

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA)
)SS.
COUNTY OF LINCOLN)

AFFIANT, being first duly sworn, deposes and says:

1. That CLAYTON E. DAVISON and ISABELLE M. DAVISON created the CLAYTON E. DAVISON AND ISABELLE M. DAVISON FAMILY TRUST on October 27, 1992, wherein CLAYTON E. DAVISON and ISABELLE M. DAVISON were designated as the original Trustees.

2. That ISABELLE M. DAVISON died on the 24th day of May, 1994, and a certified copy of the Death Certificate is attached hereto and by this reference incorporated herein.

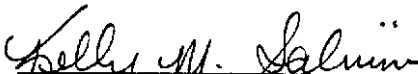
3. That CLAYTON E. DAVISON is named in said Trust as the sole Successor Trustee of the Trust; and hereby files this certificate and accepts the sole Trusteeship of the CLAYTON E. DAVISON AND ISABELLE M. DAVISON FAMILY TRUST, originally dated October 27, 1992.

DATED this 25th day of July, 1994.

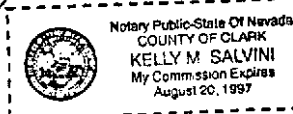

CLAYTON E. DAVISON

STATE OF NEVADA)
)SS.
COUNTY OF LINCOLN)

On this 25th day of July, 1994, personally appeared before me, a Notary Public, CLAYTON E. DAVISON, who acknowledged to me that he executed the above instrument, as the sole Successor Trustee of the CLAYTON E. DAVISON AND ISABELLE M. DAVISON FAMILY TRUST, dated October 27, 1992.


NOTARY PUBLIC

WHEN RECORDED MAIL TO:
CLAYTON E. DAVISON
981 Apache Lane
Las Vegas, NV 89110



Lincoln County

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1		Isabelle M. DAVISON		2 May 24, 1994		3a Clark	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DDA, GP/Emer Rm. Inpatient (Specify)		SEX	
	3a Las Vegas		3b Valley Hospital		3c Inpatient		4 Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify (yes (1) no (2) yes, specify Mexican, Cuban, Puerto Rican, etc.)		AGE—Last Birthday (Years)		UNUSUAL YEAR	
	5 White		6 Mexican		7a 72		UNUSUAL YEAR: MONTH : DAYS	
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	8a Nevada		9a U.S.A.		10 12		11 Married	
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		DATE OF BIRTH (Mo., Day, Yr.)	
	13		14a Co-Owner/Retired		14b Florist		12 Clayton E. Davison	
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a Nevada		15b Clark		15c Las Vegas		15d 981 Apache Lane	
CAUSE OF DEATH	FATHER—NAME		MOTHER—MAIDEN NAME		Mailing Address (Sheet or R.F.D. No., City or Town, State, Zip)		INSIDE CITY LIMITS (Specify Yes or No)	
	16a Eliborio Arebalo		17a Marie J. Martin		18a Clayton E. Davison -Husband		18b 981 Apache Lane Las Vegas Nevada 89110	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		State	
	19a Entombment		19b Palm Memorial Park		19c Las Vegas		Nevada	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Who Is Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		20a 27	
	20a		20b		20c Palm Mortuary 1325 No. Main St. Las Vegas, Nevada			
CAUSE OF DEATH	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH		21d	
	21a		21b 5/25/94		21c 3:20 A.M.		21d	
CAUSE OF DEATH	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) and manner stated.		22b ON		22c AT		22d	
	22a		22b ON		22c AT		22d	
CAUSE OF DEATH	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b LICENSE NUMBER		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	23a Dost Wattoo MD 2031 McDaniel Street North Las Vegas Nevada		23b 3519		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
CAUSE OF DEATH	24a (Signature)		24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c DEATH DUE TO COMMUNICABLE DISEASE		24d	
	24a		24b MAY 26 1994		24c YES <input type="checkbox"/> NO <input type="checkbox"/>		24d	
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER MINOR (a), (b), AND (c))		26		27		28	
	25a		26		27		28	
CAUSE OF DEATH	29a INJURY AT WORK (Specify Yes or No)		29b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		29c LOCATION		29d	
	29a		29b		29c		29d	

No.068461

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By:

Date Issued: JUN 01 1994

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

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COPY

No. **102132**

FILED AND RECORDED AT REQUEST OF
Jeffrey L. Burr, LTD.
August 2, 1994

at 12 MINUTES PAST 2 O'CLOCK
P.M. IN BOOK 110 OF OFFICIAL
RECORDS, PAGE 320 LINCOLN
COUNTY, NEVADA.

Yuriko Setzer
By Jessie Boucher COUNTY REC. CLERK Deputy

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