

Official Record

Recording requested By
GERRARD & COX

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

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RPTT:

Recorded By: LB

Book- 297 Page- 0359



APN: 011-180-22

CERTIFICATE OF INCUMBENCY

STATE OF NEVADA)
) SS.
COUNTY OF CLARK)

AFFIANT, being first duly sworn, deposes and says:

1. That JERALD C. WADSWORTH and BYRONA L. WADSWORTH created the WADSWORTH FAMILY TRUST, dated June 1, 2005, wherein JERALD C. WADSWORTH and BYRONA L. WADSWORTH were designated as the original Trustees.

2. That JERALD C. WADSWORTH died on the 6th day of October, 2007, and a certified copy of the Death Certificate is attached hereto and by this reference incorporated herein.

3. That BYRONA L. WADSWORTH is named in said Trust as the sole Successor Trustee of the Trust; and hereby files this certificate and accepts the sole Trusteeship of the WADSWORTH FAMILY TRUST, originally dated June 1, 2005, and all sub-trusts created thereunder.

DATED this 14 day of November, 2007.

Byrona L. Wadsworth
BYRONA L. WADSWORTH



STATE OF NEVADA)
) SS.
COUNTY OF CLARK)

On this 16 day of November, 2007, personally appeared before me, a Notary Public, BYRONA L. WADSWORTH, who acknowledged to me that she executed the above instrument, as the sole Successor Trustee of the WADSWORTH FAMILY TRUST, originally dated June 1, 2005.

Kari A. Lomprey
NOTARY PUBLIC

WHEN RECORDED MAIL TO:
Ms. Byrona L. Wadsworth
940 Santa Ynez Avenue
Henderson, Nevada 89015



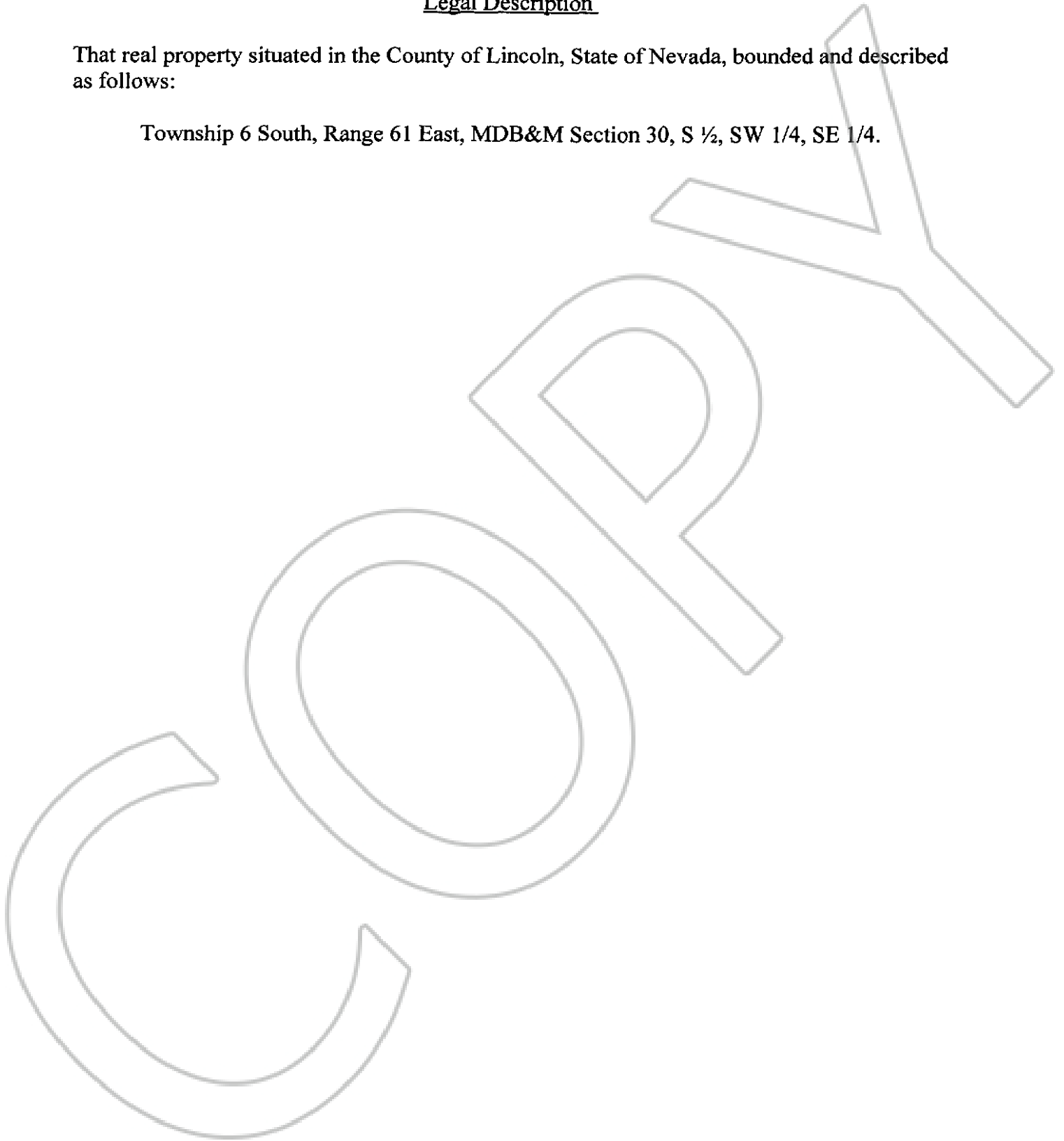
MAIL TAX STATEMENT TO:
Ms. Byrona L. Wadsworth
940 Santa Ynez Avenue
Henderson, Nevada 89015



