

APN: 1220-13-801-008

RECORDING REQUESTED BY:

✓ Anderson & Dorn, Ltd.
294 East Moana Lane, Ste. B27
Reno, NV 89502

WHEN RECORDED MAIL TO:

Sammy V. Phillips
C/O Bryce L. Rader
294 East Moana Lane, # B-27
Reno, NV 89502

MAIL TAX STATEMENTS TO:

Sammy V. Phillips
P.O. Box 3061
Gardnerville, NV 89410

REQUESTED BY
Anderson & Dorn

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 JUL -2 PM 1:02

WERNER CHRISTEN
RECORDER

\$ 17⁴⁰ PAID BC DEPUTY

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, Sammy V. Phillips, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated December 13, 1999, Patricia A. Phillips and I executed the Phillips Living Trust ("Trust").

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of Patricia A. Phillips.

(3) Patricia A. Phillips died on April 24, 2003, at Reno, Nevada, a resident of Washoe County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said Patricia A. Phillips.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.

(5) The following described real property is part of the trust estate: See Exhibit "B" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

Executed on June 19, 2003, at Washoe County, Nevada.

Sammy V. Phillips
Sammy V. Phillips, Successor Trustee

0582339

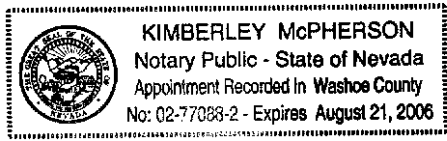
BK0703P601091

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

On June 19, 2003, before me, Kimberley McPherson, personally appeared Sammy V. Phillips, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Kimberley McP
Signature of Notary



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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

EXHIBIT A

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Patricia Ann PHILLIPS		2. April 24, 2003		3a. Carson City		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, DP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Carson City		3c. Carson Tahoe Hospital		3e. Inpatient		4. Female	
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.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 64		8. July 24, 1938	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Oklahoma		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. 3614		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 824 Cayuse Lane	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)			
16. Herbert Perkins		17. Hazel Cooper		15e. yes			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Sammy V. Phillips - Husband		18b. P.O. Box 3061, Gardnerville, NV 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, NV			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. 833 N. Edmonds Drive, Carson City, NV 89701			
21a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.		21b. <i>[Signature]</i>		21c. 1804		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.	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 4-28-03		21c. 1804		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON		22e. AT		PRONOUNCED DEAD (Hour)	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		23a. John Kelly, M.D., 2874 N. Carson St. #210, Carson City, NV 89706		LICENSE NUMBER		23b. 6376	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. April 30, 2003		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		Interval between onset and death			
(a) Cerebral infarction		DUE TO OR AS A CONSEQUENCE OF:		1 week			
(b) Myocardial infarction		DUE TO OR AS A CONSEQUENCE OF:		1 week			
(c) Lung Cancer		DUE TO OR AS A CONSEQUENCE OF:		4 months			
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. no				27. yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.		28h.	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

582339
K0703PG01093

STATE REGISTRAR

No. 248333



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: APR 30 2003

State Registrar

[Signature]

**EXHIBIT B
GRANT, BARGAIN, SALE DEED**

APN: 1220-13-801-008
824 Cayuse Drive
Gardnerville, NV

Being a portion of the Southeast $\frac{1}{4}$ of Section 13, Township 12 North, Range 20 East, M.D.B.&M., further described as follows:

Parcel 4-B as set forth in Parcel Map #2 for Jerry E. Tilley filed in the Office of the County Recorder of Douglas County, State of Nevada, on April 13, 1990, in Book 490, Page 1902, Document No. 223931.

COPY

0582339

DN0703PG01094