

1 When recorded, return to:
2 Ralph L. Denton, Esq.
3 DENTON & LOPEZ
4 626 So. Seventh Street
5 Las Vegas, NV 89101

6 **CERTIFICATE OF INCUMBENCY**
7 **THE COLE FAMILY TRUST**

8
9 The undersigned, CONNIE A. SIMKINS, certifies as follows:

10 1. Under date of the 11th day of December, 1991, GORDON H. COLE and
11 BETTY G. COLE created a living trust, designed as the COLE FAMILY TRUST.

12 2. That the said BETTY G. COLE'S correct name is BETTE G. COLE and that
13 she was also sometimes known as and called BETTY GRACE COLE and that BETTE
14 GRACE COLE, and BETTE G. COLE, and BETTY G. COLE are one and the same person.

15 3. Under the terms of such Trust GORDON H. COLE and BETTY G. COLE
16 were appointed and designated as Trustees, and upon the death of either of them, the
17 survivor was appointed and designated sole Successor Trustee.

18 4. GORDON H. COLE died on or about the 9th day of May, 1999 in Lincoln
19 County, Nevada as appears by the certified copy of his death certificate attached hereto
20 and BETTE G. COLE became sole Successor Trustee and acted as such until her death
21 on the 15th day of December, 2000, in Caliente, Lincoln County, Nevada, as appears by
22 the certified copy of her death certificate attached hereto.

23 4. The undersigned CONNIE A. SIMKINS is now the sole Trustee named as
24 aforesaid and does hereby publish the fact that she is the sole Trustee of the COLE
25 FAMILY TRUST.

26
27
28

DENTON & LOPEZ
626 S. SEVENTH ST.
LAS VEGAS, NV 89101
(702) 364-1723

1 5. The business address of this Trust is P. O. Box 333, Panaca, Nevada
2 89042.

3
4 *Connie A. Simkins*
5 CONNIE A. SIMKINS
6

7 STATE OF NEVADA }
8 COUNTY OF LINCOLN } SS:

9 On the 24th day of January, 2001, before me, a Notary Public, personally
10 appeared, CONNIE A. SIMKINS, who acknowledged the execution of the foregoing
11 instrument.

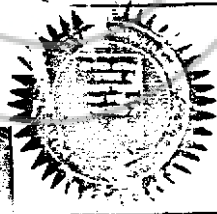
12
13 *Susan K. Adams*
14 Notary Public in and for said County
15 and State



STATE OF NEVADA
 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

99 005635

TYPE OF EVENT OR PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME	Sex	Race	Age	DATE OF DEATH (month, day, year)	COUNTY OF DEATH
		Gordon Hulce COLE	M	W	80	May 8, 1999	Lincoln
RESIDENCY	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL, OR OTHER INSTITUTION (name and address of the institution, give street and number; if home or the residence DO NOT check this space (Specify))		SEX	DATE OF BIRTH (month, day, year)		
	Pioche	10 Silver Street		M	July 1, 1918		
ETHNICITY	RACE	EDUCATION	RELIGION	MARRIAGE	MARRIAGE: WE WED BARRAGE: UNKOWN, UNKOWN		
	White	U.S.A.		Married	Bette Grace Rollins		
STATE OF BIRTH	CITY OF BIRTH	COUNTRY OF BIRTH	EDUCATION	RELIGION	MARRIAGE: WE WED BARRAGE: UNKOWN, UNKOWN		
Nevada		U.S.A.					
SOCIAL SECURITY NUMBER	LOCAL OCCUPATION (Give kind of work done during most of working life. List if retired)	CITY, TOWN, OR LOCATION	INDUSTRY	STREET AND NUMBER	INDICE CITY LIMITS		
	Truck Driver		Trucking	10 Silver Street	Yes		
PARENTS	FATHER	MOTHER	OTHER (NAME, ADDRESS, PHONE)				
	Claude Vivian Cole	Minnie Hulce					
DISPOSITION	DISPOSITION (Name, Type of Place)	CITY, TOWN, OR LOCATION	CITY OF DEATH				
	Bette Grace Cole	P.O. Box 445 Pioche, Nevada 89043	Pioche, Nevada				
CERTIFIER	NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or Coroner)	DATE SIGNED (month, day, year)	HOUR OF DEATH	DEATH DUE TO COMMUNICABLE DISEASE			
	Earl Plunkett MD, P.O. Box 30 Caliente, Nevada 89008	5-9-99	1040	No			
REGISTRAR	DATE RECEIVED BY REGISTRAR (month, day, year)	DEATH DUE TO COMMUNICABLE DISEASE	DEATH DUE TO COMMUNICABLE DISEASE				
	5-9-99	No	No				
CAUSE OF DEATH	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL I, II, AND III)	PERIOD BETWEEN CAUSE AND DEATH	PERIOD BETWEEN CAUSE AND DEATH				
	Cardiovascular arrest	Immediate	Immediate				
	Cardiovascular accident	2 days	2 days				
	Atherosclerotic cardiovascular disease	Years	Years				
OTHER SIGNIFICANT CONDITIONS	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not mentioned in the underlying cause (such as Page 1) ALTOGETHER	YES OR NO	YES OR NO				
		No	No				
DATE OF INJURY	DATE OF INJURY (month, day, year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
PLACE OF INJURY	PLACE OF INJURY—At home, work, school, military, other (Specify)	LOCATION	CITY OR TOWN STATE				



