

When recorded mail to:
Lyle R. Drake, Esq.
SNOW, NUFFER, ENGSTROM, DRAKE, WADE & SMART
P. O. Box 400
St. George, UT 84771-0400

Mail tax notice to:
2765 Santa Clara Drive
Santa Clara, Utah 84765

AFFIDAVIT OF SUCCESSOR TRUSTEE
RE: DEATH OF TRUSTEE

STATE OF NEVADA)
)ss.
COUNTY OF LINCOLN)

Mary Alice F. Gates, one of the successor Trustees of the Don D. Gates Revocable Trust under agreement dated July 23, 1981, of legal age, being first duly sworn, declares as follows:

That Don Dee Gates the decedent mentioned in the attached certified copy of Certificate of Death, who died January 6, 1997, is the same person as Don D. Gates, Trustee of the Don D. Gates Revocable Trust under agreement dated July 23, 1981, named as the owner of the following described properties:

See Attached Exhibit A

Mary Alice Foremaster Gates, Jon Elbert Gates and Mary Dawn Gates Gubler are the successor Co-Trustees named in the Don D. Gates Revocable Trust under agreement dated July 23, 1981. Mary Alice Foremaster Gates, Jon Elbert Gates and Mary Dawn Gates Gubler are now the Co-Trustees of the trust, and as such have full authority to act as Trustee in all respects, including all powers

under Utah Code Annotated §75-7-402. The trust is in full force and effect. The trust agreement has not been amended.

Dated: June 1 1998.

Mary Alice Foremaster Gates
MARY ALICE FOREMASTER GATES TEE
Trustee

SUBSCRIBED AND SWORN to before me this 1st day of June, 1998, by Mary Alice Foremaster Gates, whose identity is personally known to me or proved to me on the basis of satisfactory evidence, and who, being by me duly sworn (or affirmed), did say that she is one of the Trustees of the Don D. Gates Revocable Trust under agreement dated July 23, 1981, and that the foregoing instrument was signed by proper authority, in the capacity and for the purposes stated in it.

Phillip D. Hancy
NOTARY PUBLIC
Address: 192 East 200 North, St. George, Utah
My Commission Expires: 11-06-98
USERVERZEPNGates, Doc 199002, Don's Escrow, Inc. the NV, Inc.



EXHIBIT A

(Nevada Property)

Parcel 1

One-half interest in Hackberry Spring located on unsurveyed land but approximately NE 1/4 of the NW 1/4 of Section 13, TWP 12 S. Range 67 E. situated in Lincoln County, Nevada.

Parcel 2

One-half interest in Wire Grass Spring located on unsurveyed land but in approximately the NE 1/4 of the SW 1/4 of Section 11, TWP 12 S. Range 67 E. in Lincoln County, Nevada.

Parcel 3

Rye Grass Spring, better known as Horse Spring in unsurveyed land but approximately located in the SW 1/4 Section 36 TWP 11 S. Range 67 E. together with a pipeline 3 miles long and tanks at end of pipeline, in Section 16, Range 68 E.

Parcel 4

BLM grazing permit for Mormon Peak Allotment #01044.

Parcel 5

One-half interest in a cement water tank on the Mormon Mesa. One-half interest on a wire and wooden corral on the Mormon Mesa.

Parcel 6

All grazing rights owned by Grantor on the Mormon Mesa.

Parcel 7

Grantor's interest in range rights previously owned by Foremaster Bros. and Phillip Foremaster on the Mormon Mesa.

NO. 111137

FILED AND RECORDED AT REQUEST OF
LYLE R. DRAKE, ESQ.

