

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA)
) SS.
COUNTY OF CLARK)

AFFIANT, being first duly sworn, deposes and says:

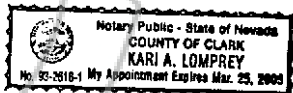
1. That ZORA REED created the ZORA REED TRUST on January 17, 2002, wherein ZORA REED and JEAN GARDNER were designated as the original Trustees.
2. That ZORA REED died on the 6th day of November, 2002, and a certified copy of the Death Certificate is attached hereto and by this reference incorporated herein.
3. That JEAN GARDNER is named in said Trust as the sole Successor Trustee of the Trust; and hereby files this certificate and accepts the sole Trusteeship of the ZORA REED TRUST, originally dated January 17, 2002, and all sub-trusts created thereunder.

DATED this 11 day of December, 2002.

Jean Gardner
JEAN GARDNER

STATE OF NEVADA)
) SS.
COUNTY OF CLARK)

On this 11 day of December, 2002, personally appeared before me, a Notary Public, JEAN GARDNER, who acknowledged to me that he executed the above instrument, as the sole Successor Trustee of the ZORA REED TRUST, dated January 17, 2002.



Kari A. Lomprey
NOTARY PUBLIC

WHEN RECORDED MAIL TO:
Ms. Jean Gardner
3110 South Cameron
Las Vegas, Nevada 89102

Lincoln County

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. Zora REED	2. November 6, 2002	3. Clark
DECEDENT	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)	4. North Las Vegas	5. Lake Mead Hospital Medical Center
	6. White	7. White	8. Female	9. Inpatient
10. White	11. 86	12. 12	13. Jun 30, 1916	14. Widowed
15. Nevada	16. Clark	17. Las Vegas	18. 600 N. McKinley Ave.	19. Own Home
PARENTS	20. Louiel Marion Garret	21. Ruth McGhee		
INFORMANT—NAME (Type or Print)	22. Jean Gardner - Daughter			
23. Entombed	24. Palm Mausoleum	25. Las Vegas, Nevada		
26. U.S. 8102	27. 8:16 PM	28. NO	29. NO	30. NO
31. Chronic diarrhea	32. NO			
33. NO	34. NO	35. NO	36. NO	37. NO

STATE REGISTRAR

No.253620

"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: *Sta*

Date Issued: **NOV 13 2002**

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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AT THE REQUEST OF

Gerard, Coy + Hanson

2002 DEC 16 PM 2 18

LINCOLN COUNTY RECORDER
FEE \$10.00
LESLIE BOUGHER AS