

125087

FILED FOR RECORDING  
AT THE REQUEST OF

Robert C. Lewis -

2005 AUG 26 PM 12 08

LINCOLN COUNTY RECORDER  
FEE 18.00  
LESLIE BOUCHER

APN 08-241-02

APN 08-241-03

APN \_\_\_\_\_

Amended Certification of Trust  
Title of Document

Grantees address and mail tax statement:

Robert C. Lewis  
Box 520  
Moapa, Nevada

When recorded mail to:  
Kim Marshall  
626 S. Riata St.  
Gilbert, AZ 85296

## AMENDED CERTIFICATION OF TRUST

The undersigned does certify and say under penalties of perjury that:

1. Settlors. Kim Lewis is the Settlor of the "RICHARD C. LEWIS FAMILY REVOCABLE TRUST I", a revocable Declaration of Trust dated September 24, 1991, which was restated April 5, 1994. RICHARD LEWIS has died, and KIM LEWIS is the surviving Settlor. KIM LEWIS has since remarried and has changed her name to KIM MARSHALL. From now forward KIM LEWIS shall be known as KIM MARSHALL.

2. Trustee. The office of "Trustee" is currently filled by KIM MARSHALL. After the resignation, incapacity, or death of the trustee, the office of Trustee shall be filled by WENDY DANLEY. Upon the resignation, incapacity, or death of WENDY DANLEY, the office of Trustee shall be filled by the trust department of NEVADA STATE BANK.

3. Tax Identification Number. Upon the death of Richard Lewis, the RICHARD C. LEWIS FAMILY REVOCABLE TRUST I was divided into sub-trusts. The tax identification number for these sub-trusts are:

Richard C. Lewis Marital Trust	88-6063872
Richard C. Lewis Credit-Shelter Trust	88-6063873
Richard C. Lewis GST Subtrust	20-6529778
Kim Lewis Survivors Trust	available upon request

4. Succession. A successor Trustee is authorized to act as Trustee upon signing a Certificate of Incumbency and, if appropriate, filing it in the Recorder's Office of each county in which trust real property is located. To the Certificate of Incumbency shall be attached: (a) a certified copy of the death certificate of the predecessor Trustee; or (b) the written resignation of the predecessor Trustee; or (c) a certificate in writing by two (2) licensed physicians declaring that the predecessor Trustee has become physically or mentally incapacitated, whether or not a court has declared him or her incompetent, mentally ill, or in need of a guardian. The Certificate of Incumbency must also contain a statement that the person or entity filing the certificate is the successor Trustee designated under the declaration of trust and that said successor Trustee agrees to serve as Trustee in accordance with the terms of the Trust instrument.

5. Revocation. The trust may be revoked by the Surviving Settlor by signing a Certificate of Revocation and filing it in the Office of the Recorder of each county in which trust real property is located. Upon revocation, the sole power and duty of the Trustee is to transfer assets to the surviving Settlor or as directed by the surviving Settlor.

6. Title to Trust Property. The Trustee may own and hold trust assets in any manner the Trustee shall deem appropriate so long as the Trust's ownership of the asset is adequately documented, protected from the unfounded ownership claims of others, and not exposed unnecessarily to liens, attachments, or execution. Specifically:

(a) The Trustee shall have the power to hold securities and other property in the name of the Trust or in the Trustee's name, as the Trustee of this Trust.

(b) The current Trustee of the Trust shall have full authority over all trust assets, even if such property is owned in the name of a predecessor Trustee.

(c) The Trustee may also hold property in the name of a nominee or in other form without disclosure of the Trustee relationship so that title to the property may pass by delivery, but the Trustee shall be liable for any act of the nominee in connection with the property so held. As to property held in the name of a nominee, the Trustee shall obtain an agreement or a receipt from the nominee acknowledging the Trustee's interest in said property.

(d) If Cotrustees are serving and if all Cotrustees so agree, Cotrustees may take title to any trust property or enter into agreements affecting the trust and its property so that transactions, withdrawals and other transfers may be made upon the signature of any one or more Cotrustees. Any Cotrustee acting alone pursuant to this authority has full authority to bind the Trust and all Cotrustees with respect to all transactions (or specified transactions) related to such trust property. To the extent Cotrustees have not agreed otherwise, all decisions may be made and all transactions by action of a majority of the Cotrustees.

