

19013943

WHEN RECORDED MAIL TO:

Mark H. Wright
P.O. Box 87
Hiko, Nevada 89017

CERTIFICATE OF INCUMBENCY

WHEREAS, JOHN K. WRIGHT was the Trustee under that certain Trust Agreement dated January 4, 1968, and the Grantee under that certain Grant, Bargain and Sale Deed recorded September 9, 1977 in Book 22 of Official Records, page 78 as File No. 60349, Lincoln County, Nevada records, covering the following described property:

A parcel of land situate within the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) of Section 34, Township 4 South, Range 60 East, Mount Diablo Base Meridian, being more particularly described as follows:

Parcels 1, 2, 3 and 4 of the Parcel Map for the Wright Family Trust recorded October 28, 1996 in the Office of the County Recorder of Lincoln County, Nevada in Book B of Plats, page 2 as File No. 106113, Lincoln County, Nevada records.

AND, WHEREAS, JOHN K. WRIGHT is one and same person as named on that certain Death Certificate which is attached hereto as Exhibit "A", and by this reference is made a part hereof;

AND, WHEREAS, pursuant to Section 10 of said Trust, the TRUST DEPARTMENT of the FIRST NATIONAL BANK OF NEVADA, KATE EVELYN HULL WRIGHT and GEORGE L. ALBRIGHT, ESQ., or his nominee, was appointed Successor Trustee;

AND, WHEREAS, Wells Fargo successor in interest to the FIRST NATIONAL BANK OF NEVADA TRUST DEPARTMENT declined to serve as Co-Trustee as evidenced by letter dated May 2, 1997 and signed by LEO J. HUMPHREYS as Vice-President, a copy of which is attached hereto as Exhibit "B", and by this reference is made a part hereof;

AND, WHEREAS, KATE EVELYN HULL WRIGHT is one and the same person as named on that certain Death Certificate, which is attached hereto as Exhibit "C", and by this reference is made a part hereof;

AND, WHEREAS, said GEORGE L. ALBRIGHT, ESQ., resigned as Trustee by his Resignation dated March 28, 1997, a copy of which is attached hereto as part of Exhibit "D", and by this

reference made a part hereof;

AND, WHEREAS, said GEORGE L. ALBRIGHT, ESQ., nominated MARK H. WRIGHT as Successor Trustee in the Certificate of Incumbency executed by GEORGE L. ALBRIGHT, ESQ., dated December 10, 1996, a copy of which is attached as part of Exhibit "D", and by this reference made a part hereof;

AND, THEREFORE, because WELLS FARGO declined to serve, KATE EVELYN HULL WRIGHT is deceased, and GEORGE L. ALBRIGHT, ESQ., has resigned, MARK H. WRIGHT as nominated Trustee hereby accepts said nomination, and will serve as sole Successor Trustee, and as the named Successor Trustee, is fully authorized to act in accordance with the terms of said Trust Agreement. By the execution of this Certificate of Incumbency, MARK H. WRIGHT hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 24th day of January, 1998.

Successor Trustee:

Mark H. Wright
MARK H. WRIGHT

State of Nevada

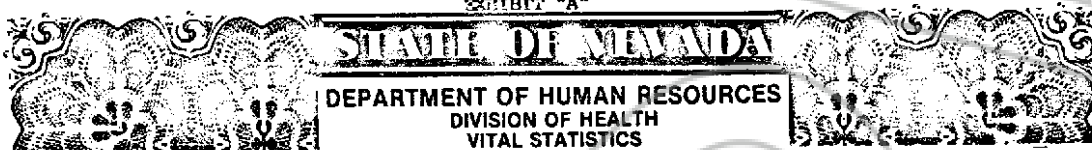
County of Nye

On January 24, 1998, personally appeared before me, a Notary Public, MARK H. WRIGHT, personally known or proved to me to be the person whose name is subscribed to the above instrument, who acknowledged that he executed the above instrument.

