

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
)
) ss.)
)
COUNTY OF CLARK)

GEORGIA ADELE COUPAR RHODES, being first duly sworn, deposes and says as

follows:

1. That CHARLES N. RHODES and ERMA R. RHODES executed a Trust Agreement dated February 28, 1989, and totally amended and restated on December 11, 1995, wherein CHARLES N. RHODES and ERMA R. RHODES were designated as the original Trustees, and GEORGIA ADELE COUPAR RHODES was designated as Successor Trustee of said trust upon the death of CHARLES N. RHODES.

2. That the said ERMA R. RHODES died on March 29, 1995. A certified copy of her Death Certificate is attached hereto as Exhibit "A" and by this reference incorporated herein.
3. That the said CHARLES N. RHODES died on July 28, 1998. A certified copy of his Death Certificate is attached hereto as Exhibit "B" and by this reference incorporated herein.

4. That GEORGIA ADELE COUPAR RHODES was nominated to serve as Successor Trustee upon the death of CHARLES N. RHODES, and, pursuant to the provisions of the Trust Agreement, now becomes the Successor Trustee.

4. That GEORGIA ADELE COUPAR RHODES hereby files this Affidavit and accepts the office of Successor Trustee of the Trust Agreement executed by CHARLES N. RHODES and ERMA R. RHODES dated February 28, 1989, and totally amended and restated on

December 11, 1995.

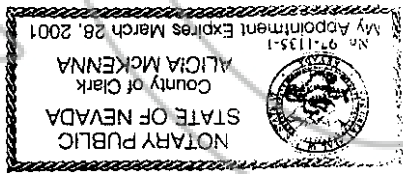
5. A parcel of real property located in Eureka County, State of Nevada, is an asset of the Trust executed by CHARLES N. RHODES and ERMA R. RHODES dated February 28, 1989, and totally amended and restated on December 11, 1995, and is further described on Exhibit "A" attached hereto and recorded herewith.

DATED: 8-19, 1998.

Georgia Adele Coupas Rhodes
GEORGIA ADELE COUPAS RHODES, Successor
Trustee

SUBSCRIBED and SWORN to before me
this 19 day of August, 1998.

[Signature]
NOTARY PUBLIC



When Recorded Return to:
Georgia Adele Coupas Rhodes
6196 Newville Avenue
Las Vegas, Nevada 89103

BOOK 821 PAGE 59

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1. DECEASED—NAME (First, Middle, Last) Charles Rhodes		2. DATE OF DEATH (Month, Day, Year) July 28, 1998		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) University Medical Center		3d. SEX Male	
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.		6. AGE—Last Birthday (Years) 80	
7a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		7b. SURVIVING SPOUSE (If wife, give maiden name) Georgia H. Maronsky		8. DATE OF BIRTH (Mo., Day, Yr.) May 25, 1918	
9a. STATE OF BIRTH California		9b. U.S.A. grade completed 14		10. DECEDENT'S EDUCATION. Specify highest grade completed.	
11. SOCIAL SECURITY NUMBER [REDACTED]		12. USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired) Plumber / Retired		13. KIND OF BUSINESS OR INDUSTRY Construction	
14a. RESIDENCE—STATE Nevada		14b. CITY, TOWN, OR LOCATION Las Vegas		14c. STREET AND NUMBER 6196 Newville Avenue	
15a. FATHER—NAME (First, Middle, Last) Charles F. Rhodes		15b. MOTHER—MAIDEN NAME (First, Middle, Last) Matilda Boudrey		16. INFORMANT—NAME (Type or Print) Georgia A. Rhodes - wife	
17. MAILING ADDRESS 6196 Newville Avenue Las Vegas Nevada 89103		18. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19. CEMETERY OR CREMATORY—NAME Palm Valley View Cemetery	
20. LICENSE NUMBER 7632		21. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print) Dhan Kaushal MD 2101 S. Decatur Las Vegas Nevada 89102		22. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 31 1998	
23a. DATE SIGNED (Mo., Day, Yr.) 7/30/98		23b. HOUR OF DEATH 12:25 AM		23c. DATE SIGNED (Mo., Day, Yr.) JUL 31 1998	
24. To be completed by Certifying Physician (Signature and Title) [Signature]		25. To be completed by Coroner's Office (Signature and Title) [Signature]		26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
27a. 21a. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Cardio respiratory failure		27b. 21b. DATE SIGNED (Mo., Day, Yr.) 7/30/98		27c. 21c. HOUR OF DEATH 12:25 AM	
28. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c)) Cardio respiratory failure		29. DUE TO, OR AS A CONSEQUENCE OF: Emphysema		30. DUE TO, OR AS A CONSEQUENCE OF: COPD	
31. PART I Interval between onset and death		32. PART II Interval between onset and death		33. PART III Interval between onset and death	
34. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify Yes or No) No		35. DATE OF INJURY (Mo., Day, Yr.) [REDACTED]		36. HOUR OF INJURY [REDACTED]	
37. DESCRIBE HOW INJURY OCCURRED		38. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		39. LOCATION [REDACTED]	
40. CITY OR TOWN [REDACTED]		41. STATE [REDACTED]		42. STREET OR R.F.D. No.	