(e) The ownership of assets may be registered as follows:

KIM MARSHALL, Trustee of the  
RICHARD C. LEWIS FAMILY REVOCABLE TRUST I dated September 24, 1991

KIM MARSHALL, Trustee of the  
RICHARD C. LEWIS MARITAL TRUST dated September 24, 1991

KIM MARSHALL, Trustee of the  
RICHARD C. LEWIS CREDIT SHELTER TRUST dated September 24, 1991

KIM MARSHALL, Trustee of the  
RICHARD C. LEWIS GST SUBTRUST dated September 24, 1991

KIM MARSHALL, Trustee of the  
KIM LEWIS SURVIVORS TRUST dated September 24, 1991

7. Trustee's Powers. The acting Trustee has, among other powers, all of the powers contained in Sections 163.265 to 163.410 of the Nevada Revised Statutes, including the power to purchase, sell, mortgage, and lease trust property. The Trustee, in behalf of the trust, may also borrow money, maintain a securities margin account, and invest in all forms of assets, without limitation. All persons dealing in good faith with a Trustee in any transaction may assume that the Trustee has unrestricted authority to act for the Trust, and such persons shall not be responsible to confirm the Trustee's power or to verify any provisions of the trust instrument.

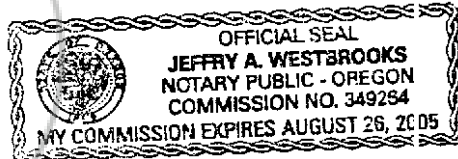
Dated June 9, 2005

Kim Marshall, Trustee  
KIM MARSHALL  
Settlor and Trustee

STATE OF Oregon  
COUNTY OF Tackson

This instrument was acknowledged before me on June 9, 2005, by  
KIM MARSHALL, as Settlor and Trustee.

[Signature]  
NOTARY PUBLIC



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

005123

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Richard Clarence LEWIS		2. DATE OF DEATH (Month, Day, Year) August 15, 1994	
3. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3. COUNTY OF DEATH Clark	
4. HOSPITAL OR OTHER INSTITUTION—Name (if not a ther, give street and number) Valley Hospital Medical Center		4. SEX Male	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7. AGE—Last Birthday (Years) 38		8. DATE OF BIRTH (Mo., Day, Yr.) March 14, 1956	
9. STATE OF BIRTH (if not U.S.A., name country) Nevada		10. Decedent's Education. Specify highest grade completed. 12	
11. SOCIAL SECURITY NUMBER [REDACTED]		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. RESIDENCE—STATE Nevada		14. SURVIVING SPOUSE (If wife, give maiden name) Kim Ann Erickson	
15. COUNTY Clark		16. KIND OF BUSINESS OR INDUSTRY Construction	
17. CITY, TOWN, OR LOCATION Moapa		18. STREET AND NUMBER 890 Day Avenue	
19. INSIDE CITY LIMITS (Specify Yes or No) Yes		20. FATHER—NAME First Middle Last Paul Condie Lewis	
21. MOTHER—MAIDEN NAME First Middle Last LouJeane Barlow		22. INFORMANT—NAME (Type or Print) Kim Lewis - Wife	
23. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 121, Moapa, Nevada 89025		24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
25. CEMETERY OR CREMATORY—NAME Logandale Cemetery		26. LOCATION City or Town State Logandale Nevada	
27. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Brian Reisman		28. FUNERAL DIRECTOR LICENSE NUMBER 49	
29. NAME AND ADDRESS OF FACILITY METCALF MORTUARY, Box 797, Logandale, NV 89021		30. 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] DATE SIGNED (Mo., Day, Yr.) 8/16/1994	
31. HOUR OF DEATH 11:20 PM		32. 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) as stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) [Blank]	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Eunmi Park, M.D., 2020 Goldring, Las Vegas, NV 89106		34. PRONOUNCED DEAD (Mo., Day, Yr.) [Blank]	
35. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Eunmi Park, M.D., 2020 Goldring, Las Vegas, NV 89106		36. PRONOUNCED DEAD (Hour) [Blank]	
37. REGISTRAR [Signature]		38. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 16 1994	
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Malignant Glioblastoma Multiforme DUE TO, OR AS A CONSEQUENCE OF: (b) Severe disorder DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		40. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
41. INTERVAL between onset and death 8 Years		42. INTERVAL between onset and death [Blank]	
43. INTERVAL between onset and death [Blank]		44. INTERVAL between onset and death [Blank]	
45. AUTOPSY (Specify Yes or No) NO		46. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
47. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) [Blank]		48. DATE OF INJURY (Mo., Day, Yr.) [Blank]	
49. HOUR OF INJURY [Blank]		49. DESCRIBE HOW INJURY OCCURRED [Blank]	
50. INJURY AT WORK (Specify Yes or No) [Blank]		51. PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify) [Blank]	
52. LOCATION [Blank]		53. STREET OR R.F.D. No. [Blank]	
54. CITY OR TOWN [Blank]		55. STATE [Blank]	

No. 058497

STATE REGISTRAR

"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:

[Signature]

Date Issued:

JUN 02 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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