

Official Record

Recording requested By
JOLLEY URGAS WIRTH WOODBURY & STANDI

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$18.00

Page 1 of 5

RPTT:

Recorded By: AE

Book- 247 Page- 0428

APN 001-072-02
APN 001-072-03
APN 005-131-24

After recording return to:
Mail Tax Notice to:
Maria A. Cole
628 Northridge Drive
Boulder City, NV 89005



CERTIFICATE OF INCUMBENCY

The undersigned, MARIA A. COLE and ROBERT W. COLE, being duly sworn, depose and say:

1. JAMES W. COLE and MARIA A. COLE created a revocable living trust on May 1, 1989 which was entitled the "1989 COLE FAMILY TRUST."
2. The Trustees were named in said Trust as the initial Trustees.
3. JAMES W. COLE died on November 22, 2008. A copy of his death certificate is attached hereto.
4. Pursuant to the attached Relinquishment and Acceptance of Co-Trustees, MARIA A. COLE is designated along with ROBERT W. COLE as the current Co-Trustees.
5. MARIA A. COLE and ROBERT W. COLE as successor Co-Trustees file this certificate and hereby accept the Co-trusteeship of said Trust.

6. Real Property owned by the 1989 COLE FAMILY TRUST is described as follows:

Parcel I

All of Lots Thirty-one (31), Thirty-two (32) and Thirty-three (33) in Block Thirty-five (35) in the Town of Pioche, County of Lincoln, State of Nevada, together with any and all improvements situate thereon, recorded as Instrument No. 55238, in Book 11, Page 565, of the official Records of Lincoln County, Nevada.

APN 001-072-02 and 001-072-03

Parcel II

Township 6 North; Range 67 East; Section 24; S-1/2 SW-1/4; SW-1/4 of SE-1/4

Township 6 North; Range 68 East; Section 30; Lot 1



N-1/2 of N-1/2 of Section 25; Range 67 East; Township 6 North; excepting the North 600 Feet of the NE-1/4 of NE-1/4; MDB&M

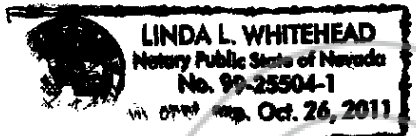
APN 005-131-24

Maria A. Cole
MARIA A. COLE

Robert W. Cole
ROBERT W. COLE

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On Feb 13, 2009, personally appeared before me, a Notary Public, MARIA A. COLE, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.



Linda L. Whitehead
NOTARY PUBLIC

STATE OF TEXAS)
) ss.
COUNTY OF MONTGOMERY)

On February 23, 2009, personally appeared before me, a Notary Public, ROBERT W. COLE, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.

Melanie D. Hayes
NOTARY PUBLIC



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

STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

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, MIDDLE, LAST, SUFFIX) James Wayne COLE		2. DATE OF DEATH (Mo/Day/Year) November 22, 2008		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Boulder City		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and number) Boulder City Hospital		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. (Inpatient) (Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 30, 1925		9a. STATE OF BIRTH (If not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Maria ALVES	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Metallurgical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Mining	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Boulder City	
15d. STREET AND NUMBER 628 Northridge Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
18. FATHER - NAME (First Middle Last Suffix) Claude Vivian COLE			17. MOTHER - NAME (First Middle Last Suffix) Minnie HULSE		
18a. INFORMANT - NAME (Type or Print) Maria COLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 628 Northridge Dr. Boulder City, Nevada 89005			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Southern Nevada Veterans Memorial Cemetery		19c. LOCATION City or Town State Boulder City Nevada 89005	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PAULA A RAY <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 814		20c. NAME AND ADDRESS OF FACILITY Boulder City Family Mortuary 833 Nevada Hwy #1 Boulder City NV 89005	
TRADE CALL - NAME AND ADDRESS:					
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>Warren Leslie Smith</i>			22a. To Be Completed by CORONERS OFFICE 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) 11/24/08		21c. HOUR OF DEATH 09:52		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Warren Leslie Smith M.D., 895 Adams Blvd Boulder City, NV 89005		21f. LICENSE NUMBER 3978		22e. PRONOUNCED DEAD AT (Hour)	
24a. REGISTRAR (Signature) <i>Warren Leslie Smith</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) NOV 24 2008		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			Interval between onset and death		
(a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) Atherosclerosis 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		
(d) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER? (Specify Yes or No) Yes		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: **NOV 24 2008**



RELINQUISHMENT AND ACCEPTANCE OF CO-TRUSTEES

The undersigned Trustee, MARIA A. COLE, the surviving Trustor and Trustee of the 1989 Cole Family Trust, hereby relinquishes her authority to act as sole Trustee and accepts the appointment of the Successor Trustee, ROBERT W. COLE, as Co-Trustee with her, effective immediately.

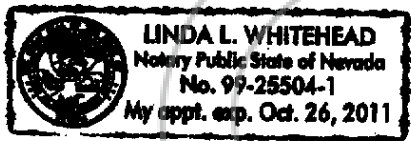
DATED this 13 day of February, 2009.

Maria A. Cole
MARIA A. COLE, Trustor and Trustee

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On Feb 13, 2009, personally appeared before me, a Notary Public, MARIA A. COLE, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.

Linda L. Whitehead
NOTARY PUBLIC



ACCEPTANCE OF CO-TRUSTEESHIP

The undersigned hereby accepts the designation as Co-Trustee of the 1989 Cole Family Trust, effective immediately.

DATED this 23 day of February, 2009.

Robert W. Cole
ROBERT W. COLE



STATE OF TEXAS)
) ss.
COUNTY OF MONTGOMERY)

On February 23, 2009, personally appeared before me, a Notary Public, ROBERT W. COLE, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.

Melanie Hayes

NOTARY PUBLIC



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