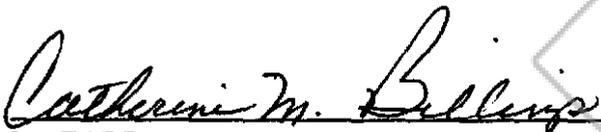


6. That MICHAEL MOORE hereby files this Affidavit and accepts the office of the Successor Trustee of the "SUZETTE JACKSON TRUST" dated September 10, 1997.

Dated: December 11, 2006


MICHAEL MOORE, Successor Trustee

SUBSCRIBED and SWORN to before me this 11 day of December, 2006.


NOTARY PUBLIC

State of NM
City of Bernalillo
12/28/07

SEAL

COPY

Exhibit "1"

STATE OF NEVADA

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

20030012196

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Suzette JACKSON		2. September 7, 2003	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		If Hosp. or inst. indicate DOA, OP, Emer. Fin. Inpatient (Specify)	
3c. ac 1451 Douglas Ave.		6	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Female	
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)	
		7a. 57	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Illinois		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
13. [REDACTED]		13b. Teacher	
RESIDENCE—STATE		CITY, TOWN OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1451 Douglas Ave	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Herbert Jackson		17. Ruth Black	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Frankie McCabe		18b. [REDACTED]	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 09	
NAME AND ADDRESS OF FACILITY		LOCATION City or Town State	
20c. Society 1614 N. Curry St. Carson City, NV. 89703		19c. Carson City Nevada	
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. <i>[Signature]</i>		22b. <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21c. 9-10-03		22c. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21d. 16:15		22d. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. [REDACTED]		22e. [REDACTED]	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. John A. Shields M.D. 236 W. Sixth St. #400 Reno, Nevada 89503		22f. [REDACTED]	
LICENSE NUMBER		22g. [REDACTED]	
23b. 3362		22h. [REDACTED]	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. September 19, 2003	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Breast Cancer		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) [REDACTED]		[REDACTED]	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) [REDACTED]		[REDACTED]	
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	
26. No		27. No	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. [REDACTED]		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
29a. [REDACTED]		28e. [REDACTED]	
LOCATION		STREET OR R.F.D. No.	
29b. [REDACTED]		29c. [REDACTED]	
CITY OR TOWN		STATE	
29d. [REDACTED]		29e. [REDACTED]	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

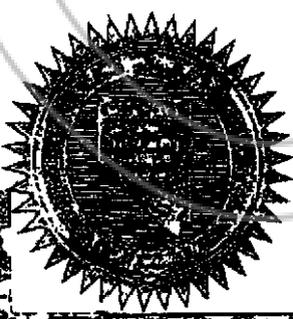
PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH



STATE REGISTRAR

No.236207

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

Date issued: **NOV 25 2003**

0598875

[Signature]
BK1203 PG 02911
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1203PG02911

BK-0107 PG-1498
0692199 Page: 4 of 15 01/05/2007

COPY

Exhibit "2"

19
APN: 1320-32-813-010

Drafted By:
Jeffrey L. Burr & Associates
4455 S. Pecos
Las Vegas, Nevada 89121

When Recorded, Mail to:
Richard Naumann
1011 Eagle Court
Gardnerville, NV 89460

REQUESTED BY
Jeffrey L. Burr Ltd
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA
2003 DEC -8 AM 10:20
WERNER CHRISTEN
RECORDER
\$19⁰⁰ PAID Ka DEPUTY

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

RICHARD NAUMANN, being first duly sworn, deposes and says as follows:

