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FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2005 FEB 28 AM 11 42

LINCOLN COUNTY RECORDER
FEE 17.00
LESLIE BOUCHER
DEP *aw*

When recorded mail to:

Kevin J. Phillips, Successor Trustee
The Phillips Family Trust dated April 30, 1993
P.O. Box 1
Caliente, NV 89001

**CERTIFICATE OF INCUMBENCY
AND CERTIFICATION OF TRUST
ALVIN LAVON PHILLIPS, TRUSTEE OF
THE PHILLIPS FAMILY TRUST, DATED APRIL 30, 1993**

CERTIFICATE OF INCUMBENCY AND CERTIFICATION OF TRUST

NRS 164.400

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Kevin J. Phillips, being duly sworn, depose and say:

1. Alvin LaVon Phillips and Bernice Phillips, created a Revocable Trust on April 30, 1993, entitled the Phillips Family Trust.
2. Alvin LaVon Phillips was named in said trust as one of the initial Trustees. The Trustors are granted all of the powers set forth in Nevada Revised Statutes 163.265 to 163.410, inclusive.
3. Alvin LaVon Phillips died April 2, 2003, and a copy of his death certificate is attached hereto. Upon the death, resignation or incapacity of the trustees, then Kevin J. Phillips was named Successor Trustee.
4. The undersigned, Kevin J. Phillips, Successor Trustee hereby accept the trusteeship of the trust and agree to be bound by all of the terms and conditions of the trust.
5. The trust is irrevocable and may not be amended at any time.
6. The Federal Tax ID number of the trust is [REDACTED]
7. The form in which title to assets of the trust is to be taken is:

Kevin J. Phillips, Successor Trustee of
The Phillips Family Trust, dated April 30, 1993

8. Real property (real estate) currently held in the trust includes:

That portion of Lot 2, Block 35, Town of Panaca on the Northwest Quarter (NW1/4) of Section 9, Township 2 South, Range 68 East, M.D.B. & M., Lincoln County, Nevada described as follows:

Parcel 1 of Parcel Map for The Phillips Family Trust recorded April 22, 2004 in Plat Book C, Page 36 as File No. 122183.

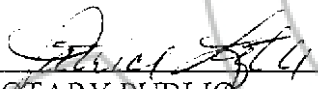
9. The trust has not been revoked or amended to so as to make any representations contained in this certification incorrect.
10. The signature shown below is that of all the currently acting trustees.
11. This certificate is made pursuant to paragraph 8 of the trust and according to Section 164.400 of the Nevada Revised Statues.

Dated 2/23/05.

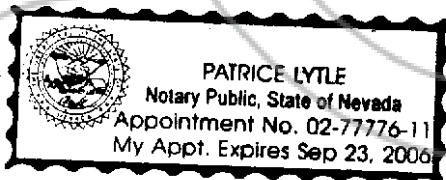


Kevin J. Phillips

SUBSCRIBED and SWORN to before me
this Feb. 23, 2005.



NOTARY PUBLIC



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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
DECEDENT	1.	Alvin Lawon PHILLIPS	2. April 2, 2003	3a. Lincoln
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	3b. Panaca
PARENTS	3c. 490 E. Main St.	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		4. Male
	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.)
DISPOSITION	5. White	6.	7a. 86	8. April 28, 1916
	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)
CERTIFIER	9a. Nevada	9b. U.S.A.	10. 12	11. Widowed
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
CAUSE OF DEATH	13. [Redacted]	14a. Park Ranger	14b. Nevada State Parks	
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
CAUSE OF DEATH	15a. Nevada	15b. Lincoln	15c. Panaca	15d. 490E. Main St.
	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	15e. Yes	
CAUSE OF DEATH	16. Amos William Phillips	17. Verna Syphus		
	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
CAUSE OF DEATH	18a. Kevin Jack Phillips	18b. P.O. Box 1 Caliente, Nv 89008		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
CAUSE OF DEATH	19a. Burial	19b. Panaca Cemetery	19c. Panaca Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
CAUSE OF DEATH	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.		
CAUSE OF DEATH	(Signature and Title) [Signature]	(Signature and Title) [Signature]		
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)	
CAUSE OF DEATH	21b. 04-07-03	21c. 24:45	22b. [Signature]	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)		
CAUSE OF DEATH	21d. [Signature]	22d. ON [Signature]		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)	22e. AT [Signature]		
CAUSE OF DEATH	23a. Farhana Kamal M.D.; P.O.Box 1010 Caliente, Nevada	23b. 7903		
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
CAUSE OF DEATH	24a. [Signature]	24b. 04-07-03	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
CAUSE OF DEATH	PART I (a) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:	Years		
CAUSE OF DEATH	(b) HYPERTENSION	Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:	Years		
CAUSE OF DEATH	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	Interval between onset and death		
	HYPoxic ENCEPHALOPATHY, ADVANCED AGE	Years		
CAUSE OF DEATH	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)		
	26. No	27. Yes		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
	28a.	28b.	28c. M	28d.
CAUSE OF DEATH	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
	28e.	28f.	28g.	

STATE REGISTRAR

No. 223202

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

Date Issued: APR 16 2003

Sylvia
State Registrar