APN: #002-131-09

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

Mail Tax Statements to: Karen Kay Findlay Hohl, Co-Trustee 20482 Bordeaux Drive Reno, NV 89511

AT THE REQUEST	
Jeffrey Bor	T, LTL
2005 NOU 18 PM 4	
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FEE ZASS LESLIE BOUCHER	
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AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) SS
COUNTY OF CLARK)

CLIFFORD J. FINDLAY, EDWARD REED FINDLAY and KAREN KAYE FINDLAY HOHL, being first duly sworn, depose and say as follows:

- 1. CLIFFORD O. FINDLAY and MARY JO FINDLAY created the "CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST" dated on November 26, 1980, and amended and restated on August 19, 2003, and amended on November 23, 2004, December 23, 2004, October 21, 2005, and October 27, 2005, wherein CLIFFORD O. FINDLAY and MARY JO FINDLAY were designated as the Trustors and the initial Trustees of the trust.
- 2. MARY JO FINDLAY died August 20, 2003. A certified copy of the Death Certificate is attached hereto as Exhibit "1" and by this reference incorporated herein.
- 3. CLIFFORD O. FINDLAY was named in the trust instrument to act as the sole Trustee of the Trust after the death of MARY JO FINDLAY, in accordance with the provisions of the trust agreement.

- 4. On October 27, 2005, CLIFFORD O. FINDLAY resigned as the sole Trustee of the "CLIFFORD O. FINDLAY and MARY JO FINDLAY FAMILY TRUST", and nominated and appointed CLIFFORD J. FINDLAY, EDWARD REED FINDLAY and KAREN KAYE FINDLAY HOHL to serve as the current Co-Trustees of the Trust, including the Survivor's Trust, Exemption Trust and the Marital Trust of the "CLIFFORD O. FINDLAY and MARY JO FINDLAY FAMILY TRUST". A copy of the Change of Trusteeship is attached hereto as Exhibit "2".
- 5. CLIFFORD O. FINDLAY died October 30, 2005. A certified copy of the Death Certificate is attached hereto as Exhibit "3" and by this reference incorporated herein.
- 6. CLIFFORD J. FINDLAY, EDWARD REED FINDLAY and KAREN KAYE FINDLAY HOHL hereby file this Affidavit and accept the office of Co-Trustee of the "CLIFFORD O. FINDLAY and MARY JO FINDLAY FAMILY TRUST" dated on November 26, 1980.
- 7. The following parcel of real property conveyed to the "CLIFFORD O. FINDLAY and MARY JO FINDLAY FAMILY TRUST" dated on November 26, 1980, is situated in the County of Lincoln, State of Nevada, and bounded and described in Exhibit "4".

CLIFFORD J. FINDLAY, Co-Trustee

SUBSCRIBED and SWORN to before me this \(\day \text{of} \) down \(\day \text{of} \), 2005.

NOTARY PUBLIC

SUBSCRIBED and SWORN to before me this day of Aluman en , 2005.

Notary Public - State of Novada COUNTY OF CLARK ALICIA M. McKENNA No. 97-1135-1 My Appointment Expires Juna 8, 2009

NOTARY PUBLIC

KAREN KAY FINDLAY HOHL, Co-Trustee

SUBSCRIBED and SWORN to before me this __day of________, 2005.

NOTARY PUBLIC

	EDWARD REED FINDLAY, Co-Trustee
SUBSCRIBED and SWORN to before me	\ \
this _ day of, 2005.	\ \
	\ \
	~ \ \
NOTABY BUDIES	
NOTARY PUBLIC	
	Harridaye Findlay Hahl
	KAREN KAYE FINDLAY HOHL, Co-Trustee
	/ / \ \ -
SUBSCRIBED and SWORN to before me this day of www., 2005.	
this \perp day of $\uparrow \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$, 2005.	
	COUNTY OF CLARK
	3 1775 41 ICIA M. MCKENIYA
NOTARY PUBLIC	his west assembly appointment Expires June
/ /	
	Notary Public - State of Nevada COUNTY OF CLARK
\ \	AFICIA M. MCKENNA K
	No. 97-1135-1 My Appointment Expires June 8, 2009 5
	/ /
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STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS 007758 **CERTIFICATE OF DEATH** LOCAL FILE NUMBER DATE OF DEATH (Month, Day, Ye 1. Mary Jo FINDLAY August 20, 2003 Henderson St. Roso Bosinican Hespital - Siena Co Inpatient UNDEA | DAY HOURS : MINS (e.g., White, Black, / Indian, stc.) (Spect) nt of Hispanic Origin? Specify | year? no if White 1925 STATE OF BIRTH (If not U.S.A., name country)

