

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

The undersigned, Colleen J. Copron, hereby declares that, John Lee Miller, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John Lee Miller, named as the initial Trustee in that certain Declaration of Trust titled THE JOHN LEE MILLER TRUST dated April 1, 1997.

Declarant further declares that he/she is the Successor Trustee named in the Declaration of and that he/she hereby assumes the position as sole Trustee.

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

Executed on 2-6-09, in the City of Panaca, County of Lincoln, State of Nevada.

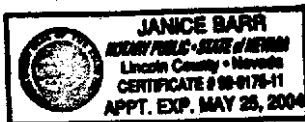
Colleen J. Copron
Colleen J. Copron, Sole Trustee

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)

On 02/06/09, 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



Lincoln County

CERTIFICATE OF DEATH

TYPE OF PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		DECEASED—NAME		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 either, give street and number)		3b. Las Vegas		3c. 3577 Willow Springs		4. Male		5c. Clark	
		RACE—(e.g. 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.		5. Caucasian		6. AGE—Last Birthday (Year, Mo., Day)		7a. 64		7b. 64	
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS		8. STATE OF BIRTH (If not U.S.A., name country)		9a. Michigan		9b. USA		10. 12		11. Divorced		12. February 13, 1933	
		13. [Redacted]		14a. Operating Engineer		14b. Construction		15a. Nevada		15b. Lincoln		15c. Panaca	
PARENTS		16. FATHER—NAME		17. MOTHER—MAIDEN NAME		18. John		19. Miller		20. Colleen Copron		21. Neveau	
		18a. Colleen Copron		18b. P.O. Box 460, Panaca, Nevada, 89042		19a. Cremation		19b. Desert Crematory		19c. Las Vegas, Nevada		19d. 1111 Las Vegas Blvd, N, Las Vegas, Nevada 89101	
DISPOSITION		20a. [Signature]		20b. 64		20c. 1111 Las Vegas Blvd, N, Las Vegas, Nevada 89101		21a. 11/20/97		21b. 1145		21c. [Signature]	
CERTIFIER		22a. Naresh P. Singh, M.D., 2000 Goldring Avenue, Las Vegas, Nevada 89106		22b. 5713		23. Respiratory-Cardiac arrest		23a. Cancer		23b. [Signature]		23c. [Signature]	
		24. Jean [Signature]		24a. NOV 20 1997		24b. [Signature]		24c. [Signature]		24d. [Signature]		24e. [Signature]	
USE OF DEATH		25. IMMEDIATE CAUSE		25a. [Signature]		25b. [Signature]		25c. [Signature]		25d. [Signature]		25e. [Signature]	
		26. [Signature]		26a. [Signature]		26b. [Signature]		26c. [Signature]		26d. [Signature]		26e. [Signature]	
		27. [Signature]		27a. [Signature]		27b. [Signature]		27c. [Signature]		27d. [Signature]		27e. [Signature]	
		28. [Signature]		28a. [Signature]		28b. [Signature]		28c. [Signature]		28d. [Signature]		28e. [Signature]	
		29. [Signature]		29a. [Signature]		29b. [Signature]		29c. [Signature]		29d. [Signature]		29e. [Signature]	
		30. [Signature]		30a. [Signature]		30b. [Signature]		30c. [Signature]		30d. [Signature]		30e. [Signature]	

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
SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: [Signature]
Date Issued: NOV 24 1997

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

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BOOK 153 PAGE 187

COPY

NO. 115934

FILED AND RECORDED AT REQUEST OF
COLLEEN J. COPRON

FEBRUARY 6, 2001

AT 57 MINUTES PAST 10 O'CLOCK
AM IN BOOK 153 OF OFFICIAL

RECORDS PAGE 189 LINCOLN
COUNTY, NEBRASKA.

LESLIE BOUCHER
COUNTY RECORDER

BY Dalea Lewis, deputy