

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

STATE OF NEVADA )  
                          ) SS.  
COUNTY OF CLARK )

CARL OREN CUPPLES being first duly sworn, deposes and says:

1. That JACK E. CUPPLES created the JACK E. CUPPLES LIVING TRUST on July 14, 1992, wherein JACK E. CUPPLES was designated as the original Trustee.
2. That JACK E. CUPPLES died on the 16th day of July, 1996, and a certified copy of the Death Certificate is attached hereto and by this reference incorporated herein.
3. That CARL OREN CUPPLES is named in said Trust as the Successor Trustee of the Trust; and hereby files this certificate and accepts the Trusteeship of the JACK E. CUPPLES LIVING TRUST, dated July 14, 1992.
4. That there is real property situated in the County of Lincoln, State of Nevada bounded and described as follows:

The Northwest Quarter (NW 1/4) of the Northwest Quarter (NW 1/4) of Section 2, Township 3 South, Range 67 East, M.D.B. & M.

APN: 13-030-01

DATED this 25th day of July, 1996.

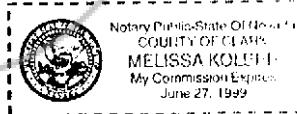
Carl O. Cupples  
CARL OREN CUPPLES

STATE OF NEVADA )  
                          ) SS.  
COUNTY OF CLARK )

On this 25th day of July, 1996, personally appeared before me, a Notary Public, **CARL OREN CUPPLES**, who acknowledged to me that he executed the above instrument, as the Successor Trustee of the JACK E. CUPPLES LIVING TRUST, dated July 14, 1992.

Melissa Koller  
NOTARY PUBLIC

WHEN RECORDED MAIL TO:  
CARL OREN CUPPLES  
10144 Sandy Lane  
Redding, California 96001



NO. 105783  
FILED AND RECORDED AT REQUEST OF  
Jeffrey L. Burr, LTD  
August 22, 1996  
AT 35 MINUTES PAST 12 O'CLOCK  
P M IN BOOK 120 OF OFFICIAL  
RECORDS, PAGE 393 LINCOLN COUNTY  
NEVADA.

YUIRKO SETZER  
By Zelkie Bouche COUNTY RECORDER, deputy

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

Altered

004966

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

96 007558

Form with sections: DECEASED, DECEDENT, PARENTS, DISPOSITION, CERTIFIER, CAUSE OF DEATH. Includes fields for name, date of death, race, occupation, and medical details.

Information corrected, State Affidavit #31773, Aug 9, 1996. Item #13.

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Signature of Suzanne Sylva, Deputy Registrar

Date Issued: AUG 09 1996

Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT