APN: 011-200-27

RECORDING REQUEST BY:

LIONEL SAWYER & COLLINS Bank of America Plaza 1700 300 South Fourth Street Las Vegas, NV 89101

WHEN RECORDED MAIL TO:

Lela F. Christian, Trustee Christian Family Trust 1007 Santa Ynez Ave. Henderson, NV 89105 DOC # 0132317

/21/2008 03:19

Official Record
Recording requested By
LIONEL SAWYER & COLLINS

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$18.00 Page 1 of 5 RPTT: Recorded By: DP Book-243 Page- 0247



SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

AFFIDAVIT AND CERTIFICATE OF SUCCESSOR TRUSTEE

The undersigned hereby affirms that there is a Social Security Number contained in this document as required by Law.

Bv:

John E. Dawson, Esq.

APN: 011-200-27

Recorded at the request of and When Recorded Return to:
LIONEL SAWYER & COLLINS ATTN: JOHN E. DAWSON, ESQ.
300 South Fourth Street, Suite 1700
Las Vegas, Nevada 89101

Mail tax statements to: Lela F. Christian, Trustee Christian Family Trust 1007 Santa Ynez Ave. Henderson, NV 89105

AFFIDAVIT AND CERTIFICATE OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
)
COUNTY OF CLARK)

Lela F. Christian, being first duly sworn, deposes and says:

- 1. The Christian Family Trust (the "Trust") was originally created on June 15, 1992 wherein Russell E. Christian and Lela F. Christian were named as Co-Trustees of the Trust.
- 2. Russell E. Christian died on March 28, 2008. A certified copy of his Death Certificate is attached hereto as **Exhibit A** and by this reference incorporated herein.
- 3. Lela F. Christian is named to serve as the Successor Trustee of the Trust and hereby files this Affidavit and Certificate.
- 4. The Trust holds real property situated in the County of Lincoln, State of Nevada, and more particularly described as follows:

A five (5) acre parcel of land in the Northwest Quarter (NW1/4) of Section 32, Township 6 South, Range 61 East, MDBYM, in Pahranagat Valley, Lincoln County, Nevada, described as:

COMMENCING at the center quarter (C 1/4) of said Section 32; thence North 88°41'25" West, 308.89 feet along the east-west mid-section line of said Section 32 to the TRUE POINT OF BEGINNING; thence continuing along said east-west mid-section line North 88°41'25" West, 290.40 feet; thence North 1°18'35" East, 750 feet; thence South 88°41'25" East, 290.40 feet; thence South 1°18'35" West 750.00 feet to the TRUE POINT OF BEGINNING.

SUBJECT TO:

Covenants, conditions, restrictions, reservations, rights, rights of way and easements now of record, if any.

I certify, under penalty of perjury that the foregoing is true and correct.

Witness my hand this 15 day of July 2008.

Lela F. Christian, Trustee Christian Family Trust

STATE OF NEVADA)

COUNTY OF Clark)

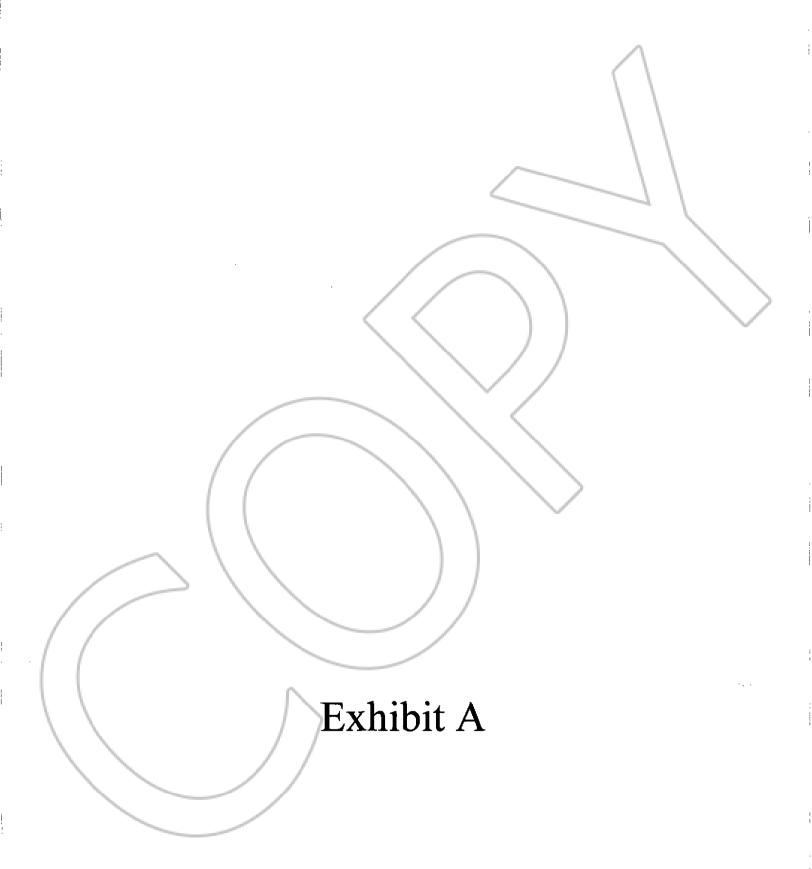
SS.

On this day of day of day, 2008, before me the undersigned, a Notary Public in and for the said County of Clark, State of Nevada, personally appeared Lela F. Christian 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 persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public





$\begin{array}{c} {\rm STATE~OF~NEVADA-DEPARTMENT~OF~HUMAN~RESOURCES}\\ {\rm DIVISION~OF~HEALTH-VITAL~STATISTICS} \end{array}$

TYPE OR	CERTIFICATE OF DEATH					2008005180 STATE FILE NUMBER			
PRINT IN	1a. DECEASED-NAME (FIRST	,MIDDLE,LAST,SUFFIX)			2. DATE OF DEATH (Mo/Da	ay/Year) 3a. COU	NTY OF DEATH		
PERMANENT BLACK INK	Russell Elza Lee	CHRISTIAN	_		March 28, 200		Clark		
DECEDENT	3b. CITY, TOWN, OR LOCATIO Henderson	N OF DEATH 3c. HOSPITAL and number) St Ros	OR OTHER INSTITUTION -N se Dominican Hospital	ame(if not either, give De Lima Campu	street 3e.lf Hosp. or Inst Inpatient(Specify) Emerger	. indicate DOA,OP/Em ncy Room / Outpa	er. Rm. 4. SEX atient Mal e		
DECEDENT	5. RACE White (Specify)	6. His	spanic Origin? Specify	a AGE-Last birthday (Years) 81	76. UNDER 1 YEAR 7c. UN MOS DAYS HOUR	IDER 1 DAY 8. DATE			
IF DEATH OCCURRED IN INSTITUTION	9a. STATE OF BIRTH (If not U.s name country) Missouri	United S		DIVORCED (Spec	ify) Married	maiden name) [S SPOUSE (if wife, give Lela NICKELL		
SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE	13. SOCIAL SECURITY NUMBE	Working Life, Even I	Crane Ope	erator		S OR INDUSTRY	Ever in US Armed Forces? Yes		
ITEMS	15a. RESIDENCE - STATE	15b, COUNTY Clark	15c. CITY, TOWN OR LO		TREET AND NUMBER		LIMITS (Specify Yes		
·>	Nevada 16. FATHER - NAME (First Mid	Henderso		7 Santa Ynez Avenue NAME (First Middle Last	LIGE WARING				
PARENTS	Russell Rufus Knight CHRISTIAN				Susie BROWN				
	188. INFORMANT- NAME (Type or Print) 18b. MAIL. Lela CHRISTIAN			NG ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1007 Santa Ynez Avenue Henderson, Nevada 89002					
	19a. BURIAL, CREMATION, RE		b. CEMETERY OR CREMATO			LOCATION City or	7. 7.		
ISPOSITION	Cremat	ion	Sunn	ise Crematory	/ /	Henderson N	levada 89015		
	20a. FUNERAL DIRECTOR - SI DAVID	GNATURE (Or Person Acting a WALTERS	DIRECTOR LICE			Cremation Societ	•		
		TURE AUTHENTICATED	70		745 W Sunset Rd	#5 Henderson N	V 89015		
KADE CALL	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 the time, date and place and due to the cause(s) stated. (Signature & Title)								
24. JP	문 21b. DATE SIGNED (Mo. S Pril 02, 2008	JEFF BRACEY D /Day/Yr) 21c HOU	R OF DEATH 09:48	22a. On the time, da 22b. DATE 22b. DATE 22b. PRON 22d.	SIGNED (Mo/Day/Yr)	22c. HOUR OF	F DEATH		
	요함 (Type or Print)	ING PHYSICIAN IF OTHER TI		1	IOUNCED DEAD (Mo/Day/)		INCED DEAD AT (Hour)		
: 독취 기상 : 1	23a. NAME AND ADDRESS OF JI	CERTIFIER (PHYSICIAN, ATT EFF BRACEY DO 10	TENDING PHYSICIAN, MEDIC 12 E Lake Mead Pkwy I	CAL EXAMINER, OR C Henderson, NV	CORONER) (Type or Print) 89052	23b, LICEN	ISE NUMBER 646		
REGISTRAR	24a. REGISTRAR (Signature)	KATHIE FRA	WEUTIN	4b. DATE RECEIVED Mo/Day/Yr) Ap	BY REGISTRAR 24 oril 03, 2008	C. DEATH DUE TO CO	NO X		
CAUSE OF	25. IMMEDIATE CAUSE PART I (a) Cardiopu		E PER LINE FOR (a), (b), AND) (c).)		Interval	between onset and death		
ONDITIONS IF		S A CONSEQUENCE OF:		1 1		interval	between onset and death		
(b) (b) DUE TO, OR AS A CONSEQUENCE OF:						Interval	between onset and death		
CAUSE -> STATING THE INDERLYING CAUSE LAST	> (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset a								
ali 107 a	PART II					26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERED TO CORONER (Specify You)		
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST, (Specify)	28b. DATE OF INJURY (Mo/Day)	Yr) 28c. HOUR OF INJURY	284. DESCRIBE H	OW INJURY OCCURRED	i iyo	or No. Yes		
	28e. INJURY AT WORK (Specify Yes or No)	/ 28f. PLACE OF INJURY- At building, etc. (Specify)	home, farm, street, factory, off	ice 28g LOCATION	STREET OR R.F.D.	No. CITY OR TO	WN STATE		
			STATE !	REGISTRAR	7 ***				

"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: XI

Date Issued: APR 0 7 2008