APN: 6-201-12 & 24

WHEN RECORDED MAIL TO and MAIL TAX STATEMENT TO: RUBY HOLLINGER LISTER, TRUSTEE c/o P.O. Box 402 Pioche, NV 89043

Record

Recording requested By CHICAGO TITLE COMPANY

Lincoln County - NV Leslie Boucher Recorder Fee: \$16.00 of 3 Recorded By: AE

Book- 234 Page-



ESCROW NO: 07010251-027-FB

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA) SS.

COUNTY OF LINCOLN

Ruby Hollinger Lister, being first duly sworn upon oath, deposes and states as follows:

- That Wayne Lister and Ruby Hollinger Lister, as Grantors, and Wayne Lister and Ruby Hollinger Lister, as Trustee(s) created the LISTER FAMILY LIVING TRUST under an Agreement dated May 23, 1997 (hereafter referred to as the "Trust"). The Trust provides that upon the death of Wayne Lister, then Ruby Hollinger Lister shall serve as surviving/ successor Trustee(s).
- That Wayne Lister, the Grantor/Trustee of said Trust has died and certified copy of the Death Certificate is attached hereto as Exhibit "A".
- Ruby Hollinger Lister, hereby files this Certificate and does hereby accept the appointment of surviving/ successor trustee(s) as provided for in the Trust.

Ruby Hollinger Lister

ESCROW NO: 07010251-027-FB										
State of Nevada)) SS.										
County of Lincoln)										
On 14 August 2007, personally appeared before me, a Notary Public Ruby Hollinger Lister who acknowledged that she executed the above instrument.										
Alysen of account (Notary Public)										
ALYSON HAMMOND NOTARY PUBLIC STATE OF NEVADA APPTNo. 99-5313-11 MY APPT. EXPIRES AUG. 26, 2011										

3 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

	-		CERTIFICATE OF DEATH			}	2007004547 STATE FILE NUMBER				
FTYPE OR PRINT IN	1a. DECEASED-NAME FIRST	15. MIDDLE	1c. LAST		2. DATE OF DEATH (N						
ERMANENT	Wayne		LISTER		June 02, 200			Lincoln			
BLACK INK	36. CITY, TOWN, OR LOCATIO	NACE DEATHISC HOSPITAL		Name/if not either a	-		- 1	OA OP/En			
DECEDENT	Pioche	and number)	8 Mile Ran	ch	ir	rpatient(Speci	fy)			Male	
	5. RACE-(e.g., White, Black, American Indian) (Specify) White	6. Was Decedent of Hispanic If yes, specify Mexican, Cubar Non-I		7a. AGE-Last birthday (Years) 67	MOS	DAYS HOL		1 1	OF BIRTH ugust 21	• •	
IF DEATH OCCURRED IN INSTITUTION	9a. STATE OF BIRTH (If not U.S name country) Nevada	S.A., 9b. CITIZEN OF WHA United SI	at Country 10. EDUCAT	DIVORCED (Spec		Married	D, 12. St maide	IRVIVING :	SPOUSE (if	wife, give	
EE HANDBOOK REGARDING OMPLETION OF	13. SOCIAL SECURITY NUMBER	R 14a. USUAL OCCUP Life, Even If Retired)	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of V Life, Even If Retired) Rancher / Farmer		Vorking	14b. KIND OF	BUSINESS O	OR INDUSTRY			
RESIDENCE ITEMS	15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LO		STREET AN	D NUMBER	Nanch	nig / i ai		ISIDE CITY	
دـــا							The same of the sa		LIMITS	S (Specify Year or NO	
	Nevada	Lincoln	Pioche		ile Ranch				INO	NO	
PARENTS	16. FATHER - NAME (First Middle Last Suffix) 17. MOTHER - NAME (First Middle Last Suffix) Clarence Jerome WOODWORTH Thelma PEW										
İ	18a, INFORMANT- NAME (Type	or Print)	18b. MAILING ADD	RESS (Street or R.I	F.D. Na, Cit	or Town, State	e, Zlp)		7	-	
	Ruby	LISTER		9 Mile Ranct	h. P.O. B	ox 402 Pioc	he, Nevad	a 89043	7	- N	
	19a. BURIAL, CREMATION, RE	MOVAL, OTHER (Specify) 19b	CEMETERY OR CREMAT			44.	LOCATION			de.	
	Removal/I	26. 2 · · · · · · · · · · · · · · · · · ·	- Pr	Family Cemetery		, Y.		Pioche N		~/	
SPOSITION	20a, FUNERAL DIRECTOR - SI		. H			RESS OF FAC		TOCITO IN	evaua		
		D BOYER	DIRECTOR LIC		11는 2010 그렇다		n Nevada I	Vortuary	,		
		URE AUTHENTICATED	807		0/3	730 Front Str					
RADE CALL	TRADE CALL - NAME AND ADD				-/-						
CADE CHEL		1 4 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	\ \rangle \\	30 A		, W				
CERTIFIER	pg 급 to the cause(s) stated. 貞(nowledge, death occurred at th Signature & Title) SIGNATU WILLIAM KATSC DDay/Yr) 21c. HOU	RE AUTHENTICATED	the time, da	basis of exact and place	amination and/ e and due to th lo/Day/Yr)	e caluse(s) sta	n, in my opi ted. (Signal HOUR OF I	ture & Title)	occurred at	
	o -	DING PHYSICIAN IF OTHER TI	The state of the s		IOUNCED C	EAD (Mo/Day/	Yr) 22e. i	PRONOUN	ICED DEAD	AT (Hour)	
	238. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER										
ł		ard William Katschke							10509		
EGISTRAR	24a. REGISTRAR (Signature)	TODD BO		24b. DATE RECEIVED			24c. DEATH D	UE TO CC	MMUNICA	BLE DISEASE	
201011011		SIGNATURE AUTHER	TICATED	(Mo/Day/Yr) Ju	ne 06, 20	76 47	YES		NO X		
CAUSE OF DEATH	. (4)	gan Failure	and the state of t					and death			
ONDITIONS IF	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death				
ANY WHICH AVE RISE TO /	Metastatic Retroperitoneal Lipomas-Sarcomas						Years				
MMEDIATE -> CAUSE TATING THE	DUE TO, OR AS A CONSEQUENCE OF:					interval between onset and death					
NDERLYING LAUSE LAST	PART OTHER SIGNIFICA	NT CONDITIONS-Conditions o	ontributing to deeth but not	resulting in the underly	ying cause g	iven in Part 1.	26. AUTOPSY Yes or No)	(Specify	27. WAS CAS TO CORONE or No.)	E REFERRED R (Specify Yea NO	
/ /	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/E	Day/Yr) 28c. HOUR OF IN	JURY 28d. DESCRIBE	HOW INJU	RY OCCURRE	£D				
	28e. INJURY AT WORK (Specify res or No)	28f. PLACE OF INJURY- At he building, etc. (Specify)	ome, farm, street, factory, o	ffice 28g, LOCATION	N STR	EET OR R.F.D	. No. CITY	OR TOW	N	STATE	

STATE REGISTRAR



159778

CERTIFIED COPY OF VITAL RECORDS

SIGNATURE AUNIENTICA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

This copy is not \\ \text{\text{0.07}} \text{\text{0.1642}} \ \text{\text{0.07}} \text{ared on engraved border displaying date, seal and signature of Registrar.

