

DOC # 694432

01/16/2015

03:46 PM

Official Record

Requested By
COPENHAVER & MCCONNELL

Elko County - NV

D. Mike Smales - Recorder

Page 1 of 3 Fee: \$16.00

Recorded By: ST RPTT:

APN: 091-009-006
001-492-001
027-031-002
032-002-018
032-005-020
037-019-006
007-080-100
039-007-006
039-004-005



Send tax statements to:

Mahlon Boehler
920 Southside Drive
Elko, NV 89801

When recorded return to:

Copenhaver & McConnell, PC
950 Idaho Street
Elko, NV 89801

**NOTICE OF DEATH OF BONNY BOEHLER
ONE OF THE ORIGINAL TRUSTEES AND
ONE OF THE ORIGINAL TRUSTORS OF THE
BOEHLER FAMILY TRUST dated September 26, 2014**

TO WHOM IT MAY CONCERN:

Please take notice that on the 6th day of December, 2014, **BONNY BOEHLER**, one of the original Trustors and one of the original Trustees of the **BOEHLER FAMILY TRUST dated September 26, 2014**, died in the City of Elko, County of Elko, State of Nevada.

A certified copy of the Certificate of Death of the Trustor and Trustee, **BONNY BOEHLER**, is attached hereto.

The surviving original Trustee and Trustor of the **BOEHLER FAMILY TRUST dated September 26, 2014**, is **MAHLON BOEHLER**.

DATED this 15th day January, 2015.

By: 
MAHLON BOEHLER - Trustee



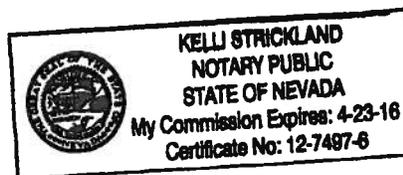
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State of Nevada
County of Elko

This instrument was acknowledged before me on the 15th day of January, 2015, by MAHLON BOEHLER as the successor Trustor and Trustee of the BOEHLER FAMILY TRUST dated September 26, 2014.


NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014021935

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION USE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Form containing fields for: 1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) BOEHLER; 2. DATE OF DEATH (Mo/Day/Year) December 08, 2014; 3a. COUNTY OF DEATH Elko; 3b. CITY, TOWN, OR LOCATION OF DEATH Elko; 3c. HOSPITAL OR OTHER INSTITUTION Highland Manor of Elko; 4. SEX Female; 5. RACE White; 6. HISPANIC ORIGIN? No; 7a. AGE - Last birthday (Years) 73; 7b. UNDER 1 YEAR; 7c. UNDER 1 DAY; 8. DATE OF BIRTH (Mo/Day/Yr) June 03, 1941; 9a. STATE OF BIRTH Nevada; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 14; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married; 12. SURVIVING SPOUSE (Maiden name) Mahlon BOEHLER; 13. SOCIAL SECURITY NUMBER 5436; 14a. USUAL OCCUPATION X-ray Technician; 14b. KIND OF BUSINESS OR INDUSTRY Hospital; 14c. Ever in US Armed Forces? No; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Elko; 15c. CITY, TOWN OR LOCATION Elko; 15d. STREET AND NUMBER 920 Southside Drive; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Halle PFEIFER; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna MONTROSE; 18a. INFORMANT - NAME (Type or Print) Mahlon BOEHLER; 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 820 Southside Drive Elko, Nevada 89801; 19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Burial; 19b. CEMETERY OR CREMATORY - NAME Burns Memorial Gardens; 19c. LOCATION City or Town State Elko Nevada 89803; 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTZ; 20b. FUNERAL DIRECTOR LICENSE NUMBER 298; 20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 889 Elko, NV 89803; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) STEVEN LANGAN PHILLIPS M.D.; 21b. DATE SIGNED (Mo/Day/Yr) December 15, 2014; 21c. HOUR OF DEATH 23:00; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Phillips, Steven Langan; 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) Steven Langan Phillips M.D. 5250 Neil Rd. #201 Reno, NV 89502; 23b. LICENSE NUMBER 6596; 24a. REGISTRAR (Signature) RENEE PERA; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2015; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Disseminated Metastatic Disease; (b) Carcinoma Of The Bladder; (c) Pulmonary Fibrosis; 26. AUTOPSY (Specify Yes or No) No; 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes; 28a. ACC., SUICIDE, HOMIC., 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

STATE REGISTRAR

305455



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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:

STATE REGISTRAR Red White

This copy is not valid unless signed and stamped on engraved border displaying date, seal and signature of the State Registrar.

