



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

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:

1. 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).
2. That Wayne Lister, the Grantor/Trustee of said Trust has died and certified copy of the Death Certificate is attached hereto as Exhibit "A".
3. Ruby Hollinger Lister, hereby files this Certificate and does hereby accept the appointment of surviving/ successor trustee(s) as provided for in the Trust.

Dated this 14 day of August, 2007.

Ruby Hollinger Lister
Ruby Hollinger Lister



0129704

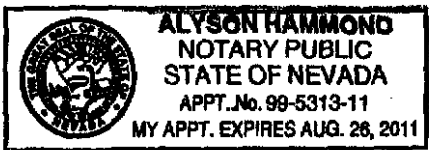
ESCROW NO: 07010251-027-FB

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.

Alyson Hammond

(Notary Public)



COOPER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007004547
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Main form containing fields for deceased name (Wayne LISTER), date of death (June 02, 2007), county (Lincoln), city (Pioche), hospital (8 Mile Ranch), race (White), age (67), date of birth (August 21, 1939), parents (Clarence Jerome WOODWORTH, Thelma PEW), informant (Ruby LISTER), burial (Removal/Burial), funeral director (TODD BOYER), certifier (RICHARD WILLIAM KATSCHKE JR. M.D.), registrar (TODD BOYER), and cause of death (Multi-Organ Failure, Metastatic Retroperitoneal Lipomas-Sarcomas).

STATE REGISTRAR

159778

CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED:

08/01/2007

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PHNCO (Rev) 1/06

SIGNATURE AUTHENTICATED

