

CERTIFICATE OF INCUMBENCY

PARCEL NO.: 13-050-59

STATE OF NEVADA )  
                          ) SS.  
COUNTY OF CLARK )

AFFIANT, being first duly sworn, deposes and says:

1. That NYLES D. SMITH created the NYLES D. SMITH TRUST dated September 29, 1998 wherein NYLES D. SMITH was designated as the original trustee.

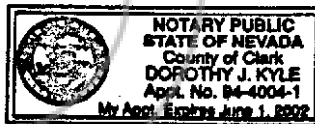
2. That NYLES D. SMITH died on the 19th day of July, 2000, and a copy of the death certificate is attached and by this reference incorporated herein.

3. That STEPHANIE SHARP is named in said Trust as the Successor Trustee of the Trust; and hereby files this certificate and accepts the Trusteeship of the NYLES D. SMITH TRUST dated September 29, 1998.

Dated this 24th day of December, 2000

*Stephanie Sharp*  
STEPHANIE SHARP

STATE OF NEVADA )  
                          ) SS.  
COUNTY OF CLARK )



On this 24th day of December, 2000 personally appeared before me, a Notary Public, STEPHANIE SHARP, who acknowledged to me that she executed the above instrument, as the Successor Trustee of the NYLES D. SMITH TRUST dated September 29, 1998.

*Dorothy J. Kyle*  
NOTARY PUBLIC

When recorded mail to:  
STEPHANIE SHARP  
50 S. HAULAGE STREET  
EUREKA, UTAH 84628-0118

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER \_\_\_\_\_ LOCAL REGISTRATION NUMBER \_\_\_\_\_

USE BLACK INK OR INK OF EQUAL STRENGTH, WITHOUT OR ALTERNATING WITH RED INK.

1. NAME OF DECEASED—FIRST (LAST)		2. MIDDLE		3. LAST (SUFFIX)	
- NYLES		DeLoy		SMITH	
4. DATE OF BIRTH M/D/Y		5. AGE YRS.		6. SEX	
02/27/1943		57		Male	
7. DATE OF DEATH M/D/Y		8. HOURS		9. TIME	
07/19/2000				2135	
10. STATE OF BIRTH		11. SOCIAL SECURITY NO.		12. MARITAL STATUS	
Utah		[REDACTED]		Widowed	
13. RACE		14. MARRIAGE—SPOUSE		15. USUAL EMPLOYER	
White		[REDACTED]		Arist	
16. OCCUPATION		17. CLASS OF BUSINESS		18. YEARS IN OCCUPATION	
Engineer		Telecommunications		30	
19. ADDRESS—STREET AND NUMBER OR LOCATION					
4112 Tybo Avenue					
20. CITY		21. STATE		22. ZIP CODE	
Las Vegas		Clark		89110	
23. NAME OF RELATIONSHIP					
Stephanie Sharp - Daughter					
24. MAILING ADDRESS—STREET AND NUMBER OR PO BOX, PO BOX, CITY OR TOWN, STATE, ZIP					
4112 Tybo Avenue, Las Vegas, Nevada 89110					
25. NAME OF FATHER—FIRST		26. MIDDLE		27. LAST (SUFFIX)	
ISSAC		Jesse		Smith	
28. NAME OF MOTHER—FIRST		29. MIDDLE		30. LAST (SUFFIX)	
Ella		May		Thorne	
31. DATE OF BIRTH		32. PLACE OF BIRTH			
07/22/2000		Spanish Fork City Cemetery, Spanish Fork, Utah			
33. TYPE OF DEATH		34. SIGNATURE OF REGISTRAR		35. LICENSE NO.	
TR/20		[Signature]		7549	
36. NAME OF FUNERAL DIRECTOR		37. LICENSE NO.		38. DATE OF DEATH	
Gardenside Funeral Service		FD-1997		07/22/2000	
39. PLACE OF DEATH		40. IF HOSPITAL, SPECIFY: HOSP. NAME		41. COUNTY	
UCLA MEDICAL CENTER		[REDACTED]		Los Angeles	
42. STREET ADDRESS—STREET AND NUMBER OR LOCATION		43. CITY		44. STATE	
10833 LeConte Avenue		Los Angeles		California	
45. DEATH WAS CAUSED BY: (CHECK ONE) (SEE INSTRUCTIONS)					
IMMEDIATE CAUSE (A) HEMORRHAGIC SHOCK					
DUE TO (B) THORACOABDOMINAL AORTIC ANEURYSM					
DUE TO (C) [REDACTED]					
DUE TO (D) [REDACTED]					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR NOT RELATED TO CAUSE OF DEATH					
None					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN THIS DEATH? (YES OR NO) (SEE INSTRUCTIONS)					
Repair of Thoracoabdominal Aortic Aneurysm 06/28/2000					
114. I CERTIFY THAT THE DEATH OF ABOVE-DECEASED OCCURRED AT THE HOME, DATE AND PLACE STATED HEREON AND THE CAUSE STATED HEREON WAS THE CAUSE OF DEATH.		115. SIGNATURE OF REGISTRAR		116. LICENSE NO.	
06/28/2000 07/19/2000		[Signature]		AD64128	
117. TYPE OF DEATH		118. NAME OF DECEASED		119. ADDRESS	
[REDACTED]		Shirin Towfigh, M.D., 10833 LeConte Ave, L.A., CA 90095		[REDACTED]	
120. MARRIED AT HOME		121. MARRIED DATE M/D/Y		122. PLACE OF MARRIAGE	
[REDACTED]		[REDACTED]		[REDACTED]	
123. SIGNATURE OF REGISTRAR					
[Signature]					
124. DATE M/D/Y					
07/22/2000					
125. TITLE OF REGISTRAR					
Deputy Registrar					
STATE REGISTRATION NUMBER					
090351410					

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar  
DATE ISSUED JUL 24 2000

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



BOOK 153 PAGE 94

COPY

NO. 115896

FILED AND RECORDED AT REQUEST OF  
KYLE & KYLE  
JANAURY 25, 2001

AT 40 MINUTES PAST 02 O'CLOCK  
PM IN BOOK 153 OF OFFICIAL  
RECORDS PAGE \_\_\_\_\_ LINCOLN  
COUNTY, NEVADA.

LESLIE BOUCHER  
COUNTY RECORDER  
BY Chris Jensen, DEPUTY