

FILED FOR RECORDING
AT THE REQUEST OF

APN:

Prepared By/ When Recorded, Mail to:
Jeffrey Burr
2600 Paseo Verde Parkway
Henderson, NV 89074

Jeffrey Burr
2005 NOV 14 AM 11 28

LINCOLN COUNTY RECORDER
FEE 18.00
LESLIE BOUCHER

Mail Tax Statements to:
Carol Hollandsworth
3545 S. Fisher Court
Kennewick, WA 99337

AFFIDAVIT OF SUCCESSOR TRUSTEE

Washington
STATE OF NEVADA)
Franklin) SS:
COUNTY OF CLARK)

CAROL HOLLANDSWORTH, being first duly sworn, deposes and says as follows:

1. CLAYTON E. DAVISON and ISABELLE M. DAVISON created the "CLAYTON E. DAVISON and ISABELLE M. DAVISON FAMILY TRUST" dated October 27, 1992, and amended on November 30, 2001 and October 16, 2003, wherein CLAYTON E. DAVISON and ISABELLE M. DAVISON were designated as the original Trustees of the trust.
2. ISABELLE M. DAVISON died May 24, 1994. A certified copy of the Death Certificate is attached hereto as Exhibit "1" and by this reference incorporated herein.
3. CLAYTON E. DAVISON died August 19, 2005. A certified copy of the Death Certificate is attached hereto as Exhibit "2" and by this reference incorporated herein.
4. CAROL HOLLANDSWORTH is named in the trust instrument to act as the Successor Trustee of the Trust, and, pursuant to the provisions of the trust agreement, now becomes the Successor Trustee of the "CLAYTON E. DAVISON and ISABELLE M. DAVISON FAMILY

TRUST" dated October 27, 1992.

5. CAROL HOLLANDSWORTH hereby files this Affidavit and accept the office of the Successor Trustee of "CLAYTON E. DAVISON and ISABELLE M. DAVISON FAMILY TRUST" dated October 27, 1992.

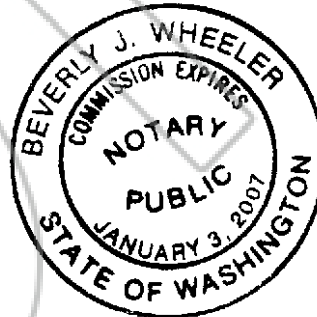
6. The following parcels of real property conveyed to the "CLAYTON E. DAVISON and ISABELLE M. DAVISON FAMILY TRUST" dated October 27, 1992, is situated in the County of Lincoln, State of Nevada, and bounded and described in Exhibit "3".

Dated: 9/29/05

Carol Hollandsworth
CAROL HOLLANDSWORTH, Successor Trustee

SUBSCRIBED and SWORN to before me
this 29 day of Sept, 2005.

Beverly J. Wheeler
NOTARY PUBLIC
1-3-07



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		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
			1st	Middle	Last			3a. Clark
DECEDENT	1. Isabelle M. DAVISON		2. May 24, 1994		3. Inpatient		4. Female	
	3b. Las Vegas		3c. Valley Hospital		3e. Inpatient			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White		6. Mexican		7a. 72		8. January 1, 1922	
	9a. Nevada		9b. U. S. A.		10. 12		11. Married	
PARENTS	15a. Nevada		15b. Clark		15c. Las Vegas		15d. 981 Apache Lane	
	16. Eliborio Areballo		17. Marie J. Martin					
DISPOSITION	19a. Entombment		19b. Palm Memorial Park		19c. Las Vegas Nevada			
	20a. <i>[Signature]</i>		20b. 27		20c. Palm Mortuary 1325 No. Main St. Las Vegas, Nevada			
CERTIFIER	21a. <i>[Signature]</i>		21c. 3:20 A.M.		22a. <i>[Signature]</i>		22c. AT	
	21b. 5/25/94				22b. <i>[Signature]</i>		22e. AT	
CAUSE OF DEATH	23a. Dost Wattoo MD 2031 McDaniel Street North Las Vegas Nevada		23b. 3519		24a. <i>[Signature]</i>		24b. MAY 26 1994	
	25. IMMEDIATE CAUSE		25a. (a) <i>[Signature]</i>		25b. <i>[Signature]</i>		25c. <i>[Signature]</i>	
26. No		27. No		28a. No		28b. No		

No. 068461

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

OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics

By: *[Signature]*
 Date Issued:

MAY 26 1994

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 4426
 Las Vegas, Nevada 89127
 702-383-1223

