

CERTIFICATE OF INCUMBENCY

STATE OF Nevada

COUNTY OF Lincoln

1. Douglas A. Spidle  
CREATED THE Spidle Family Trust

TRUST DATED March 26, 1997

2. Barbara J. Spidle, the Grantor/Trustee has  
DIED ON and a Certified Copy of the Death Certificate is attached hereto  
as Exhibit "A".

3. N/A  
DIED ON \_\_\_\_\_

4. THAT SAID INSTRUMENT PROVIDES FOR THE APPOINTMENT OF Douglas A. Spidle  
AS THE SUCCESSOR TRUSTEE/TRUSTEE OF THE TRUST; AND SAID SUCCESSOR  
TRUSTEE/TRUSTEE FILE THIS CERTIFICATE AND ACCEPT THE TRUSTEESHIP OF  
SAID TRUST.

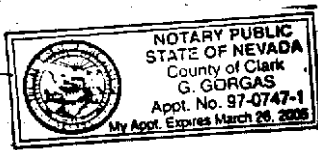
DATED THIS 19th DAY OF March, 2002

Douglas A. Spidle  
Signature Douglas A. Spidle, Successor Trustee

Signature \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS 19th  
DAY OF March, 2002

G. Gorgas  
G. Gorgas



Lincoln County

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Barbara Jean SPIDLE		2. March 8, 2001		3a. Clark		COUNTY OF DEATH	
3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		If Mort: to first medical—DGA, OPE/WH, (If in Hospital) (Specify)		SEX	
5. White		8. Odyssey Health Care Inc.		7a. Inpatient		7b. Female	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? (Specify) (Yes or No) (If Yes, specify Mexican, Cuban, Puerto Rican, etc.)		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Massachusetts		9b. USA		10. 16+		11. February 11, 1934	
13. [Redacted]		14a. Nurse		14b. Nursing		17. Arnold D. Spidle	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Lincoln		15c. Panaca		15d. P.O. Box 763	
15e. Yes		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		16. Jenny Heath	
18. William Theodore Warfield		17. Jenny Heath		18a. Douglas Spidle		18b. P.O. Box 763 Panaca, Nevada 89042	
19a. Cremation		19b. Hites Crematory		19c. Henderson, Nevada		19d. Henderson, Nevada	
20a. [Signature]		20b. [Signature]		20c. 438 W. Sunset Rd. Henderson, Nevada		20d. Hites funeral Home	
21b. 3.9.2001		21c. 0630		22a. [Signature]		22b. [Signature]	
23a. Bina Patel 3131 La Canada		23b. Ste 200 Las Vegas, Nevada 89109		23c. 8677		23d. [Signature]	
24a. [Signature]		24b. MAR 09 2001		24c. YES [ ] NO [ ]		24d. [ ]	
PART 1 (a) END STAGE CORONARY ARTERY DISEASE		PART 1 (b) ACUTE RENAL FAILURE		PART 1 (c) OTHER SIGNIFICANT CONDITIONS		PART 2 (a) No	
25a. [Signature]		25b. [Signature]		25c. [Signature]		25d. [Signature]	
26a. [Signature]		26b. [Signature]		26c. [Signature]		26d. [Signature]	

No 178055

STATE REGISTRAR

"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 RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.  
Registrar of Vital Statistics

By: [Signature]

Date issued: MAR 09 2001

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 3902  
Las Vegas, Nevada 89127  
702-383-1223  
Tax ID# 88-0151573

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COPY

NO. **117920**  
FILED AND RECORDED AT REQUEST OF  
FIRST AMERICAN TITLE  
APRIL 8, 2002  
AT 28 MINUTES PAST 04 O'CLOCK  
PM IN BOOK 162 OF OFFICIAL  
RECORDS PAGE 489 LINCOLN  
COUNTY NEVADA  
LESLIE BOUCHER  
COUNTY RECORDER  
BY Debra S. ... DEPUTY