

Lincoln County

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

Zimmerman and Bette Zimmerman Revocable Fam.Trust
R. FRANK ZIMMERMAN, Trustee of the R. Frank are the Owners and Holders of the Note

secured by the Deed of Trust dated July 17, 1991, made by SHAWN WISCOMBE
and TERE SUE WISCOMBE, Trustors, to FIRST AMERICAN TITLE COMPANY OF NEVADA,
a Nevada Corporation R. FRANK ZIMMERMAN AND BETTE ZIMMERMAN, TRUSTEES OF THE R. FRANK
Trustee, for the benefit of ZIMMERMAN & BETTE ZIMMERMAN REVOCABLE, Beneficiary,
FAMILY TRUST *

which Deed of Trust was recorded in the office of the County Recorder of LINCOLN
County, Nevada, in Book 97 at Page 439, File No.097080, hereby substitutes

R. FRANK ZIMMERMAN, as Trustee in lieu of the
above named Trustee under said Deed of Trust.

*SEE CERTIFIED COPY OF DEATH CERTIFICATE ATTACHED HERETO AND MADE A PART HEREOF.

R. FRANK ZIMMERMAN hereby accepts said appointment
under said Deed of Trust and, as successor Trustee, pursuant to the request of said
Owner and Holder and in accordance with the provisions of Deed of Trust, does hereby
reconvey without warranty to the person or persons legally entitled thereto, all
estate now held by it under said Deed of Trust.

IN WITNESS WHEREOF, R. FRANK ZIMMERMAN IN WITNESS WHEREOF, R. FRANK ZIMMERMAN

have caused these presents to be
executed by them, this 18th day
of MARCH, 1996.

R. Frank Zimmerman
Beneficiary R. FRANK ZIMMERMAN

Beneficiary

has caused these presents to be
executed by R. FRANK ZIMMERMAN

this 18th day of March, 1996.

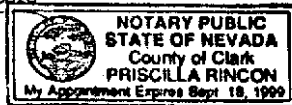
R. Frank Zimmerman
Trustee R. FRANK ZIMMERMAN

Trustee

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)
On 3/18/96, before the
undersigned, a Notary Public in and for
said County and State, personally
appeared R. FRANK ZIMMERMAN

who acknowledged that he executed the
above instrument.

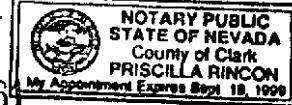
Priscilla Rincon
NOTARY PUBLIC



STATE OF NEVADA)
) ss.
COUNTY OF CLARK)
On 3/18/96, before me,
the undersigned, a Notary Public in and for
said County and State, personally appeared
R. FRANK ZIMMERMAN

who acknowledged that
he executed the above instrument.

Priscilla Rincon
NOTARY PUBLIC



Lincoln County

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

TYPE OR PRINT OR PERMANENT BLACK INK		LOCAL FILE NUMBER		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
DECEASED - NAME First Middle Last		Bette M. ZIMMERMAN		7 February 15, 1995		COUNTY OF DEATH Clark	
1 CITY, TOWN OR LOCATION OF DEATH		2 HOSPITAL OR OTHER INSTITUTION: Name (if not other, give street and number)		3 Place of last residence FROM OF (For foreign, specify)		4 SEX	
Las Vegas		Nathan Adelson Hospice		Inpatient		Female	
5 RACE: (e.g. White, Black, American Indian, etc.) (Specify)		6 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		7 DATE OF BIRTH (Mo, Day, Yr)		8	
White		Married		May 13, 1921		R. Frank Zimmerman	
9 STATE OF BIRTH (If not U.S.A., name country)		10 CITIZEN OF WHAT COUNTRY		11 EDUCATION: Degree, highest grade completed		12	
Illinois		U.S.A.		16			
13 SOCIAL SECURITY NUMBER		14a OCCUPATION (Give kind of work done during most of working life. Even if retired)		14b		15	
		Executive Secretary		Constructors			
16 RESIDENCE - STATE		17 COUNTY		18 CITY, TOWN OR LOCATION		19 STREET AND NUMBER	
Nevada		Clark		Las Vegas		1424 Daniel Drive	
20 FATHER - NAME First Middle Last		21 MOTHER - MAIDEN NAME First Middle Last		22		23	
Frank Zimmerman		1424 Daniel Drive, Las Vegas, Nevada 89117					
24 BURIAL, CREMATION, RE MOVAL OTHER		25 CEMETERY OR CREMATORY - NAME		26 LOCATION City, Town, State		27	
Burial		Paradise Memorial Gardens		Las Vegas, Nevada			
28 FUNERAL DIRECTOR: Name (If firm, give name of firm)		29 LICENSE NUMBER		30 NAME AND ADDRESS OF FACILITY		31	
Davis R. ...		26		DAVIS PARADISE VALLEY FUNERAL HOME		6200 S. Eastern Avenue, Las Vegas, Nevada 89119	
32 SIGNATURE OF CERTIFIER		33 HOUR OF DEATH		34 DATE SIGNED (Mo, Day, Yr)		35 HOUR OF DEATH	
Paul E. ...		9:00 AM		2-18-95			
36 NAME AND ADDRESS OF PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER OR CORONER (Type or Print)		37 LICENSE NUMBER		38 DATE SIGNED BY REGISTRAR (Mo, Day, Yr)		39 FETTERED TO CORONER AND EXHIBIT	
Paul Michael, M.D. 3920 S. Eastern Ave. Las Vegas, NV 89119		SZ14		FEB 17 1995			
40 PART 1		41 PART 2		42		43	
Metastatic uterine cancer		Due to or as a consequence of		No		Yes	
44 ACC. TO POLICE, HOME VISIT OR PENING INVEST		45 DATE OF INJURY (Mo, Day, Yr)		46 HOUR OF INJURY		47 DESCRIBE HOW INJURY OCCURRED	

