

FILED FOR RECORDING
AT THE REQUEST OF

Car County Title

2005 MAY 27 PM 3 23

LINCOLN COUNTY RECORDER
FEE *16.00* DEP *car*
LESLIE BOUCHER

WHEN RECORDED MAIL TO:
MERVIN WARREN ADAIR
330 RIDGE RD
CEDAR CITY UT 84720

ESCROW NO. 19030416

CERTIFICATE OF INCUMBENCY

WHEREAS, NORMA CUTLER ADAIR was the Trustee under that certain Trust entitled THE NORMA CUTLER ADAIR LIVING TRUST Dated April 15, 1996, and the Grantee under that certain Grant, Bargain and Sale Deed recorded July 1, 1996 in Book 119 of Official Records, page 363 as File No. 105400, Lincoln County, Nevada records, covering the following described property:

Lot 43 in SUN GOLD MANOR UNIT NO. 1, plat of which was recorded September 30, 1952, as Document No. 27842, in the Office of the County Recorder of Lincoln County, Nevada.

ASSESSOR'S PARCEL NUMBER FOR 2004 - 2005: 02-102-11

AND, WHEREAS, NORMA CUTLER ADAIR is one and the same person as named on the certain Death Certificate which is attached hereto and by this referenced is made a part hereof:

AND, WHEREAS, pursuant to Section 8 of said Trust, MERVIN WARREN ADAIR is appointed Successor Trustee and as the named Successor Trustee, is fully authorized to act in accordance with the terms of said Trust Agreement. By the execution of this Certificate of Incumbency MERVIN WARREN ADAIR hereby accepts the appointment as Successor Trustee and agrees to fully comply with the duties conferred therein.

Dated this 8 day of April, of the the year 2005

Successor Trustee:

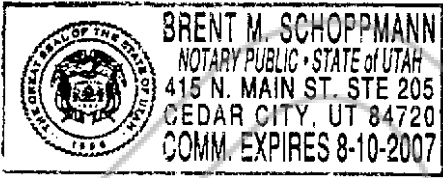
Mervin Warren Adair

MERVIN WARREN ADAIR

State of Utah
County of Iron

This document was acknowledged before me on April 8, 2005
by MERVIN WARREN ADAIR.

Brent M. Schoppman
Notary Public



COOPER

CERTIFICATION OF VITAL RECORD

**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	
1. Norma ADAIR		2. September 15, 2003		3a. Lincoln		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DDA, OP/Enter. Rm. Inpatient (Specify)		SEX	
3b. Panaca		3c. 450 North Main		3e.		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)		UNDER 1 YEAR MOS : DAYS	
5. White		6.		7a. 88		UNDER 1 DAY HOURS : MINS	
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. Widowed	
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. Lincoln		15c. Panaca		15d. 665 Wadsworth St.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. Yes	
		16. Warren Cutler		17. Winnifred Cox			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Mervin W. Adair		18b. 330 Ridge Rd. Cedar City, Utah 84720					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		9b. Panaca Cemetery		19c. Panaca, Nevada			
FUNERAL DIRECTOR'S 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.) (Signature and Title) [Signature]		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]		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 09-16-03		21c. 1945		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER	
23a. Shailendra Singh M.D.; P.O. Box 1010 Caliente, Nevada 89008						23b. 9978	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. 09-16-03		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
PART I		(a) Cardiorespiratory Arrest		Interval between onset and death		Immediate	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
		(b) Chronic Renal Failure		Interval between onset and death		Years	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
		(c) Diabetes Mellitus		Interval between onset and death		Years	
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
		Congestive Heart Failure		26. No		27. Yes	
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.	
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. 239565

10398

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 12 2004

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Yvonne Sullivan
STATE REGISTRAR

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