BOOK 208 PAGE 484

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO.
D-102

AKA	ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH		DEATH NO. D-102
1. NAME OF DECEASED	A. FIRST CLAYTON	B. MIDDLE EUGENE	C. LAST DAVISON	SEX Male	DATE OF DEATH August 19, 2005
2. RACE (e.g., white, black, American Indian, (specify tribe) etc.)	White	3. WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO)	No	4. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
6. PLACE OF DEATH	8A. COUNTY Yuma	8B. TOWN OR CITY Yuma	8C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) La Mesa Rehab. & Care Center	6D. <input type="checkbox"/> DDA <input type="checkbox"/> OP EMER <input type="checkbox"/> IN PATIENT	
7. DATE OF BIRTH	MONTH DAY YEAR May 07, 1915	8A. AGE (YEARS LAST BIRTHDAY) 90	8B. IF UNDER 1 YEAR MOS. DAYS	8C. IF UNDER 1 DAY HRS. MIN	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	10. Alice Schadegg				
11. STATE AND CITY OF BIRTH (if not in USA, name country)	11. OK, Norfolk		12. CITIZEN OF WHAT COUNTRY? SPECIFY U.S.A.	13. SOCIAL SECURITY NO.	14. USUAL OCCUPATION (Give kind of work done most of working life, even if retired)
15. USUAL RESIDENCE	15A. STATE Arizona	15B. COUNTY Yuma	15C. TOWN OR CITY Yuma	15D. ZIP CODE 85367	16. HOW LONG IN ARIZONA? 10 Years
17. STREET ADDRESS OF R.F.D.	17. 11717 Betty Lane		18. PREVIOUS STATE OF RESIDENCE Nevada	19. ELEMENTARY SECONDARY (1-12)	20. COLLEGE (1-4 or 5+)
19. FATHERS NAME	A. FIRST James	B. MIDDLE William	C. LAST Davison	21. MOTHERS MAIDEN NAME	A. FIRST Mary
22. INFORMANTS SIGNATURE	By: <i>[Signature]</i> FD		RELATIONSHIP TO DECEASED Spouse	ADDRESS	STREET NO. CITY AND STATE ZIP CODE
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	23. Rem./Burial		24. GEMETORY OR CREMATION, INTERMENT LOCATION PALM MEMORIAL PARK LAS VEGAS, NEVADA	25. EMBALMERS SIGNATURE <i>[Signature]</i>	26. CERT. NO. 1160
27. FUNERAL HOME	27. Yuma Mortuary & Crematory, 551 W. 16th St., Yuma, AZ		28. NAME STREET ADDRESS CITY AND STATE	29. FUNERAL DIRECTOR (person acting as such) SIGNATURE <i>[Signature]</i>	30. CERT. NO. 1024
31. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY	31. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				32. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.
	32. SIGNATURE AND TITLE <i>[Signature]</i>	33. DATE SIGNED (Mo., Day, Year) 08-22-05	34. HOUR OF DEATH 1300	35. SIGNATURE AND TITLE <i>[Signature]</i>	
	36. NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print)	37. PRONOUNCED DEAD (Mo., Day, Year)	38. PRONOUNCED DEAD (Hour)	39. AT	
40. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY	40. Josea Guerrero, M.D., 1905 W. 24th Street, Ste. A, Yuma, AZ		41. AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42. MEDICAL EXAMINERS SIGNATURE	
43. DATE REGISTERED	44. REG. FILE NO.	45. REGISTRARS SIGNATURE	46. REG. DISTRICT	47. DATE RECD IN STATE OFFICE	
48. 47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)	48. Renal failure		49. 47B. DUE TO OR AS A CONSEQUENCE OF:	49. Acute tubular necrosis	
50. 47C. DUE TO OR AS A CONSEQUENCE OF:	50. Atherosclerosis		51. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		51. weeks weeks years
52. 48. CAUSE OF DEATH PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	52. Gangrene, foot		53. ALTOPSY (Specify Yes or No)	54. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)	
55. MANNER OF DEATH	55. <input checked="" type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		56. DATE OF INJURY	57. INJURY AT WORK? (Specify Yes or No)	58. DESCRIBE HOW INJURY OCCURRED
59. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	59. SUPPLEMENTARY ENTRIES		60. WHERE LOCATED?	61. STATE	

CERTIFIED
CERTIFICATE
AUG 26 2005

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.



EXHIBIT "3"
LEGAL DESCRIPTION

Lot One (1), Block Six (6) of the S1/2 Section Thirty (30), T3S, R55E of LINCOLN ESTATES, Lincoln County, Nevada, as shown by map thereof on file of Record No. 49097, in Book "A", Page 79, Protective Restrictions of Record No. 49098, Book "R", Page 273.

COPY