JUNE 15, 1998

AT 01 MINUTES PAST 3 O'CLOCK

PM IN BOOK 135 OF OFFICIAL

RECORDS PAGE 231 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

COUNTY REC'D.
BY Sue B. Boncher

DEPUTY BOOK 135 PAGE 233

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-05 STATE FILE NUMBER

1. NAME OF DECEDENT: **Don Dec Gates** 2. SEX: **Male** 3a. DATE OF DEATH (Mo, Day, Yr): **January 6, 1997** 3b. TIME OF DEATH (24hr clock): **0800**

4. DATE OF BIRTH (Mo, Day, Yr): **Jan. 18, 1930** 5. AGE: **66** 6. BIRTH-PLACE (City, State or Foreign Country): **Santa Clara, Utah** 7. SOCIAL SECURITY NUMBER: [REDACTED]

8a. PLACE OF DEATH (Check one and write): **Residence** 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of facility): **2765 Santa Clara Dr.**

9. SURVIVING SPOUSE (if wife give maiden name): **Mary Alice Foremaster**

10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? Yes No 11. MARITAL STATUS: Never Married Married Widowed Divorced

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired): **School Teacher** 12b. KIND OF BUSINESS OR INDUSTRY: **Public Education**

13a. RESIDENCE, STREET AND NUMBER: **2765 Santa Clara Dr.** 13b. CITY, TOWN OR COMMUNITY: **Santa Clara** 13c. COUNTY: **Washington** 13d. STATE: **Utah**

14. WAS DECEDENT OF HISPANIC ORIGIN? Yes No 15. RACE: **White** 16. EDUCATION (Specify only highest grade completed): **18**

17. FATHER'S NAME (First, Middle, Last): **Elbert Clifton Gates** 18. MAIDEN NAME OF MOTHER (First, Middle, Last): **Faye Leavitt**

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: **Mary Alice Gates (wife) 2765 Santa Clara Drive St. George, Utah 84765**

20. METHOD OF DISPOSITION: Burial Donation Other 21a. DATE OF DISPOSITION: **Jan. 9, 1997** 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Santa Clara Cemetery** 21c. LOCATION - City or Town, State: **Santa Clara, Utah**

22. SIGNATURE OF FUNERAL SERVICE LICENSEE: *[Signature]* 23. LICENSE NUMBER: **1106462** 24. FUNERAL HOME (Name, address and license number): **Spilsbury & Beard Mortuary 102834 110 South Bluff Street St. George, Utah 84770**

25. DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: **12-31-96** 26. Free certified by medical examiner, was death reported to M.E.? Yes No

27a. CERTIFIER: CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.

27b. SIGNATURE AND TITLE OF CERTIFIER: *[Signature]* 27c. LICENSE NUMBER: **181603** 27d. DATE SIGNED (Mo, Day, Yr): **1-7-97**

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 27c): **Dr. Ray Richards, M.D. 544 South 400 East St. George, Utah 84770**

29. REGISTRAR'S SIGNATURE: *[Signature]* 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo, Day, Yr): **JAN 08 1997** 30b. DATE FILED (Mo, Day, Yr): **JAN 08 1997**

31. PART I: ENTER THE CAUSES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (from disease or condition resulting in death): **metastatic renal cell (kidney) cancer** months

32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: YES NO

33a. WAS AN AUTOPSY PERFORMED? YES NO

33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES NO

34. MANNER OF DEATH: Natural Accidental Suicide Homicide Undetermined Pending

35a. DATE OF INJURY (Mo, Day, Yr): 35b. TIME OF INJURY (If known): 35c. INJURY AT WORK? YES NO

35d. PLACE OF INJURY: 35e. IF MOTOR VEHICLE ACCIDENT, INDICATE IF OCCURRED WHILE DRIVING (passenger or pedestrian)

36. DESCRIBE HOW INJURY OCCURRED (number, substance of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

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 7-2-2 of the Utah Code Annotated, 1953 As Amended.

Date issued: **Washington** *Barry E Nangle*
 County: **Washington** *Barry E. Nangle*
 Registrar: *Barry E. Nangle* DIRECTOR OF VITAL RECORDS
 By: *[Signature]*

LL 410159 * 0 0 4 3 0 1 5 9 *

BOOK 135 PAGE 234