TYPE IN PRINT
 PERMANENT LACK INK
 OCCURRED IN INSTITUTION
 REGISTERED IN INSTITUTION
 BE HANDBOOK
 REGISTRATION
 COMPLETE OR
 SOURCE TERMS

"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 Clark County 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 CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
 Registrar of Vital Statistics

By: *[Signature]*

Date Issued: **AUG 04 1998**

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 3902
 Las Vegas, Nevada 89127
 702-383-1223
 Tax ID# 88-0151573

BOOK 321 PAGE 060

No. 127566

STATE REGISTRAR

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

1. DECEASED-NAME First Middle Last Erma Ruth RHODES		2. DATE OF DEATH (Month, Day, Year) March 29, 1995		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. VALLEY HOSPITAL		3e. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) If Hosp. or Incl. indicate DOA, Op/emer, Rm, Inpatient (Specify) Inpatient	
4. FEMALE		5. RACE-(e.g., White, Black, American Indian, etc) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Puerto Rican, etc.	
7a. AGE-Last 79		7b. BIRTHDAY (Year) 79		7c. UNDER 1 YEAR UNDER 1 DAY	
8. DATE OF BIRTH (Mo., Day, Yr.) June 29, 1915		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		10. Decedent's Education, Specify highest grade completed. 12	
11. SURVIVING SPOUSE (If wife, give maiden name) Charles Nelson Rhodes		12. KIND OF BUSINESS OR INDUSTRY Ovn Home		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. CITY, TOWN, OR LOCATION Las Vegas		14c. STREET AND NUMBER 15d 6196 Nevada Avenue	
15a. RESIDENCE-STATE Nevada		15b. FATHER-NAME First Middle Last Harry Dias		15c. MOTHER-MAIDEN NAME First Middle Last Dorothy Fyfe	
16. INFORMANT-NAME (Type or Print) Harry Dias		17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Las Vegas, Nevada 89103		18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
19a. CEMETERY OR CREMATORY-NAME Palm Valley View Cemetery		19b. CITY OR TOWN Las Vegas Nevada		19c. NAME AND ADDRESS OF FACILITY Palm Mortuary	
20a. FUNERAL DIRECTOR (Or Person Acting as Such) [Signature]		20b. FUNERAL LICENSE NUMBER 27		20c. On the basis of examination and/or investigation, in my opinion death occurred due to the cause(s) stated. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21b. Signature and Title [Signature] Registrar	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.) 4/16/95		21c. HOUR OF DEATH 7:15 PM	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) To be completed by CERTIFYING PHYSICIAN		22a. DATE SIGNED (Mo., Day, Yr.) [Signature]		22b. HOUR OF DEATH [Signature]	
22c. PRONOUNCED DEAD (Mo., Day, Yr.) [Signature]		22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR COBONER) (Type or Print) Kusum Desai, M.D., 2000 Goldring Avenue Las Vegas Nevada 89106		23b. LICENSE NUMBER 4051		23c. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 07 1995	
24a. SIGNATURE [Signature]		24b. YES <input type="checkbox"/> NO <input type="checkbox"/>		24c. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Acute cerebellar ataxial Accident		26. DUE TO, OR AS A CONSEQUENCE OF: (a) Acute cerebellar ataxial Accident		27. DUE TO, OR AS A CONSEQUENCE OF: (b) Acute cerebellar ataxial Accident	
28. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. (c) Bacterial meningitis		29. AUTO-PSY (Specify Yes or No) No		29. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
30. ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) M		31. HOUR OF INJURY		32. DESCRIBE HOW INJURY OCCURRED	
33. INJURY AT WORK (Specify Yes or No)		34. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify)		35. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN HOSPITAL SEE HANDBOOK REGARDING COMPLETION OF REFERENCE YEARS

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics
 By: [Signature]
 Date Issued: APR 11 1995

"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 Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

No. 75814

STATE REGISTRAR

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 4426

Las Vegas, Nevada 89127

702-383-1223

BOOK 821 PAGE 061

EXHIBIT "A"-1

PARCEL #03-141-15

The South Half (S½) of the Southwest Quarter (SW¼) of the Northwest Quarter (NW¼) of Section 29, Township 29 North, Range 48 East, M.D.B. & M.

RESERVING, THEREFROM, an easement of 30" along all boundaries for ingress and egress, with power to dedicate, and, except any and all oil rights, including the right of entry for exploration and production of oil or other carbohydrates.

RESERVING, THEREFROM, a right of way, with right of entry upon, over, under, along, across, and through the said land for the purposes of erecting, constructing, repairing and maintaining pole lines with cross arms for the transmission of electrical energy, and for telephone line, and/or for laying, repairing, operating and re-ewing any pipe line or lines for water, gas or sewerage, and any conduits for electric or telephone wires, and reserving the sole right to convey the rights hereby reserved.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said part of the second part, and to the survivor of them, and to the heirs and assigns of such survivor forever.

BOOK 821 PAGE 062

170583
FILE NO.
EUREKA COUNTY REVA DA
M.N. REBAL EATI. RECORDER
FEES 11.00

BOOK 321 PAGE 058
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
98 SEP - 8 AM 10:31
Wright & Burns + Associates