No. 83283

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

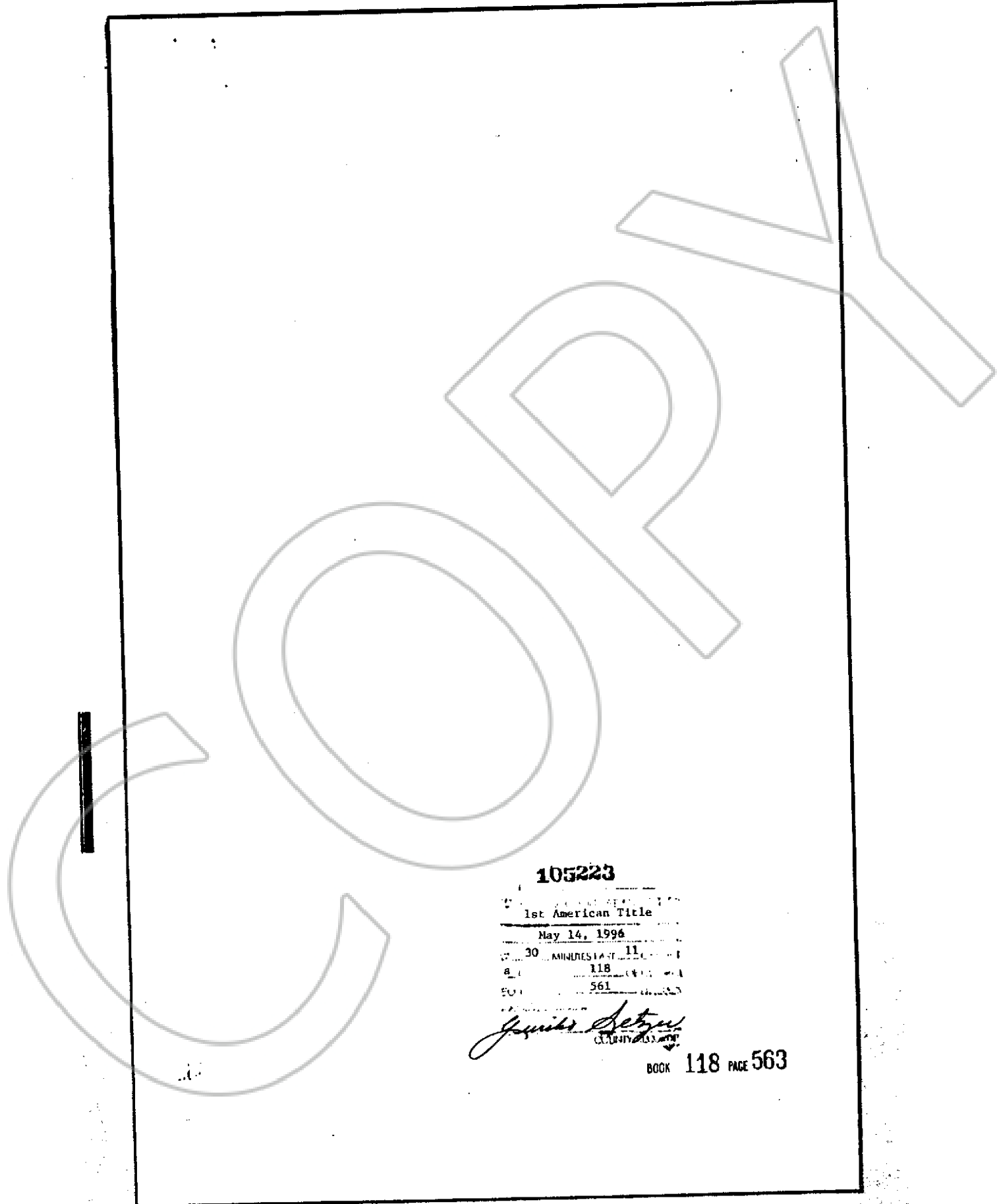
OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

Date Issued FEB 22 1995

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

BOOK 118 PAGE 562

Lincoln County



105223

1st American Title

May 14, 1998

30 MINUTES EAST 11

118

561

Janice Setzer
COUNTY CLERK

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