Ba. **Nevada**SOCIAL SECURITY NUMBER 12 Married E HANDBOOK Hosesakey OWN HOME ICE-STATE CITY TOWN OF LOCATION 154 Nevada 15b. Clark Henderson 2311 Presetheus Ci PARENTS 16. Joseph Kutcher Phillips (Street or P.F.D. No., City or Tox Husband Henderson, Nevada 89074 Buri DISPOSITION ™ Las Vegas, Nevada Pala Hortnery - Eastern Las Regas, Herrada 89123 (Signature and Title)
DATE SIGNED (Mr.) CERTIFIER PRONOUNCED DEAD (No. Day, Yr.) PRONOUNCED DEAD (Hour SS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXA Mark Barney MD 2200 Horizon Ridge Henderson Nevada 89052 6980 DATE RECEIVED BY REGISTRAN (Ma., Day, Yr.) DEATH DUE TO CO an Brusti Deput AUG 22 2003 27. BUURY AT WORK LOCATION CITY OR TOWN

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.

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT HEART CO.

NTYPHEALY

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

No.240786

Date Issued:

NOV 0 9 2005

 $[\cdot,\cdot]$

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902

Las Vegas, Nevada 89127 702-383-1223

Tax ID# 88-0151573

BOOK 209 PAGE 50

CHANGE OF TRUSTEESHIP OF THE CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST

THIS CHANGE OF TRUSTEESHIP dated October 27, 2005, is made in accordance with ARTICLE IX, Section 9.3, entitled Power to Change Trustee, as provided in the Trust Agreement dated November 26, 1980.

WITNESSSETH

WHEREAS, CLIFFORD O. FINDLAY and MARY JO FINDLAY, as Trustors, established the CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST, on November 26, 1980, and thereafter executed a Total Amendment and Restatement to the within referenced Trust Agreement on August 19, 2003; and

WHEREAS, MARY JO FINDLAY is now deceased, having died on August 20, 2003, leaving CLIFFORD O. FINDLAY as the surviving Trustor ("Survivor");

WHEREAS, pursuant to the power to change Trustees reserved to the Survivor in Section 9.3 of the Trust Agreement, CLIFFORD O. FINDLAY wishes to change Trustees.

NOW, THEREFORE by executing this Change of Trusteeship, the Trustor herewith makes the following changes to the Trusteeship of the CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST, dated November 26, 1980.

I

PURSUANT to the Trustor's power to change the Trustees as provided in Section 9.3 of the Trust Agreement, CLIFFORD O. FINDLAY, desires to and does hereby resign as Trustee of the CLIFFORD O. FINDLAY AND MARY JO FINDLAY FAMILY TRUST, dated November 26, 1980, including the Survivor's Trust, Exemption and the Marital Trust, effective as of the 27th day of October, 2005, and hereby nominates and appoints CLIFFORD J. FINDLAY, EDWARD REED FINDLAY and KAREN KAY FINDLAY HOHL to serve as current Co-Trustees of the Trust, including the Survivor's Trust, Exemption Trust and the Marital Trust. CLIFFORD J. FINDLAY, EDWARD REED FINDLAY and KAREN KAY FINDLAY HOHL, as Trustees, shall have all powers now or hereafter conferred upon trustees by applicable state law, and also those powers appropriate to the orderly and effective administration of the Trust. Any expenditure involved in the exercise of the Trustee's powers shall be borne by the Trust estate.

ARTICLE VIII - PROVISIONS RELATING TO TRUSTEESHIP. Section 8.1 of this Article shall be deleted in its entirety and the following shall be inserted in its stead:

"8.1 <u>Successor Trustee</u>. In the event of the death, incapacity or resignation of any of the current Co-Trustees, then the survivors or survivor of them, shall serve as the Successor Trustee(s) of all of the Trusts hereunder. In determining the incapacity of any Trustee serving hereunder, the guidelines set forth in Section 3.1 may be followed.

If no Successor Trustee is designated to act in the event of the death, incapacity or resignation of the Trustee then acting, or no Successor Trustee accepts the office, the Trustee then acting may appoint a Successor Trustee. If no such appointment is made, the majority of the adult beneficiaries entitled to distribution from this Trust may appoint a Successor Trustee."

Ш.

IN ALL OTHER RESPECTS, this Trust is hereby republished and affirmed.

IV.

THIS CHANGE OF TRUSTEESHIP is accepted, made, and executed by the Trustor and Trustee in the State of Nevada on the day and year first above written.

TRUSTORS AND TRUSTEES:

CLIFFORD O. FINDLAY

ACCEPTANCE BY TRUSTEES

We certify that we have read the foregoing within referenced Declaration of Trust and understand the terms and conditions upon which the Trust estate is to be held, managed, and disposed of by us as Trustees. We accept the Declaration of Trust in all particulars and acknowledge receipt of the Trust property.

IFFORD F. FINDLAY

EDWARD REED FINDLAY

KAREN KAY FINDLAY HOHL

STATE OF NEVADA) SS. COUNTY OF CLARK)

On October 27' 2005, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared CLIFFORD O. FINDLAY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Barbara Morelli NOTARY PUBLIC

COUNTY OF CLARM

STATE OF NEVADA) SS.
COUNTY OF CLARK)

On October 27, 2005, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared CLIFFORD J. FINDLAY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

) ss.

