

APN: 002-131-09

Drafted By:
Jeffrey L. Burr & Associates
4455 S. Pecos
Las Vegas, Nevada 89121

When Recorded, Mail to:
Clifford O. Findlay
2311 Prometheus Court
Henderson, NV 89014

FILED FOR RECORDING
AT THE REQUEST OF
Jeffrey L. Burr, LTD
2003 SEP 25 PM 1 53
LINCOLN COUNTY CLERK
FEE \$17.00
LESLIE BOUCHER

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

CLIFFORD O. FINDLAY, being first duly sworn, deposes and says as follows:

1. That CLIFFORD O. FINDLAY and MARY JO FINDLAY created the "CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST" dated November 26, 1980, and amended on November 11, 1982, July 1, 1996, and August 19, 2003. wherein CLIFFORD O. FINDLAY and MARY JO FINDLAY were designated as the original Trustors of the trust.

2. That MARY JO FINDLAY died August 20, 2003. A certified copy of the Death Certificate is attached hereto as Exhibit "1" and by this reference incorporated herein.

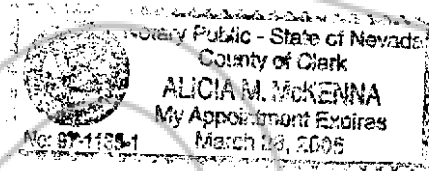
3. That CLIFFORD O. FINDLAY is named in the trust instrument to act as the surviving sole Trustee of the Trust, and, pursuant to the provisions of the trust agreement, now becomes the surviving sole Trustee of the "CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST" dated November 26, 1980.

4. That CLIFFORD O. FINDLAY hereby files this Affidavit and accepts the office of the surviving sole Trustee of the "CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST" dated November 26, 1980.

5. The following parcels of real property conveyed to the "CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST" dated November 26, 1980, are situated in the County of Lincoln, State of Nevada, and bounded and described in Exhibit "2" attached hereto.

DATED: 9-3, 2003.

SUBSCRIBED and SWORN to before me
this 3 day of September, 2003.



[Signature]
NOTARY PUBLIC

Clifford O Findlay
CLIFFORD O. FINDLAY, Surviving sole Trustee



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. Mary Jo		FINDLAY		2. August 20, 2003		3a. Clark	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emw. Inpatient (Specify)		SEX	
3b. Henderson		3c. St. Rose Dominican Hospital - Siena Campus		3e. Inpatient		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 77		B. Sep 16, 1925	
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)	
9a. Nevada		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED]		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Clark		15c. Henderson		15d. 2311 Prometheus Ct.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes					
FATHER—NAME First Middle Last				MOTHER—MAIDEN NAME First Middle Last			
16. Joseph Kutcher				17. Elva Phillips			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Clifford O. Findlay - Husband				18b. 2311 Prometheus Ct., Henderson, Nevada 89074			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Palm Valley View Cemetery		19c. Las Vegas, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 50		20c. Palm Mortuary - Eastern 7600 S. Eastern Ave., Las Vegas, Nevada 89123			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		21b. 8/22/03		21c. 8:38 PM		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		21e. Mark Barney MD 2200 Horizon Ridge-Henderson Nevada 89052		21f. LICENSE NUMBER		21g. 6980	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>[Signature]</i>		24b. AUG 22 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
PART I (a) CARDIORESPIRATORY ARREST		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death: 10 mins.			
(b) PNEUMONIA		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death: 10 DAYS.			
(c) CEREBROVASCULAR ACCIDENT		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death: 1 YEAR.			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		ORGANIC HEART DISEASE		AUTOPSY (Specify Yes or No)		26. No	
27. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a.		29b.		29c.		29d.	

STATE REGISTRAR

No.240786

"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:

Date Issued:

AUG 26 2003

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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EXHIBIT "2"

Parcel No.4 as shown by parcel map thereof on file in Book 1A of plats at Page 417, in the office of the County Recorder of Lincoln County, Nevada.

EXCEPTING THEREFROM all mines of gold, silver, copper, lead, cinnabar and other valuable minerals which may exist in said tract as reserved by State of Nevada in deed recorded April 21, 1847, in Book 0, Page 583, Real Estate Records, Lincoln County, Nevada.

