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AT THE REQUEST OF

First American Title

2005 FEB 28 AM 11 42

LINCOLN COUNTY RECORDER  
FEE 17.00 REP  
LESLIE BOUCHER

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  
BERNICE 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. Bernice 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. Bernice Phillips died December 26, 2001, and a copy of her 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:**

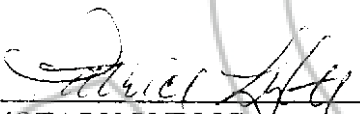
**Parcel 1 of Parcel Map for The Phillips Family Trust recorded April 22, 2004  
in Plat Book C, Page 36 as File No. 122183.**

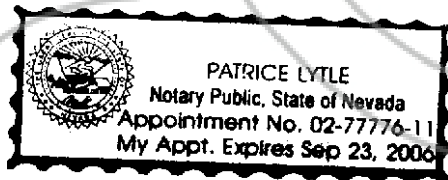
9. The trust has not been revoked or amended to so as to make any representations contained in this certification incorrect.
10. The signature shown below is that of all the currently acting trustees.
11. This certificate is made pursuant to paragraph 8 of the trust and according to Section 164.400 of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

Dated 2/23/05

  
\_\_\_\_\_  
Kevin J. Phillips

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

  
\_\_\_\_\_  
NOTARY PUBLIC



Access to information on this form is provided under the Utah Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-711 STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST <b>Bernice Phillips</b>			2. SEX <b>Female</b>	3a. DATE OF DEATH (Mo., Day, Yr) <b>Dec 26, 2001</b>	3b. TIME OF DEATH (24 hr. clock) <b>1835</b>
4. DATE OF BIRTH (Mo., Day, Yr.) <b>Dec 16, 1919</b>		5. AGE - Last Birthday <b>82</b>	6. BIRTHPLACE (City & State or Foreign Country) <b>St. George, UT</b>	7. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
8a. PLACE OF DEATH (check only) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) <b>ST. GEORGE CARE &amp; REHAB CENTER</b>		
8c. CITY, TOWN OR LOCATION OF DEATH <b>St. George</b>			8d. COUNTY OF DEATH <b>Washington</b>		
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) <b>Homemaker</b>
13a. RESIDENCE - STREET AND NUMBER <b>470 Main Street</b>			13b. CITY, TOWN, OR COMMUNITY <b>Panaca</b>		13c. COUNTY <b>Lincoln</b>
13d. STATE <b>NV</b>			14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		
15. FACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) <b>White</b>			16. EDUCATION (Specify only highest grade completed) Elementary (0-12) College (13-16 or 17+) <b>12</b>		
17. FATHER'S NAME (First, Middle, Last) <b>James Willard Simkins</b>			18. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Manetta Church</b>		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Kevin J. Phillips Son P.O. Box 1, Caliente, NV 89008</b>					
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION <b>Dec 29, 2001</b>		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) <b>Panaca Cemetery</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Jodie S. [Signature]</i>		23. LICENSE NUMBER <b>111435</b>		24. FUNERAL HOME (Name and address) <b>Metcalf Mortuary</b>	
25. DATE DECEASED (Mo., Day, Year) <b>12/26/01</b>		26. If not certified by medical examiner, was death reported to physician if yes, enter the date and hour reported. M.E. CASE NO. <b>HR1351 MO 12 DAY 28 YEAR 2001</b>		27. DATE SIGNED (Mo., Day, Yr.) <b>12/26/01</b>	
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.					
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c. LICENSE NUMBER <b>164563</b>		27d. DATE SIGNED (Mo., Day, Yr.) <b>12/26/01</b>	
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) <b>Robert P. RIGNELL M.D. 515 South 300 East #105, St. George, UT</b>					
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) <b>DEC 28 2001</b>
31. PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> a. <b>cardiac arrest</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>organic heart disease</b> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ <b>Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST</b>					
PART 2: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1			32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purpose or Accidentally <input type="checkbox"/> 6. Pending investigation			35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)
35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			35d. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		35e. LOCATION (Street or rural route number, city or town, county and state.)
35f. IF MOTOR VEHICLE ACCIDENT, SPECIFY IF DECEDENT WAS DRIVER, PASSENGER OR PEDESTRIAN.					
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31).					

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **DEC 28 2001**  
Washington  
County: *Barry E Nangle*  
Registrar: *Barry E. Nangle* DIRECTOR OF VITAL RECORDS

SDH-BVRHS 95 (9/98)

LL 943740



By *VH*