Exhibit "A"
Legal Description

That real property situated in the County of Lincoln, State of Nevada, bounded and described as follows:

Township 6 South, Range 61 East, MDB&M Section 30, S ½, SW 1/4, SE 1/4.



0130407

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STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2007008343
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 GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Jerald			1b. MIDDLE C			1c. LAST WADSWORTH			2. DATE OF DEATH (Mo/Day/Year) October 06, 2007			3a. COUNTY OF DEATH Clark					
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson						3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) St Rose Dominican Hospital De Lima Campus						3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male		
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE - Last birthday (Years) 72			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) November 19, 1934		
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 13			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Byrona GARCIA					
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) General Contractor						14b. KIND OF BUSINESS OR INDUSTRY Construction					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark			15c. CITY, TOWN OR LOCATION Henderson			15d. STREET AND NUMBER 940 Santa Ynez Avenue			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Leonard E WADSWORTH						17. MOTHER - NAME (First Middle Last Suffix) Cecil VOWLES											
18a. INFORMANT - NAME (Type or Print) Byrona WADSWORTH						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 940 Santa Ynez Avenue Henderson, Nevada 89002											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Davis Memorial Park			19c. LOCATION City or Town State Las Vegas Nevada 89119											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DAVID BUNKER SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 10			20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119								
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title): SIGNATURE AUTHENTICATED BASSAM ALOWIR MD						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) stated. (Signature & Title)											
21b. DATE SIGNED (Mo/Day/Yr) October 09, 2007			21c. HOUR OF DEATH 15:06			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) BASSAM ALOWIR MD 102 E. Lake Mead Pkwy. Henderson, NV 89015									23b. LICENSE NUMBER 10605								
24a. REGISTRAR (Signature) KATHIE FRANKLIN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 10, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																	
PART I (a) Shock, respiratory failure						Interval between onset and death											
(b) Renal failure, liver failure						Interval between onset and death											
(c)						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.									26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED								
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION			STREET OR R.F.D. No. CITY OR TOWN STATE								

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 Southern Nevada 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 SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By: [Signature]

Date Issued: OCT 12 2007