

122572

FILED FOR RECORDING  
AT THE REQUEST OF

Clark Greene & Assoc.

2004 JUN 29 PM 2 31

LINCOLN COUNTY RECORDED  
FEE 16<sup>00</sup> DEP TD  
LESLIE BOUCHER

APN# \_\_\_\_\_

Resignation of First Successor Trustee,  
Declination of Second Successor  
Trustee and Acceptance of Trusteeship by Marsha Leason

**Type of Document**

(Example: Declaration of Homestead, Quit Claim Deed, etc.)

**Recording requested by:**

Clark Greene & Associates

**Return to:**

**Name** Saundra L. Cruz

**Address** 3770 Howard Hughes Parkway, Suite 195

**City/State/Zip** Las Vegas, Nevada 89109-0940

(702) 369-2900

This page added to provide additional information required by NRS 111.312 Sections 1-2  
(Additional recording fee applies).

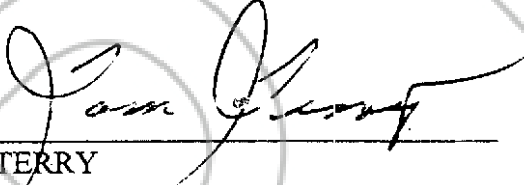
This cover page must be typed or printed clearly in black ink only.

CS10/03

RESIGNATION OF FIRST SUCCESSOR TRUSTEE,  
DECLINATION OF SECOND SUCCESSOR TRUSTEE AND  
ACCEPTANCE OF TRUSTEESHIP BY MARSHA LEASON.

TOM TERRY, the undersigned, being named as the First Successor Trustee of THE FLOYD R. LAMB TRUST dated September 5, 1991, hereby resigns as said Trustee and, in the event that DARWIN LAMB, the Second Successor Trustee, also declines to serve, hereby nominates and appoints MARSH LEASON, to serve as Trustee.

DATED this 9<sup>th</sup> day of June, 2004.

  
TOM. TERRY

DARWIN LAMB, the undersigned, hereby declines to serve as Second Successor Trustee of THE FLOYD R. LAMB TRUST dated September 5, 1991.

DATED this 9<sup>th</sup> day of June, 2004.

  
DARWIN LAMB

MARSHA LEASON, upon the resignation of TOM. TERRY and the declination of DARWIN LAMB, hereby accepts the Trusteeship of THE FLOYD R. LAMB TRUST dated September 5, 1991.

DATED this 9<sup>th</sup> day of June, 2004.

  
MARSHA LEASON

# 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

2002 0007605

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Floyd Roland LAMB		2. June 2, 2002	3a. Lincoln
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/Emer. Rm. Inpatient (Specify)
3b. Alamo		3c. 20 South First West	3e. 7
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)
5. White		6.	7a. 87
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Nevada		9b. U.S.A.	10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
13. [REDACTED]		14a. Rancher	11. Married
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Lincoln	15c. Alamo
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	STREET AND NUMBER
16. William Granger Lamb		17. Marion Paris	15d. Buckhorn Ranch Rd
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Loretta Lamb		18b. P.O. Box 344 Alamo, Nevada 89001	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Burial		19b. Alamo Cemetery	19c. Alamo, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [Signature]		20b. 15	20c. 730 Front Street Caliente, Nevada 89008
21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.		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) [Signature]		(Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 3 June 2002		22b. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0645		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Charle Ruggero, M.D.; 500 South Rancho Dr. Las Vegas, NV 89106		23b. NV2884	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. [Signature]		24b. 06-03-02	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Cardiac Arrest		: Immediate	
DUE TO, OR AS A CONSEQUENCE OF:		: Interval between onset and death	
(b) Severe Ischemic Cardio Myopathy		: Years	
DUE TO, OR AS A CONSEQUENCE OF:		: Interval between onset and death	
(c) Severe Coronary Artery Disease		: Years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
Acute & Chronic Renal Failure		26. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION
28e. [REDACTED]		28f. [REDACTED]	28g. [REDACTED]



STATE REGISTRAR

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

AUG 0 2 2002

Date Issued:

State Registrar

*Yvonne Sylva*

No.177129

17  
PAGE

188  
BOOK