STATE REGISTRAR

No. 135650
Birth Cert# 18 000708

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

Date Issued: JAN 22 2001

Yvonne Sylva
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF NEVADA
 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 INK REVERSE SIDE IN BLACK INK	LOCAL FILE NUMBER	DECEASED NAME	SEX	RACE	DATE OF DEATH	COUNTY OF DEATH
		Bette Grace COLE	Female	White	December 15, 2000	Lincoln
DECEASED		CITY/TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED	PLACE OF DEATH	AGE AT DEATH	DATE OF BIRTH
		Caliente	Grover C. Dils Medical Center	Emergency Room	76	April 8, 1924
SEX		STATE OF BIRTH	COUNTRY OF BIRTH	EDUCATION	MARRIAGE	DATE OF MARRIAGE
		Utah	U.S.A.	12	Widowed	
REMARKS		SOCIAL SECURITY NUMBER	OCCUPATION	INDUSTRY	DATE OF DEATH	DATE OF DEATH
			Bookkeeper	Trucking Company		
PARENTS		FATHER	MOTHER	SIBLING		
		Mark D. Rollins	Ester Griffith			
DEPOSITION		NAME AND ADDRESS OF FUNERAL HOME	CITY	STATE		
		Wiscombe Funeral Home, Inc.	Panaca, Nevada	Nevada		
DECEASED		DATE OF DEATH	DATE OF DEATH	DATE OF DEATH	DATE OF DEATH	DATE OF DEATH
		12-18-00	12-18-00	12-18-00	12-18-00	12-18-00
REGISTRAR		SIGNATURE	DATE RECEIVED BY REGISTRAR	DATE RECEIVED BY REGISTRAR	DATE RECEIVED BY REGISTRAR	DATE RECEIVED BY REGISTRAR
		[Signature]	12-18-00	12-18-00	12-18-00	12-18-00
CAUSE OF DEATH		IMMEDIATE CAUSE	OTHER SIGNIFICANT CONDITIONS	OTHER SIGNIFICANT CONDITIONS	OTHER SIGNIFICANT CONDITIONS	OTHER SIGNIFICANT CONDITIONS
		Cardio-pulmonary Arrest	Coronary Arteriosclerotic Disease			

No.163885



STATE REGISTRAR

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

Giselle Silva
 State Registrar

Date issued: DEC 28 2000

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Lincoln County

COPY

NO. **115995**

FILED AND RECORDED AT REQUEST OF
CORNIE A. SIMKINS

FEBRUARY 26, 2001

AT 05 MINUTE PAST 09 O'CLOCK

AM ON BOOK 153 OF OFFICIAL
RECORDS PAGE 342 LINCOLN

COUNTY, NEVADA.

LESLIE ROUCHER

COUNTY RECORDER

BY *Janice DeWitt* deputy

BOOK 153 PAGE 346