

Substitution of Trustee

WHEREAS, Gordon R. Glenn and Lois M. Glenn, husband and wife was the original Trustor,  
J. H. Bigger and H. G. Lathrop was the original Trustee, and  
Myron Adams and Erma H. Adams  
 was the original Beneficiary under that certain Deed of Trust dated October 10, 1962  
 and recorded on 12/17/62, book 0, page 348 of Official MTG.  
 Records of LINCOLN County, Nevada, as document number \_\_\_\_\_,  
 and in Book 55, Page 293 of Official Records of Nye County, Nevada and

WHEREAS, the undersigned is the present Beneficiary under said Deed of Trust, and

WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in the place and stead of said original Trustee thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitutes First American Title Company of Nevada, a Nevada corporation

Whenever the context thereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

Dated 11-8, 1995

Erma H. Adams  
 Erma H. Adams, Surviving spouse of Myron Adams, Deceased

STATE OF NEVADA  
 COUNTY OF Churchill } SS

On 11-8, 1995  
 personally appeared before me, a Notary Public (or judge or other authorized person, as the case may be),  
Erma H. Adams

personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.

by Donna I. Medrano  
 Signature



(This area for official notary seal)

7  
SPACE BELOW THIS LINE FOR RECORDER'S USE

Order No.  
 Escrow No. 1218535E  
 Loan No.

When Recorded Mail To: First American Title  
10.54 308  
Elko, NV 89803

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
COOPERATIVE CENTER FOR HEALTH STATISTICS

0 396690

Certificate of Death  
STATE OF IDAHO

State File No. 4741  
Local Reg. No. 1528  
Reg. Dist. No. 46

1. PLACE OF DEATH a. COUNTY Bingham		3. USUAL RESIDENCE (Family, Decedent, Home, If the decedent resided in another state)	
b. CITY OR TOWN (If outside corporate limits, specify RURAL) (RURAL) Blackfoot		a. STATE Idaho	
c. LENGTH OF RESIDENCE (If not in residence at time of death) 1972		b. COUNTY Bingham	
4. FULL NAME OF (1) and (2) and (3) (Hospital or Institution) Home		5. CITY OR TOWN (If outside corporate limits, specify RURAL, and give latitude and longitude) Blackfoot	
3. NAME OF DECEASED (First, Middle, Last) MYRON MAYNIE ADAMS		4. STREET ADDRESS (If none, give location) Route #5 Town&Country Trailer Ct.	
6. SEX Male	7. COLOR OF RACE White	8. DATE OF DEATH Oct. 27, 1972	9. TIME OF DEATH 6:00
10. MARRIAGE STATUS Married	11. BIRTHPLACE (State or foreign country) Riverdale, Idaho	12. DATE OF BIRTH Dec. 9, 1907	13. CITIZEN OF WHAT COUNTRY U.S.A.
14. FATHER'S NAME John Adams	15. MOTHER'S MAIDEN NAME Lovina Bishop	16. BIRTHPLACE John Adams	17. BIRTHPLACE Sandy, Utah
18. CAUSE OF DEATH 4119 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	19. MEDICAL CERTIFICATION		20. AUTOPTIC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. ACCIDENT SOURCE	24. PLACE OF INJURY	25. CITY, TOWN, OR TOWNSHIP	26. COUNTY
27. TIME OF INJURY	28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/>	29. HOW DID INJURY OCCUR?	
30. SIGNATURE (Signature) Coroner Blackfoot, Idaho			
31. DATE SIGNED Oct. 28, 1972		32. DATE OF DEATH	
33. NAME OF CEMETERY OR CREMATORY Brigham City Cemetery		34. LOCATION OF CEMETERY OR CREMATORY Brigham City, Utah	
35. REGISTRAR'S SIGNATURE		36. LICENSE NO. M-266	
37. FIRM NAME Sandberg-Hill Funeral Home		38. ADDRESS	

Int. Agent, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK IN OWN INK. Each item should be answered as completely as possible. State names as unknown. If the decedent is a member of the U.S. Armed Forces, indicate the branch of service. If the decedent is a member of the U.S. Armed Forces, indicate the branch of service. If the decedent is a member of the U.S. Armed Forces, indicate the branch of service. If the decedent is a member of the U.S. Armed Forces, indicate the branch of service.

I certify that this is a true and correct reproduction or abstract of an original record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED

DEC 06 1995

JANE S SMITH  
State Registrar



0 396690

105315

First American Title  
June 12, 1996  
BOOKS 119

Yuriko Setzer  
Deputy

OFFICIAL RECORDS  
FIRST AMERICAN TITLE

'96 MAY 24 P3:42  
0 396690

9.00 DEP PH