C. L. Flavion-Arnhart
Notary Public



EXHIBIT "A"



DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

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 First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
			John Kay WRIGHT		April 8, 1994		Lincoln	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)			If Hosp. or Inst., indicate DUA, OP/Emr Rm Inpatient (Specify)		SEX
	Hiko		State Route 31R LN 1.9					Male
IF DEATH OCCURRED IN A STRUCKA SEE—MORON RETURNING COMPLETELY TO RESIDENCE TENS	RACE—(a) White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Origin? Specify (a) yes, no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	White				7a. 70			5-4-1923
FATHER—NAME First Middle Last	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 Year or None)	
	Nevada		U.S.A.		10 12		Married	
MOTHER—MAIDEN NAME First Middle Last	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
			14a. Rancher		14b. Ranching		Connie Christense	
PARENTS	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	Nevada		Lincoln		Hiko		SR 318 LN 1.9	
DISPOSITION	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	John Peter Wright		Eloise Favorite Schofield		Connie J. Wright		Kay Wright Ranch Hiko, Nevada 89017	
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION (City or Town State)		FUNERAL DIRECTOR—NAME AND ADDRESS OF FIRM (Specify Year or None)	
	Burial		Schofield Family Cemetery		Hiko, Nevada		Lincoln County Mortuary P.O. Box 236 Caliente, Nevada 89008	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		LICENSE NUMBER		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	<i>[Signature]</i>		20b. 15		4-10-94		Before	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21a. (Signature and Title) (To be completed by Certifying Physician)		21c. HOUR OF DEATH		22a. (Signature and Title) (To be completed by Coroner's Office)		22c. HOUR OF DEATH	
	<i>[Signature]</i>				<i>[Signature]</i>			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I	DATE SIGNED (Mo., Day, Yr.)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
	4-10-94		Doug Lamoreaux		4-10-94		0001	
AUTOPSY (Specify Yes or No)	21b. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print)		22b. ON (4-10-94)		22d. ON (4-10-94)		22e. 0001	
	Doug Lamoreaux PO Box 390 Alamo, Nevada 89001							
WAS CASE REFERRED TO CORNER (Specify Yes or No)	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		LICENSE NUMBER	
	<i>[Signature]</i>		4-11-94		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
WAS CASE REFERRED TO CORNER (Specify Yes or No)	24a. (Signature)		24b. 4-11-94		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. interval between onset and death	
							Minutes	
WAS CASE REFERRED TO CORNER (Specify Yes or No)	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I (a) Cardio-pulmonary Arrest		DUE TO, OR AS A CONSEQUENCE OF		interval between onset and death	
			(b) Lymphatic Cancer		DUE TO, OR AS A CONSEQUENCE OF		1 Year	
WAS CASE REFERRED TO CORNER (Specify Yes or No)	PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		26. NO		27. YES	
WAS CASE REFERRED TO CORNER (Specify Yes or No)	ACC. SUICIDE—COM. UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
WAS CASE REFERRED TO CORNER (Specify Yes or No)	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

BOOK 132 PAGE 375 No 064165

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

Date Issued: APR 19 1994

[Signature] Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT "B"



Leo J. Humphreys
Vice President
Private Client Services

P.O. Box 30100
Reno, NV 89520-0100
(702) 334-5849 (800) 879-9175
Fax (702) 334-5862

May 2, 1997

Ms. Marita Wright
P. O. Box 89
Hiko, NV 89017

RE: John K. and Kate Evelyn Hull Wright Trust
Dated January 4, 1968

Dear Ms. Wright:

I am in receipt of the copy of the Wright Trust Agreement referenced above. In reviewing the trust agreement, it is noted that First National Bank of Nevada is designated to serve as Successor Co-Trustee with Kate Wright and George L. Albright.

This letter is to advise you that Wells Fargo Bank, N.A., Successor in Interest to First Interstate Bank of Nevada, N.A., Successor in Interest to First National Bank of Nevada, has never accepted appointment as Successor Co-Trustee of this trust.

Should you have any questions, please call me.

Sincerely,

Leo J. Humphreys, VP
Trust & Financial Services Officer

LJH/cd

STATE OF UTAH DEPARTMENT OF HEALTH

EXHIBIT "C"

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

14372 114987

10-87 88 LOCAL FILE NUMBER

DECEASED—NAME: **KATE EVELYN HULL WRIGHT** SEX: **Female** DATE OF DEATH: **October 2, 1972**

RACE: **White** AGE: **42** UNDER 1 DAY: **11-12-1929** COUNTY OF DEATH: **Iron**

CITY, TOWN, OR LOCATION OF DEATH: **Cedar City** HOSPITAL OR OTHER INSTITUTION: **Valley View Medical Center**

CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** SURVIVING SPOUSE: **John Kay Wright**

SOCIAL SECURITY NUMBER: **Housewife** RESIDENCE—STATE: **Utah** CITY, TOWN, OR LOCATION: **Alamo** RESIDENCE—CITY, STREET AND NUMBER: **Own Home**

