

A.P.N.: 1-331-77
WHEN RECORDED MAIL TO:
KLING LAW OFFICES
9525 Hillwood Drive, Suite 160
Las Vegas, NV 89134

FILED FOR RECORDING
AT THE REQUEST OF

Kling Law Offices
2005 JUL 5 PM 3 53

MAIL TAX STATEMENTS TO:
Cynthia Allen
9616 Gilmore Avenue
Las Vegas, NV 89129

LINCOLN COUNTY RECORDED
FEE \$700 DEP
LESLIE BOUCHER *LB*

AFFIDAVIT OF SUCCESSOR CO-TRUSTEES

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

CYNTHIA ALLEN and MATTHEW SAXTON, of legal age, being first duly sworn, depose and say as follows:

1. That CHARLES E. SAXTON, SR. executed the CHARLES E. SAXTON LIVING TRUST originally dated November 24, 1997 (hereinafter referred to as "Trust Agreement"), wherein CHARLES E. SAXTON, SR. was designated as the original Trustee. The Trust Agreement further provided that if CHARLES E. SAXTON, SR. was unable or unwilling to act as Trustee, then CYNTHIA ALLEN and MATTHEW SAXTON are nominated to serve as Successor Co-Trustees.

2. That CHARLES E. SAXTON, SR. died on the 14th day of May 2005. A copy of the Certified Death Certificate is attached hereto as Exhibit "A" and by this reference incorporated herein.

3. That upon the death of CHARLES E. SAXTON, SR., CYNTHIA ALLEN and MATTHEW SAXTON were nominated to serve as Successor Co-Trustees of the Trust Agreement.

4. That CYNTHIA ALLEN and MATTHEW SAXTON hereby file this Affidavit and accept the office of Successor Co-Trustees of the Trust Agreement.

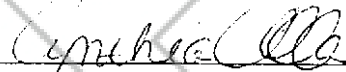
5. A parcel of real property located in Lincoln County, State of Nevada, is an asset of the Trust Agreement executed by CHARLES E. SAXTON, SR. dated November 24, 1997 and is more particularly described as:

That portion of the Southeast Quarter (SE ¼) of the Southeast Quarter (SE ¼) of Section 10, Township 1 North, Range 67 East, M.D.B. & M., Lincoln County, Nevada, more particularly described as follows:

Parcel 4 of that certain Parcel Map recorded February 7, 2001 in the Office of the County Recorder of Lincoln County, Nevada as Book B of Plats, Page 359 as File No. 115944, Lincoln County, Nevada records.

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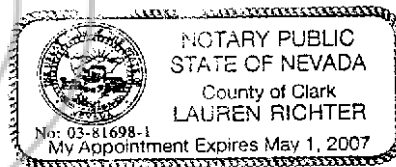
DATED: This 23 day of June 2005.


CYNTHIA ALLEN


MATTHEW SAXTON

SUBSCRIBED and SWORN to before me
this 23 day of June 2005.


NOTARY PUBLIC



COPY

Exhibit "A"

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			STATE FILE NUMBER COUNTY OF DEATH		
	1. Charles Edward SAXTON, SR.			2. May 14, 2005			3a. Clark		
DECEDENT	3b. Las Vegas CITY, TOWN OR LOCATION OF DEATH			3c. Odyssey Health Care, Inc. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			3e. Inpatient If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		
	3d. White RACE—(e.g., White, Black, American Indian, etc.) (Specify)			6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.			7a. 70 AGE—Last Birthday (Years)		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White STATE OF BIRTH (If not U.S.A., name country)			9b. U.S.A. CITIZEN OF WHAT COUNTRY			10. 11 Decedent's Education. Specify highest grade completed.		
	9a. Mississippi SOCIAL SECURITY NUMBER			11. Widowed MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			12. SURVIVING SPOUSE (If wife, give maiden name)		
PARENTS	13. [Redacted] RESIDENCE—STATE			14a. Painter / Retired USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			14b. Decorating KIND OF BUSINESS OR INDUSTRY		
	15a. Nevada FATHER—NAME First Middle Last			15b. Clark MOTHER—MAIDEN NAME First Middle Last			15c. Las Vegas CITY, TOWN, OR LOCATION		
DISPOSITION	16. Richard E. Saxton INFORMANT—NAME (Type or Print)			17. Cora Brantley MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
	18a. Matthew Saxton - Son BURIAL, CREMATION, REMOVAL, OTHER (Specify)			18b. 5313 Pacific Opal Ave., Las Vegas, Nevada 89131 CEMETERY OR CREMATORY—NAME			19c. Las Vegas, Nevada LOCATION City or Town State		
CERTIFIER	20a. [Signature] FUNERAL DIRECTOR—SIGNATURE (Or Permitting as Specified)			20b. 50 FUNERAL DIRECTOR LICENSE NUMBER			20c. 1600 S. Jones, Las Vegas, Nevada 89146 NAME AND ADDRESS OF FACILITY		
	21a. [Signature] DATE SIGNED (Mo., Day, Yr.)			21c. 5:30 PM HOUR OF DEATH			22a. [Signature] DATE SIGNED (Mo., Day, Yr.)		
CAUSE OF DEATH	21b. [Signature] NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)			22c. PRONOUNCED DEAD (Hour)		
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22d. ON			22e. AT		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. Craig Jorgenson MD 9975 S. Eastern Ave. Las Vegas NV 89123 REGISTRAR			24b. MAY 18 2005 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DEATH DUE TO COMMUNICABLE DISEASE		
	24a. [Signature] FUNERAL DIRECTOR—SIGNATURE			25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death		
CAUSE OF DEATH	PART I (a) Malignant Neoplasm of the Lung DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			26. No AUTOPSY (Specify Yes or No)			27. Yes WAS CASE REFERRED TO CORONER (Specify Yes or No)		
CAUSE OF DEATH	28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo., Day, Yr.)			28c. HOUR OF INJURY		
	28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			28g. DESCRIBE HOW INJURY OCCURRED		

STATE REGISTRAR

No. 288216

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By:



Date Issued:

MAY 19 2005

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573

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