

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*  
Marlow B. Williams, Successor Trustee

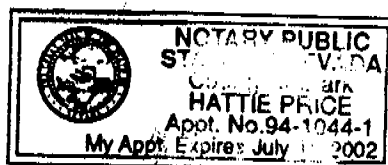
County of Clark )  
State of Nevada ) ss.

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.

*Hattie Price*  
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**

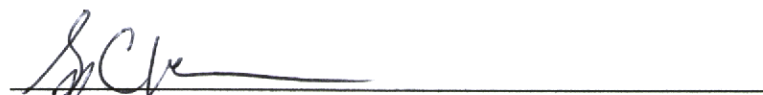
(S 3 T 37S R 12W BEG AT PT S0\*26'50"E 2081.94 FT FR N1/4 COR SEC 3,T37S,R12W, SLM; N89\*44'20"E 1300.56  
FT; S1\*08'10"W 829.86 FT; N89\*57'22"W 1303.76 FT; N1\*22'08"E 823.03 FT TO POB. TOG W/ R/W & EASE DESC  
REC BK 365/639. TOG W/ 1 AC-FT WTR WUC #73-1349)


**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.

  
Signature: Merideth Elyse Hartman

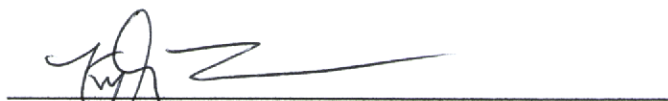
  
Signature: Marlow Rees Williams

  
Signature: Spencer Clark Williams

  
Signature: Stephanie Louise Aranbasich

STATE OF Utah       )  
                                  :SS  
COUNTY OF Iron     )

On the 5 day of October, 2020, personally appeared before me,  
Merideth Elyse Hartman, Marlow Rees 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





**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

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>Marlow Blair WILLIAMS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 23, 2020</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Henderson</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address and number) <b>Henderson Hospital</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR <b>MOS</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7c. UNDER 1 DAY <b>HOURS</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>13</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Rebecca BULLOCH</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 05, 1940</b>	
13. SOCIAL SECURITY NUMBER <b>3138</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>FIREFIGHTER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Public Service</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Henderson</b>	
15d. STREET AND NUMBER <b>197 Golden Crown Ave</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 Berry WILLIAMS</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Juanita Davis</b>	
18a. INFORMANT - NAME (Type or Print) <b>Rebecca WILLIAMS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>197 Golden Crown Ave Henderson, Nevada 89002</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Kanarrville Cemetery</b>		19c. LOCATION City or Town State <b>Kanarrville Utah 84742</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> <b>SIGNATURE AUTHENTICATED</b>		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>MATTHEW E STOFFERAHN MD</b> <b>SIGNATURE AUTHENTICATED</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>May 27, 2020</b>		21c. HOUR OF DEATH <b>07:10</b>	
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) <b>Matthew E Stofferahn MD 500 N Rainbow Blvd Las Vegas, NV 89107</b>				23b. LICENSE NUMBER <b>14194</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 28, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Ventricular Fibrillation</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Probable Myocardial Infarction</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Probable Coronary Artery Disease</b>					
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>	
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 <b>STREET OR R.F.D. No.</b>		28h. CITY OR TOWN <b>STATE</b>		28i. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	

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.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

