

121811

Assessor's Parcel No.

FILED FOR RECORDING  
AT THE REQUEST OF

After recording return to:  
Mail Tax Notice to:  
SOFIA BOWEN  
538 Valley Gate Rd.  
Simi Valley, CA 93465

Land Title of Nevada  
2004 FEB 24 PM 2 58

LINCOLN COUNTY DEPT. ROAD  
FEE 17.00  
LESLIE BOUCHER DEPT. TD

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA )  
                          ) ss.  
COUNTY OF CLARK )

The undersigned, SOFIA BOWEN, being duly sworn, deposes and says:

1. JOHN R. McKAY and WANDA J. McKAY created a revocable living trust on August 5, 1991 which was entitled the "McKAY FAMILY TRUST".
2. The Grantors were named in said Trust as the initial Trustees.
3. JOHN R. McKAY died on June 27, 1998. WANDA J. McKAY died on January 9, 2004. Certified copies of their death certificates are attached hereto and made a part hereof.
4. SOFIA BOWEN as successor Trustee files this certificate and hereby accepts the trusteeship of said Trust.
5. Real Property owned by the McKAY FAMILY TRUST is described as follows:  
SEE EXHIBIT "A" ATTACHED HERETO

Sofia Bowen Successor Trustee McKay  
SOFIA BOWEN

SUBSCRIBED and SWORN TO before me  
this 23 day of January, 2004.

Genie Serrano  
NOTARY PUBLIC

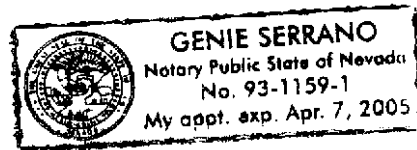


EXHIBIT "A"

The East One-half (E1/2) of the Southwest Quarter (SW1/4) of U.S. GOVERNMENT LOT 7 of Section 2, Township 4 North, Range 67 East, Lincoln County, Nevada. Assessor's Parcel No. \_\_\_\_\_

COPY

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

DEATH NO. D 102-

ORIGINAL STATE COPY

NAME OF DECEASED: JOHN RANDOLPH MCKAY  
SEX: MALE  
DATE OF DEATH: JUNE 27 1998

RACE: WHITE  
WAS DECEASED EVER IN U.S. ARMED FORCES? YES

PLACE OF DEATH: MOHAVE  
TOWN OR CITY: BULLHEAD CITY  
HOSPITAL OR INSTITUTION: 2000 E. RAMAR, #405

DATE OF BIRTH: JULY 07 1926  
AGE: 71  
MARRIED: MARRIED  
SURVIVING SPOUSE: WANDA J. RODGERS

STATE AND CITY OF BIRTH: ND DEVILS LAKE  
CITIZEN OF WHAT COUNTRY: U.S.A.  
SOCIAL SECURITY NO: [REDACTED]  
USUAL OCCUPATION: ELECT ENGINEER  
KIND OF BUSINESS OR INDUSTRY: DEPT OF DEFENSE

USUAL RESIDENCE: WYOMING LINCOLN THAYNE  
D. ZIP CODE: 83127  
HOW LONG IN ARIZONA: 9 MONTHS  
EDUCATION HIGHEST GRADE COMPLETED: 12

STREET ADDRESS: 283 RIM RD.  
INSIDE CITY LIMITS? NO  
ON RESERVATION (SPECIFY Yes or No): NO  
PREVIOUS STATE OF RESIDENCE: 18. A. 12 B. COLLEGE (1-4 or 5+)

FATHER'S NAME: ROBERT C. MCKAY  
MOTHER'S MAIDEN NAME: SOPIA B. BERG

INFORMANT'S SIGNATURE: Wanda J. McKay  
RELATIONSHIP TO DECEASED: WIFE  
ADDRESS: 283 RIM RD. THAYNE WY 83127

BURIAL CREMATION: CREMATION  
DATE: 06-30-1998  
CEMETERY OR CREMATORY - NAME/LOCATION: MOHAVE CREMATION SERVICE BULLHEAD CITY AZ  
EMBALMER'S SIGNATURE: NOT EMBALMED  
CERT. NO. B.