Range Morelle NOTARY PUBLIC

Motary Public - State of Nevada COUNTY OF CLARK BARBARA MORELLI Ma 99-38492-1 My Appointment Expires Oct. 17, 2007

STATE OF NEVADA)

COUNTY OF CLARK

On October 27, 2005, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared EDWARD REED FINDLAY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his

authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in this certificate first above written.

Ranbau Merelli NOTARY PUBLIC

STATE OF NEVADA) SS.

COUNTY OF CLARK

Motary Public - State of Nevada
COUNTY OF CLARK
BARBARA MORELLI
Ma 59-38408-1 My Appointment Expires Oct. 17, 2007

On October 22, 2005, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared KAREN KAY FINDLAY HOHL, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Mary Public Morell



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

•	OCENIFICATE OF DEATH	
TYPE OR PRINT	LOCAL FILE NUMBER DECEASED—NAME First Middle Last DATE OF DEATH ALTER S IA	TE FILE NUMBER
IN PERMANENT BLACK INK	1. Clifford Owen FINDLAY	3a. Clark
DECEDENT	3b. Henderson 3c. 2311 Prometheus Court	/Emer. SEX
IF DEATH OCCURRED IN	Was Decedent of Hispanic Origin? Specify Li yes on all yes. Mindian, etc.) (Specify) Mos. DAYS White STATE OF BIRTH CITIZEN OF WHAT COURT Days Was Decedent of Hispanic Origin? Specify Li yes on all yes. Birthday (Years) AGE—Lest UNDER 1 DAY HOURS MINS 7a 86 7b 7c. B.	[4. Male ЕОРВИТН (Мо., Day, Yr.) Jun 19, 1919
INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	98. Nevada 9b. U. S. A. 10. 12 SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even # Retired) 13. KIND OF BUSINESS OR INDUSTRY	SPOUSE (If wife, give malden name)
<u></u>	RESIDENCE—STATE COUNTY 15a. Nevada 15b. Clark 15c. Henderson 15d. 2311 Promethers Ct.	Ships INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
PARENTS	16. Albert Henry Findlay 17. Faye INFORMANT—NAME (Type or Print) MAILING ADDRESS (Sheel or B.E.D. No. City or Lown, State 7 in).	Walker
)(CDOOLE)	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial 19a. Burial 19a. Clifford Findlay - Son 19b. 1 Anthem Point Ct., Henderson, Neva	n Stale
DISPOSITION	FUNERAL DIRECTOR SIGNAURE FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY Pale Mortuary - Eastern 20b. 20c. 7600 5 Factor Name And Address Of Facility Pale Mortuary - Eastern 20b. 20c. 7600 5 Factor Name And Address Name And Address Of Factor Name And Address Nam	
ERTIFIER	DATE SIGNED (Mo., Day, Yr.) POR 21b. NAME OF ATTENDANG PLAYOUT AT 15 TO 15 TO 16 TO	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 22d. ON	ENSE NUMBER
CONDITIONS IF ANY VHICH GAVE PISE TO IMMEDIATE	REGISTRAR 24a. (Signature) DATE RECEIVED BY REGISTRAR (Mc., Day, Yr.) DEATH DUE TO COMMUNICAE NOV 0 1 2005 24c. YES NO X	DLE DISEASE
CAUSE TATING THE INDERLYING AUSE LAST	PART (a) NON - SMAU CEU LUNG CANCER	al balween cosol and death
-	(b) DUE TO, OR AS A CONSEQUENCE OF:	at between onset and death
AUSE OF DEATH	(c) PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No.) (Specify Yes or No.)	ASE REFERRED TO NER (Specify Yes or No)
	OR PENDING INVEST. (Specify) 28b. 28c. M 28d. NJURY AT WORK (Specify Yes or Net PLACE OF INJURY—At home, fam., street, factory, office. PLACE OF INJURY—At home, fam., street, factory, office. DOCATION DOCATION DOCATION	Y85 (0
Ĺ	(Specify Yes or No) 28e. Zef. LOCATION. STREET OR R.F.D. No. CITY OR TOWN 28g. Zef. Zef.	STATE
	STATE REGISTRAR No. 3	23542

"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



Date Issued: NOV 02 2005



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

Tax ID# 88-0151573

BOOK 209 PAGE 55

EXHIBIT "4"

Parcel No.4 as shown by parcel map thereof on file in Book 1A of plats at Page 417, in the office of the County Recorder of Lincoln County, Nevada.

EXCEPTING THEREFROM all mines of gold, silver, copper, lead, cinnabar and other valuable minerals which may exist in said tract as reserved by State of Nevada in deed recorded April 21, 1847, in Book 0, Page 583, Real Estate Records, Lincoln County, Nevada.

