

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.

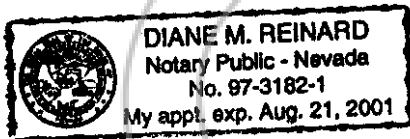
5. A parcel of real property located in Eureka County, State of Nevada, is an asset of the Trust executed by CHARLES N. RHODES and ERMA R. RHODES dated February 28, 1989, and totally amended and restated on December 11, 1995, and is further described on Exhibit "A" attached hereto and recorded herewith.

DATED: Feb. 2, 1999.

Georgia Adele Coupar Rhodes
GEORGIA ADELE COUPAR RHODES, Successor
Trustee

SUBSCRIBED and SWORN to before me
this 2nd day of Feb., 1999.

Diane M. Reinard
NOTARY PUBLIC



When Recorded Return to:

Georgia Adele Coupar Rhodes
7495 W. Charleston, #53C
Las Vegas, Nevada 89117

EXHIBIT "A1"

PARCEL NO. 2-019-20

Lot 16 of Block 10 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1 as per map recorded in the Office of the Eureka County Recorder as File No. 34081.

Excepting, any and all oil rights, including the right of entry for exploration and production of oil or other hydrocarbons.

Reserving, therefrom, a right of way ten feet in width along all boundaries of lot with right of entry upon, over, under, along, across, and through said right of way for the purpose of erecting, constructing, operating, repairing and maintaining pole lines with cross arms for the transmission of electrical energy, and for telephone lines, and/or for laying, repairing, operating and renewing, 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 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.

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

980902.00858

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Charles RHODES		2. July 28, 1998		3a. Clark	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3b. Las Vegas		3c. University Medical Center		3a. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		AGE—Last Birthday (Years)	
5. White		6. No		7a. 80	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. California		9b. U.S.A.		10. 14	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]		14a. Plumber / Retired		14b. Construction	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Clark		15c. Las Vegas	
FATHER—NAME		MOTHER—MAIDEN NAME		SURVIVING SPOUSE (If wife, give maiden name)	
16. Charles F. Rhodes		17. Matilda Boudrey		12. Georgia A. Marowsky	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Georgia A. Rhodes - Wife		18b. 6196 Newville Avenue Las Vegas Nevada 89103			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Burial		19b. Palm Valley View Cemetery		19c. Las Vegas, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 50		20c. Palm Mortuary - Eastern 7600 S. Eastern Ave., Las Vegas, Nevada 89123	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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) and manner stated. (Signature and Title)			
21b. [Signature]		22b. [Signature]			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 7/30/98		21c. 12:25 AM		22b. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. [Signature]		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				LICENSE NUMBER	
23a. Dhan Kaushal MD 2101 S. Decatur Las Vegas Nevada 89102				23b. 7632	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. JUL 31 1998		24c. 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) Cardio respiratory failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Pulmonary Embolism					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) COPD					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)	
26. No				27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. [REDACTED]		28b. [REDACTED]		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	
28a. [REDACTED]		28b. [REDACTED]		28c. [REDACTED]	
STREET OR R.F.D. No.		CITY OR TOWN		STATE	
28d. [REDACTED]		28e. [REDACTED]		28f. [REDACTED]	

STATE REGISTRAR

No. 127566

"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]

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

980902.00858

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Erna Ruth RHODES		2. March 29, 1995		3a. Clark		COUNTY OF DEATH	
3b. Las Vegas		3c. Valley Hospital		3e. Inpatient		4. Female	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 79		8. June 29, 1915	
9a. Pennsylvania		9b. U.S.A.		10. 12		11. Married	
13. [Redacted]		14a. Homemaker		14b. Own Home		12. Charles Nelson Rhodes	
15a. Nevada		15b. Clark		15c. Las Vegas		15d. 6196 Neville Avenue	
15e. No		15f. [Redacted]		15g. [Redacted]		15h. [Redacted]	
16. Harry Dias		17. Dorothy Frye		18a. Charles Nelson Rhodes - Husband		18b. 6196 Neville Avenue, Las Vegas, Nevada 89103	
19a. Burial		19b. Palm Valley View Cemetery		19c. Las Vegas Nevada		19d. [Redacted]	
20a. [Signature]		20b. [Signature]		20c. 1600 S. Jones, Las Vegas, Nevada 89102		20d. [Redacted]	
21a. [Signature]		21b. 4/6/95		21c. 7:15 PM		21d. [Redacted]	
22a. [Signature]		22b. [Redacted]		22c. [Redacted]		22d. ON	
23a. Kusum Desai, M.D. 2000 Goldring Avenue Las Vegas Nevada 89106		23b. 4051		24a. [Signature]		24c. APR 07 1995	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. No		27. No		28a. [Redacted]	
(a) ACUTE CEREBROVASCULAR ACCIDENT		(b) ACUTE CARDIOPULMONARY FAILURE		(c) BRONCHIOGENIC CARCINOMA		28b. [Redacted]	
28c. [Redacted]		28d. [Redacted]		28e. [Redacted]		28f. [Redacted]	

TYPE OR PRINT IN PERMANENT BLACK INK

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

STATE REGISTRAR

No. 75814

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OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics

By: [Signature]

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