

DOC # 0128739

04/13/2007

04:53 PM

Official Record

Recording requested By
DENTON & LOPEZ

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$44.00

Page 1 of 6

RPTT:

Recorded By: LB

Book- 230 Page- 0372



0128739

TITLE ON DOCUMENT:

**CERTIFICATE OF INCUMBENCY
THE DUFFIN FAMILY TRUST**

RECORDING REQUESTED BY:

Ralph L. Denton, Esq.

RETURN TO:

Name: Denton & Lopez

Address: 601 South Tenth Street, Suite 203

City/State/Zip: Las Vegas, NV 89101

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed or printed clearly in black ink only.

WHEN RECORDED RETURN TO:

Denton & Lopez
601 South Tenth St., Suite 203
Las Vegas, NV 89101

(5)

Fee: \$18.00

N/C Fee: \$0.00

02/06/2007

T20070021385

Requestor:

DENTON & LOPEZ

Debbie Conway
Clark County Recorder

09:03:06

ARO

Pgs: 5

CERTIFICATE OF INCUMBENCY

THE DUFFIN FAMILY TRUST

The undersigned, MARY KATHRYN DUFFIN STASAK, certifies as follows:

1. Under date of the 27th day of February, 1995, PRESS W. DUFFIN, JR., and KATHRYN W. DUFFIN created a living trust, designated as the DUFFIN FAMILY TRUST.
2. Under the terms of such trust, PRESS W. DUFFIN, JR., and KATHRYN W. DUFFIN were appointed and designated as Trustees, and upon the death of either of them, the survivor was appointed and designated sole Trustee.
3. PRESS W. DUFFIN, JR. died on or about the 9th day of January, 2007 in Clark County, Nevada as appears by the certified copy of his death certificate attached hereto and KATHRYN W. DUFFIN became the sole Trustee.
4. Paragraph 5.2 of such Trust Agreement provides that upon the resignation, death, incapacity or inability to act upon the part of the surviving original Trustee, then the Settlor's daughter, MARY KATHRYN DUFFIN STASAK shall become the Successor Trustee.
5. KATHRYN W. DUFFIN resigned as sole Trustee of such Trust on the 23rd day of January, 2007 and the said MARY KATHRYN DUFFIN STASAK became Successor Trustee, and a copy of such resignation is attached hereto.



6. The undersigned MARY KATHRYN DUFFIN STASAK accepts such appointment as Successor Trustee named as aforesaid and does hereby publish the fact that she is the sole Trustee of the DUFFIN FAMILY TRUST dated the 27th day of February, 1995.

7. The business address of the trust is 5416 Indian Hills Ave., Las Vegas, Nevada 89130.

MARY KATHRYN DUFFIN STASAK

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the 23rd day of January, 2007, before me, a Notary Public, personally appeared MARY KATHRYN DUFFIN STASAK, who acknowledged the execution of the foregoing instrument.

Notary Public

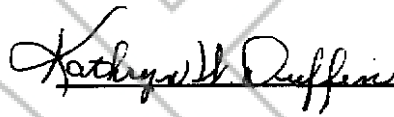




**RESIGNATION AS TRUSTEE
OF THE DUFFIN FAMILY TRUST**

I, KATHRYN W. DUFFIN, hereby resign as sole Trustee of the DUFFIN FAMILY TRUST executed on the 27th day of February, 1995, and pursuant to the provisions of Paragraph 5.4 of such Trust Agreement, upon the resignation, death, incapacity or inability to act upon the part of the surviving original Trustee, my daughter, MARY KATHRYN DUFFIN STASAK shall become sole Successor Trustee, and I hereby request that she accept such appointment and administer such Trust in accordance with its terms.

DATED this 23rd day of January, 2007.



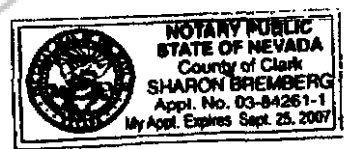
KATHRYN W. DUFFIN

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On this 23rd day of January, 2007, personally appeared before me, a Notary Public, KATHRYN W. DUFFIN, who acknowledged to me that she executed the foregoing instrument.



Notary Public



LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Press W. DUFFIN		2. January 9, 2007	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Odyssey Health Care, Inc.		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
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)	
6.		7a. 90	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
7b. :		7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		8. Aug 6, 1916	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Utah		9b. U.S.A.	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 14		11. Married	
SURVIVING SPOUSE (If wife, give maiden name)		12. Kathryn Aileen Wilkes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13.		14a. Assistant Vice President / Retired	
KIND OF BUSINESS OR INDUSTRY		14b. Banking	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Clark	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Las Vegas		15d. 2000 North Rampart #162	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Press William Duffin Sr.		17. Mary Ryan	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Kathryn W. Duffin - Wife		18b. 2000 North Rampart #162, Las Vegas, Nevada 89128	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Palm Crematory	
LOCATION City or Town State		19c. Las Vegas, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 50	
NAME AND ADDRESS OF FACILITY		20c. 6701 N. Jones, Las Vegas, Nevada 89131	
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)		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)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 1/10/07		21c. 2:20 PM	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22c. PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Craig Jorgenson MD 9975 S. Eastern Ave. Las Vegas NV 89123		23b. 9529	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. JAN 12 2007	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) End Stage Heart Disease		months	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) 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.		AUTOPSY (Specify Yes or No)	
26. No		27. Yes [initials]	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN STATE	

STATE REGISTRAR

No. 346015

"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:

JAN 12 2007

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 3902

Las Vegas, Nevada 89127

702-383-1223

Tax ID# 88-0151573





AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding **CERTIFICATE OF INCUMBENCY, THE DUFFIN FAMILY TRUST**

Does not contain the social security number of any person.

- OR -

Contains the social security number of a person as required by:

A. A specific state or federal law, to wit:

Certified copy of deceased Trustee attached

- OR -

B. For the administration of a public program or for an application for a federal or state grant.



Ralph L. Denton, Esq.

1-23-07

Date