

RECORDING REQUESTED  
AND RETURN TO:  
Colleen J. Copron  
Box 460  
Panaca, Nevada 89042-0460

MAIL TAX STATEMENTS TO:  
Colleen J. Copron  
Box 460  
Panaca, Nevada 89042-0460

**AFFIDAVIT REGARDING DEATH OF INITIAL TRUSTEE  
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

Lincoln County, Nevada

The undersigned, Colleen J. Copron declares that, John Lee Miller, Trustee of the THE JOHN LEE MILLER TRUST dated April 1, 1997, is the same John Lee Miller as indicated in the Certified Death Certificate attached hereto and incorporated herein by this reference. As a result of John Lee Miller's death, Colleen J. Copron is assuming the role as Successor Trustee pursuant to the terms of the above-mentioned Declaration of Trust.

Colleen J. Copron, further declares that, as a result of the death of John Lee Miller, he/she is the Sole Trustee of the above-mentioned Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

Executed on 2-6-98 in the City of Panaca, County of Lincoln, State of Nevada.

  
Colleen J. Copron, Sole Trustee

Lincoln County

CERTIFICATE OF DEATH

TYPE -OR PRINT ON PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1 John Lee MILLER		2 November 17, 1997	3a Clark
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)	If Hosp. or Inst. Indicate I.D.A., O.P./Emr. Res. Incident (Specify)	
	3b Las Vegas		3c 3577 Willow Springs		
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE NEWS	RACE—(is it of White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	SEX
	5 Caucasian			7a 64	4 Male
PARENTS	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)
	8a Michigan		8b USA	12	11 Divorced
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
	13		14a Operating Engineer	14b Construction	
CERTIFIER	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
	15a Nevada		15b Lincoln	15c Panaca	15d
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, LISTING THE UNDERLYING CAUSE LAST	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Year or Mo)
	16 John Miller		17 Neveau		15e Yes
USE OF CERTIFYING PHYSICIAN	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a Colleen Copron		18b P.O. Box 460, Panaca, Nevada, 89042		
REGISTRAR	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		
	19a Cremation		19b Desert Crematory		
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)	FUNERAL DIRECTOR—SIGNATURE (Or Personal Agent as Such)		FUNERAL DIRECTOR LICENSE NUMBER		
	20a Chris Anderson		20b 64		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I	FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY		CITY OR TOWN		
	21a Naresh P. Singh, M.D., 2000 Goldring Avenue, Las Vegas, Nevada 89106		21c Las Vegas, Nevada		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b 1111 Las Vegas Blvd, N, Las Vegas, Nevada 89101		
	21b 11/20/97		21c 1145		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	21d NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21e ON		
	21d Naresh P. Singh, M.D., 2000 Goldring Avenue, Las Vegas, Nevada 89106		21e AT		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	22a (Signature) > Jean Marie Dupuy		22b 5713		
	22a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		22c NOV 20 1997		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		22d YES <input type="checkbox"/> NO <input type="checkbox"/>		
	(b) Respiratory - Cardiac arrest		Interval between onset and death: minutes		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	(c) Lung Cancer		Interval between onset and death: Months		
	PART II		Interval between onset and death:		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	23a. No		23b. Yes		
	23a. No		23b. Yes		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
	24a.		24b.		24c.
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	PLACE OF INJURY—(is home, farm, street, factory, office building, etc.) (Specify)		LOCATION		STREET OR R.F.D. No.
	25a.		25b.		25c.
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	CITY OR TOWN		STATE		
	26a.		26b.		

STATE REGISTRAR

No. 110762

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE  
RAVENS SEAL OF THE CLARK  
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

By: *F*  
Date Issued: NOV 24 1997

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89127  
702-388-1223

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BOOK 153 PAGE 187

STATE OF NEVADA )  
 ) SS.  
COUNTY OF LINCOLN )

On FEB 6, 2001, before me, Janice Barr, a Notary Public in and for said County and State, personally appeared Colleen J. Copron, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Janice Barr  
Notary Public



NO. 115933

FILED AND RECORDED AT REQUEST OF  
COLLEEN J. COPRON  
FEBRUARY 6, 2001

AT 57 MINUTE PAST 10 O'CLOCK  
AM IN BOOK 153 OF OFFICIAL  
RECORDS PAGE 186 LINCOLN  
COUNTY, NEVADA.

LESLIE BOUCHER  
COUNTY RECORDER  
BY Debra Lewis, deputy