FUNERAL HOME: DIMOND & SONS SILVER BELL CHAPEL BULLHEAD CITY AZ  
NAME: 2620 SILVER CREEK RD  
CITY AND STATE: BULLHEAD CITY AZ  
FUNERAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE): KENNETH M DIMOND  
CERT. NO. #0902

TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY:  
30. SIGNATURE AND TITLE: [Signature]  
31. DATE SIGNED (Mo., Day, Year): JUNE 29, 1998  
32. HOUR OF DEATH: 0630  
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY:  
34. SIGNATURE AND TITLE: [Signature]  
35. DATE SIGNED (Mo., Day, Year):  
36. HOUR OF DEATH:  
37. PRONOUNCED DEAD (Mo., Day, Year):  
38. ON:

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): J JANIKOWSKI MD, 1402 BAILEY, NEEDLES, CA  
AUTHORIZED FOR CREMATION (SPECIFY Yes or No): Yes

DATE REGISTERED: 6-29-98  
REG. FILE NO.: 580  
REGISTRAR'S SIGNATURE: [Signature]  
REG. DISTRICT: 6851  
DATE RECORDED IN STATE OFFICE:

47. SEQUENTIALLY LIST CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH (LAST):  
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): cardiac pulmonary arrest  
B. DUE TO OR AS A CONSEQUENCE OF: metastatic prostate cancer  
C. DUE TO OR AS A CONSEQUENCE OF:  
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes, months

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:  
48. Anemia, hypertension, chronic obstructive pulmonary disease  
AUTOPSY (Specify Yes or No): NO  
WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): YES

MANNER OF DEATH:  
NATURAL CAUSES  
ACCIDENT  
SUICIDE  
HOMICIDE  
PENDING INVESTIGATION  
UNDETERMINED  
DATE OF INJURY: MO DAY YR  
HOUR  
INJURY AT WORK? (Specify Yes or No)  
DESCRIBE HOW INJURY OCCURRED

51. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY: 56.  
WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE

SUPPLEMENTARY ENTRIES:  
58. CORRECTION ON LINE#13 PER FUN HOME S/B [REDACTED] 7/1/98SP

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA  
COUNTY OF MOHAVE

DATE ISSUED JUL -1 1998

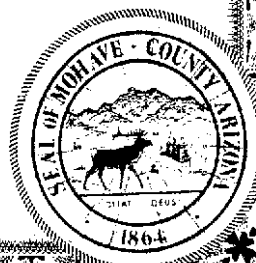
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

