOCIAL SECURITY NUMBER 3138		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of FIREFIGHTER		14b. KIND OF BUSINESS OR INDUSTRY Public Service		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson		15d. STREET AND NUMBER 197 Golden Crown Ave			
TRADE CALL	16. FATHER/PARENT - NAME (First Middle Last Suffix) George Berry WILLIAMS				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Juanita DAVIS					
	18a. INFORMANT- NAME (Type or Print) Rebecca WILLIAMS				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 197 Golden Crown Ave Henderson, Nevada 89002					
CERTIFIER	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORIAL NAME Kanarraville Cemetery		19c. LOCATION City or Town State Kanarraville Utah 84742					
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENCE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008					
REGISTRAR	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 MATTHEW E STOFFERAHN 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 27, 2020		21c. HOUR OF DEATH 07:10		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
CAUSE 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)					
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Matthew E Stofferahn MD 500 N Rainbow Blvd Las Vegas, NV 89107		23b. LICENSE NUMBER 14194							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 28, 2020		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: Ventricular Fibrillation (b) DUE TO, OR AS A CONSEQUENCE OF: Probable Myocardial Infarction (c) DUE TO, OR AS A CONSEQUENCE OF: Probable Coronary Artery Disease PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.						26. AUTOPSY (Specify Yes or No) No 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

00754904

B: 1513 P: 596 Fee \$40.00
Carri R. Jeffries, Iron County Recorder Page 3 of 3
10/20/2020 11:38:38 AM By MERIDETH ELYSE HARTMAN



000817457

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:

6/2/2020

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

Jan Shugrue
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

