

DOC # 0217659

06/16/2011

01:40 PM

Official Record

Recording requested By
MARK A KEMP PC

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$17.00

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RPTT:

Recorded By: FES

Book- 517 Page- 0011

APN 005-090-33

Recording Requested By:

Name Mark A. Kemp, Esq.

Address 8275 South Eastern Avenue #200

City / State / Zip Las Vegas, Nevada 89123



0217659

CERTIFICATE OF INCUMBENCY

(Print Name of Document on the Line Above)



I the undersigned hereby affirm that this document submitted for recording contain personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is:

(Insert the NRS, public program or grant referenced in the line above)

Mary S Scrudder, Tr
Signature

Death Trustee
Title

Mary Scrudder
Print Name

CERTIFICATE OF INCUMBENCY

The MIELE LIVING TRUST, dated December 20, 2007, was created on December 20, 2007, by Ryan P. Miele, as Trustmaker, and Ryan P. Miele, as Trustee.

Ryan P. Miele died on February 8, 2010 in Tucson, Arizona. A certified copy of the Certificate of Death for Ryan P. Miele is attached hereto.

Pursuant to Article Nine, Section 3(c) of the Trust Agreement, dated December 20, 2007, Mary Scrudder has been appointed to serve as the Death Trustee of the MIELE LIVING TRUST as a result of the death of Ryan P. Miele.

Mary Scrudder hereby accepts her appointment as Death Trustee of the MIELE LIVING TRUST and hereby certifies to her incumbency this 18 day of September, 2010.

Mary Scrudder further certifies that the MIELE LIVING TRUST is the owner of record of all that real property situated in the Crescent Valley, County of Eureka, State of Nevada, bounded and described as follows:

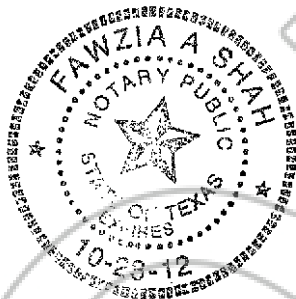
The Southwest 1/4 of the Southwest 1/4 of
Section 27, Township 31 North, Range 49
East, Mount Diablo Base and Meridian.

Assessor's Parcel No. 005-090-33

By Mary Scrudder, Tr
MARY SCRUDDER, Death Trustee
of the MIELE LIVING TRUST

STATE OF ^{TEXAS} ARIZONA)
COUNTY OF Williamson) ss.

On this 18th day of September, 2010, before me, Fawzia
Shah, personally appeared Mary Scrudder,
Death Trustee of the MIELE LIVING TRUST, personally known to
me (or proved to me on the basis of satisfactory evidence) to
be the person whose name is subscribed to the above
instrument, and who acknowledged that she executed it.



[Signature]
(Signature of Notary Public)

After recording, Return to:

Mary Scrudder
c/o Gerhardt Law Office
2151 S. Hwy 92, Ste. 118
Sierra Vista, AZ 85635



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CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File No. 102-2010-005499

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) RYAN PAULINE MARIE MIELE				2. AKA'S (IF ANY)		3. DATE OF DEATH FEBRUARY 18, 2010	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH 12-04-1922	7. AGE 87	8. MONTHS [REDACTED]		9. DAYS [REDACTED]	
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER					
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) TUCSON MEDICAL CENTER				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH TUCSON 85712		16. COUNTY OF DEATH PIMA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) ENID, OKLAHOMA				18. MARITAL STATUS AT TIME OF DEATH WIDOWED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS 500 ESSEX DRIVE				21. CITY AND COUNTY SIERRA VISTA, COCHISE		22. STATE ARIZONA	
26. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN				28. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN		27. IF AMERICAN INDIAN, OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION COMPUTER ANALYST				30. MOTHER'S NAME (FIRST, MIDDLE & LAST NAME PRIOR TO FIRST MARRIAGE) ETHEL MARYELLA BLANSIT			
29. FATHER'S NAME (FIRST, MIDDLE, LAST) EARNST STEVENS				32. RELATIONSHIP SON			
31. INFORMANT'S NAME TIMOTHY BANGLE				33. INFORMANT'S MAILING ADDRESS 120 BALDWIN LANE, PORT LUDLOW, WASHINGTON 98365			
34. NAME AND ADDRESS OF FUNERAL FACILITY HATFIELD FUNERAL HOME 830 SOUTH HIGHWAY 92 SIERRA VISTA, AZ				35. FUNERAL DIRECTOR DEAN BAKER, FUNERAL DIRECTOR		36. LICENSE NUMBER F0864	
37. METHOD(S) OF DISPOSITION BURIAL				38. NAME AND LOCATION OF 1st DISPOSITION FACILITY SOUTHERN ARIZONA VETERAN'S MEMORIAL CEMETERY, SIERRA VISTA, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE	
CAUSE OF DEATH PART I							
IMMEDIATE CAUSE OF DEATH 40. A. ACUTE MYOCARDIAL INFARCTION		41. APPROXIMATE INTERVAL HOURS				42. APPROXIMATE INTERVAL YEARS	
DUE TO OR AS A CONSEQUENCE OF 42. B. CORONARY ARTERY DISEASE		43. APPROXIMATE INTERVAL HOURS				44. APPROXIMATE INTERVAL YEARS	
DUE TO OR AS A CONSEQUENCE OF 44. C.		45. APPROXIMATE INTERVAL HOURS				46. APPROXIMATE INTERVAL YEARS	
DUE TO OR AS A CONSEQUENCE OF 46. D.		47. APPROXIMATE INTERVAL HOURS				48. APPROXIMATE INTERVAL YEARS	
CAUSE OF DEATH PART II							
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE CARDIOGENIC SHOCK				49. INJURY? NO		50. INJURY AT WORK? NO	
				51. MANNER OF DEATH NATURAL DEATH		52. TIME OF DEATH 1825	
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION							
55. CERTIFYING PHYSICIAN/NURSE PRACTITIONER - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH JEFFREY GOLD, M.D.		56. DATE CERTIFIED 02-22-2010	
57. CERTIFIER'S ADDRESS 6367 E TANQUE VERDE RD STE 200, TUCSON, AZ 85715				58. NAME OF REGISTRAR AUDREY ROGERS		59. DATE REGISTERED 02-23-2010	

Date Issued: 02-28-2



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This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services