FATHER—NAME: **Robert Rigby Hull** MOTHER—Maiden Name: **Grace Evelyn Bailey**

INFORMANT—NAME: **John Kay Wright** ADDRESS: **Alamo, Nevada**

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **Compensation of R. Kidney & Widespread** 14 months

(b) **Metastases - Lung, Bone**

PART II OTHER SIGNIFICANT CONDITIONS

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): **None** DATE OF INJURY: **Mar 28 1962** HOUR: **10 2 72** HOW INJURY OCCURRED: **None**

CERTIFICATION—PHYSICIAN: **Dr. Reed W. Farnsworth** DECEASED FROM: **Mar 28 1962** DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED: **5:20 PM**

CERTIFICATE—NAME (PRINT OR PRINT): **Dr. Reed W. Farnsworth** SIGNATURE: **Reed W. Farnsworth** DATE SIGNED: **10-3-72**

BURIAL, CREMATION, REMOVAL: **Burial** CEMETERY OR CREMATORY: **Schofield Cemetery** Hiko, Nevada

DATE: **10-6-1972** FUNERAL HOME—NAME AND ADDRESS: **Metcalfe Mortuary 233 West 100 No. St. George, Utah**

FUNERAL DIRECTOR—SIGNATURE: **Kenneth Metcalf** SIGNATURE: **Metcalfe Mortuary** DATE RECEIVED BY LOCAL REGISTRAR: **Oct. 6-1972**

5-12R-12:67

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

SEP 22 1997
SL 898745



BOOK 132 PAGE 377



EXHIBIT "D"

CERTIFICATE OF INCUMBENCY

On January 4, 1968, John Kay Wright and Kate Evelyn Hull Wright executed a Trust Agreement in which John Kay Wright was named the original Trustee. Said Trust provided in Article TEN that, upon the resignation, death or inability to act upon the part of the original Trustee, John Kay Wright, then the Trust Department of the First National Bank of Nevada, Kate Evelyn Hull Wright and George L. Albright, Esq., or his nominee, shall be the Successor Co-Trustees.

George L. Albright hereby certifies that on March 28, 1977 he submitted his resignation as one of the Successor Co-Trustees and he nominated Mark H. Wright as his replacement as a Successor Co-Trustee of said Trust. A copy of said Resignation and Nomination of a Successor Co-Trustee is attached hereto as Exhibit "A" and made a part hereof.

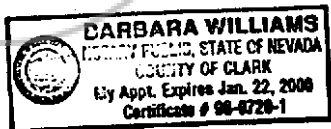
Dated this 10 day of December, 1996.

George L. Albright

GEORGE L. ALBRIGHT

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the 10th day of December, 1996, personally appeared before me, a notary public (or judge or other authorized person, as the case may be), George L. Albright, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the instrument.



Barbara Williams

NOTARY PUBLIC in and for said
County and State

EXHIBIT "D"

RESIGNATION AS SUCCESSOR CO-TRUSTEE

GEORGE L. ALBRIGHT, ESQ., one of three (3) Successor Co-Trustees under that certain Trust Agreement dated January 4, 1968 in which JOHN KAY WRIGHT and KATE EVELYN HULL WRIGHT were the Trustors, and JOHN KAY WRIGHT was the Trustee, herewith and hereby submits his resignation as a Successor Co-Trustee and in accordance with the power given in Article TEN of said Trust nominates MARK H. WRIGHT as his replacement as a Successor Co-Trustee.

Dated this 28 day of March, 1977.

GEORGE L. ALBRIGHT
GEORGE L. ALBRIGHT

LAW OFFICES
ALBRIGHT & MCGIMSEY
A PROFESSIONAL CORPORATION
TITLE INSURANCE & TRUST BUILDING
309 SOUTH THIRD STREET
LAS VEGAS, NEVADA 89101

STATE OF NEVADA
COUNTY OF CLARK } ss.

On this 28 day of March 1977, before me, the undersigned, a Notary Public in and for said County and State, personally appeared GEORGE L. ALBRIGHT, known to me to be the person described in and who executed the foregoing instrument, and acknowledged to me that he did so freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Notary Public - State of Nevada
CLARK COUNTY
Public Attorney for
County and State

(NO) 110392
RECORDED AT REQUEST OF
COW COUNTY TITLE
JANUARY 28, 1998
AT 30 MINUTES PAST 3 O'CLOCK
PM IN BOOK 132 OF OFFICIAL
CORDS PAGE 373

EXHIBIT "A"

YURIKO SETZER
COUNTY RECORDER
BY Yvonne Boucher, DEPUTY