

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.

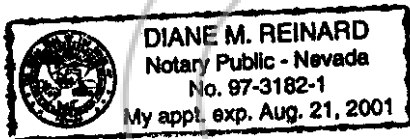
5. A parcel of real property located in Eureka County, State of Nevada, is an asset of the Trust executed by CHARLES N. RHODES and ERMA R. RHODES dated February 28, 1989, and totally amended and restated on December 11, 1995, and is further described on Exhibit "A" attached hereto and recorded herewith.

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		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Charles RHODES		2. July 28, 1998	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. University Medical Center		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
5. White		3e. Inpatient	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
6. <input type="checkbox"/> yes <input type="checkbox"/> no		8. May 25, 1918	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 80		MOS : DAYS	
CITIZEN OF WHAT COUNTRY		UNDER 1 DAY	
9b. U.S.A.		HOURS : MINS	
Decedent's Education. Specify highest grade completed.		DATE OF BIRTH (Mo., Day, Yr.)	
10. 14		12. Georgia A. Marowsky	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
11. Married			
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]		14b. Construction	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			
14a. Plumber / Retired			
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Las Vegas	
COUNTY		STREET AND NUMBER	
15b. Clark		15d. 6196 Newville Avenue	
		INSIDE CITY LIMITS (Specify Yes or No)	
		15e. No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Charles F. Rhodes		17. Matilda Boudrey	
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	
19a. Burial		19b. Palm Valley View Cemetery	
		LOCATION City or Town State	
		19c. Las Vegas, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. Palm Mortuary - Eastern	
		20b. 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)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 7/30/98		22b. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 12:25 AM		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
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.)	
24a. [Signature]		24b. JUL 31 1998	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Cardio respiratory failure		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Pulmonary Embolism		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) COPD		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.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [Signature]		28b. [Signature]	
		HOUR OF INJURY	
		28c. M	
INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
28d. [Signature]		28e. [Signature]	
		LOCATION.	
		STREET OR R.F.D. No.	
		CITY OR TOWN	
		STATE	
		28g. [Signature]	

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:

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

980902.00858

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Erma Ruth RHODES		2. March 29, 1995	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Las Vegas		3c. Valley Hospital	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. No	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 79		7b. MOS : DAYS	
UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
7c. HOURS : MINS		8. June 29, 1915	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Pennsylvania		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. [REDACTED]		10. 12	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Homemaker		14b. Own Home	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Clark	
COUNTY		STREET AND NUMBER	
15c. Las Vegas		15d. 6196 Neville Avenue	
INSIDE CITY LIMITS (Specify Yes or No)		15e. No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Harry Dias		17. Dorothy Frye	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Charles Nelson Rhodes - Husband		18b. 6196 Neville Avenue, Las Vegas, Nevada 89103	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Palm Valley View Cemetery	
LOCATION City or Town State		19c. Las Vegas Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 27	
NAME AND ADDRESS OF FACILITY		20c. 1600 S. Jones, Las Vegas, Nevada 89102	
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) [Signature]		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) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 4/6/95		22b. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 7:15 PM		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Kusum Desai, M.D. 2000 Goldring Avenue Las Vegas Nevada 89106		22e. AT	
LICENSE NUMBER		23b. 4051	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. APR 07 1995	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) ACUTE CEREBROVASCULAR ACCIDENT		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) ACUTE CARDIOPULMONARY FAILURE		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) BRONCHIOGENIC CARCINOMA		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.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		28. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [REDACTED]		28f. [REDACTED]	
LOCATION.		STREET OR R.F.D. No.	
28g. [REDACTED]		CITY OR TOWN	
[REDACTED]		STATE	

STATE REGISTRAR

No. 75814

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OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: [Signature]

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