JERRY STREET  
MOHAVE COUNTY REGISTRAR  
MOHAVE COUNTY HEALTH DEPARTMENT

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

046301



BOOK 183 PAGE 301

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. D 102-

NAME OF DECEASED 1. <b>WANDA JEANE MCKAY</b>			SEX 2. <b>FEMALE</b>	DATE OF DEATH 3. <b>JANUARY 09 2004</b>		
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. <b>WHITE</b>		WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO) B. <b>NO</b>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. <b>NO</b>
PLACE OF DEATH 6. <b>MOHAVE</b>	A. COUNTY <b>MOHAVE</b>	B. TOWN OR CITY <b>BULLHEAD CITY</b>	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) <b>2000 E. RAMAR RD. #405</b>			D. <input type="checkbox"/> DCA <input type="checkbox"/> OP EMER. <input type="checkbox"/> IN PATIENT
DATE OF BIRTH 7. <b>APRIL 12 1936</b>	AGE (YEARS LAST BIRTHDAY) 8A. <b>67</b>	IF UNDER 1 YEAR MOS. DAYS B.	IF UNDER 1 DAY HRS. MIN. C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. <b>WIDOWED</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10.
STATE AND CITY OF BIRTH 11. <b>OH DELAWARE</b>	CITIZEN OF WHAT COUNTRY? 12. <b>U.S.A.</b>	SOCIAL SECURITY NO. 13. <b>[REDACTED]</b>		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. <b>SECRETARY</b>	KIND OF BUSINESS OR INDUSTRY B. <b>AEROSPACE</b>	
USUAL RESIDENCE 15. <b>ARIZONA</b>	A. STATE <b>ARIZONA</b>	B. COUNTY <b>MOHAVE</b>	C. TOWN OR CITY <b>BULLHEAD CITY</b>	D. ZIP CODE <b>86442</b>	HOW LONG IN ARIZONA? 16. <b>6 YEARS</b>	EDUCATION HIGHEST GRADE COMPLETED 17.
STREET ADDRESS OF R.F.D. 15E. <b>2000 RAMAR RD. #405</b>		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. <b>YES</b>	ON RESERVATION (SPECIFY Yes or No) 15G. <b>NO</b>	PREVIOUS STATE OF RESIDENCE 16. <b>WYOMING</b>	ELEMENTARY-SECONDARY (0-12) A. <b>12</b>	COLLEGE (1-4 or 5+) B.
FATHER'S NAME 19. <b>PAUL EDWARD RODGERS</b>			MOTHER'S MAIDEN NAME 20. <b>ANNA MAE RANDALL</b>			
INFORMANT'S SIGNATURE 21. <b>PRE-ARRANGEMENT FILES</b>		RELATIONSHIP TO DECEASED 22. <b>SELF</b>	ADDRESS 23. <b>2620 SILVER CREEK RD BULLHEAD CITY AZ 86442</b>			
BURIAL CREMATION, REMOVAL, OTHER (Specify) 24. <b>CREMATION</b>	DATE 25. <b>01/14/04</b>	CEMETERY OR CREMATORY - NAME/LOCATION 26. <b>MOHAVE CREMATION SERVICES BULLHEAD CITY ARIZONA</b>		EMBALMER'S SIGNATURE 27A. <b>NOT EMBALMED</b>		CERT. NO. B.
FUNERAL HOME 28. <b>DIMOND &amp; SONS SILVER BELL CHAPEL BULLHEAD CITY AZ</b>	NAME <b>DIMOND</b>	STREET ADDRESS <b>SILVER BELL CHAPEL</b>	CITY AND STATE <b>BULLHEAD CITY AZ</b>	FUNERAL DIRECTOR (Person acting as such) (SIGNATURE) 29A. <b>KENNETH M DIMOND</b>		CERT. NO. B. <b>0902</b>
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY 30. SIGNATURE AND TITLE <i>[Signature]</i>			ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.			
DATE SIGNED (Mo., Day, Year) 31. <b>JANUARY 12, 2004</b>			HOUR OF DEATH 32. <b>0042</b>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33.			34. SIGNATURE AND TITLE <i>[Signature]</i>			
35.			DATE SIGNED (Mo., Day, Year) 36.			
37. ON			PRONOUNCED DEAD (Mo., Day, Year) 38. AT			
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) 39. <b>C WILSON MD 5300 S. HWY 95 FT. MOHAVE, AZ</b>			AUTHORIZED FOR CREMATION (SPECIFY) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>	
DATE REGISTERED 42. <b>1-13-04</b>	REG. FILE NO. 43. <b>03</b>	REGISTRAR'S SIGNATURE 44. <i>[Signature]</i>	REG. DISTRICT 45. <b>0853</b>	DATE REC'D IN STATE OFFICE 46.		
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST PART	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CHOSE ON EACH LINE) <b>Cerebral vasculor accident</b>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>	
	B. DUE TO OR AS A CONSEQUENCE OF:					
	C. DUE TO OR AS A CONSEQUENCE OF:					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				AUTOPSY (Specify Yes or No) 49. <b>NO</b>	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. <b>YES/CREMATION</b>	
MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE	<input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED	DATE OF INJURY 52. MD DAY YR <b>MO JAN 12 2004</b>	HOUR 53.	INJURY AT WORK? (Specify Yes or No) 54.	DESCRIBE HOW INJURY OCCURRED 55.	
51.		PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56.	WHERE LOCATED? 57.	STREET ADDRESS	CITY OR TOWN STATE	
SUPPLEMENTARY ENTRIES 58.						

BOOK 183 PAGE 302

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA COUNTY OF MOHAVE

DATE ISSUED

*15 2004* *Patty Mead*

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

PATTY MEAD MOHAVE COUNTY REGISTRAR MOHAVE COUNTY DEPARTMENT OF PUBLIC HEALTH

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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