1. SUZETTE JACKSON created the "SUZETTE JACKSON TRUST" dated September 10, 1997, wherein SUZETTE JACKSON was designated as the original Trustor of the trust.
2. SUZETTE JACKSON died on September 7, 2003. A certified copy of the Death Certificate is attached hereto as Exhibit "1" and by this reference incorporated herein.
3. ALICE ALLEN was nominated to serve as Successor Trustee of the "SUZETTE JACKSON TRUST", and has declined to serve as Successor Trustee. A copy of the Declination of Successor Trustee of ALICE ALLEN is attached hereto as Exhibit "2".
4. FRANKIE McCABE was nominated to serve as Alternate Successor Trustee of the "SUZETTE JACKSON TRUST", and has declined to serve as Successor Trustee. A copy of the Declination of Successor Trustee of FRANKIE McCABE is attached hereto as Exhibit "3".
5. RICHARD NAUMANN is named in the trust instrument to act as Alternate Successor Trustee of the Trust, and, pursuant to the provisions of the trust agreement, now becomes the Successor Trustee of the "SUZETTE JACKSON TRUST" dated September 10, 1997.

0598875

6. RICHARD NAUMANN hereby files this Affidavit and accepts the office of the Successor Trustee of the "SUZETTE JACKSON TRUST" dated September 10, 1997.

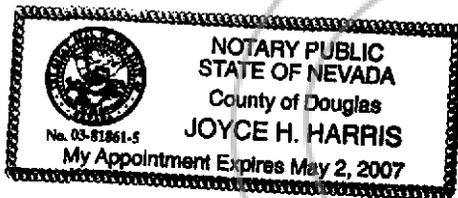
7. The following parcel of real property conveyed to the "SUZETTE JACKSON TRUST" dated September 10, 1997, is situated in the County of Douglas, State of Nevada, and is more particularly described in Exhibit "4" attached hereto.

DATED: Oct 6, 2003.

SUBSCRIBED and SWORN to before me
this 6 day of October, 2003.

Joyce H. Harris
NOTARY PUBLIC

Richard Nauman
RICHARD NAUMAN, Successor Trustee



STATE OF NEVADA

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

2003 0012196

	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
			1. Suzette JACKSON		2. September 7, 2003		3a. Douglas	
	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/Emr, Rm. Inpatient (Specify)		SEX
	3b. Gardnerville		3c. 1451 Douglas Ave.					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)	UNDER 1 YEAR MOSE : DAYS		DATE OF BIRTH (Mo., Day, Yr.)
	a. White				7a. 57	7b. : 7c. : 7c. :		8. APRIL 13, 1946
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, UNWIDOWED, DIVORCED (Specify)	
	9a. Illinois		9b. U.S.A.		10. 18		11. Divorced	
	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. Teacher			14b. Education		
	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1451 Douglas Ave	
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
	16. Herbert Jackson		17. Ruth Black					
	INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. Frankie McCabe				18b. [REDACTED]			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	20a. [Signature]		20b. 09		20c. Society 1614 N. Curry St. Carson City, NV, 89703			
To Be Completed by CERTIFYING PHYSICIAN	21a. To the best of my knowledge, death occurred at the time, place and place and (due to the cause) stated.				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.)				DATE SIGNED (Mo., Day, Yr.)			
	21b. 9-10-03				21c. 16:15			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22b. PRONOUNCED DEAD (Mo., Day, Yr.)			
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)							LICENSE NUMBER
	23a. John A. Shields M.D. 236 W. Sixth St. #400 Reno, Nevada 89503							23b. 3362
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. [Signature]		24b. September 19, 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 (a)		25a. Breast Cancer				Interval between onset and end	
							Interval between onset and end	
	PART (b)						Interval between onset and end	
	PART (c)		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No)	
							26a. No	
	ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28a.		28b.		28c.		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	
	29a.		29b.		29c.		29d.	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE (R25)

PARENTS

CREMATION

CERTIFIER

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

CAUSE OF DEATH



STATE REGISTRAR

No. 236207

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

Date Issued: NOV 25 2003 0598875

Yvonne Sylva
BK1203 PG 02911
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EK- 0107
 PG- 1502
 0692199 Page: 8 of 15 01/05/2007

September 16, 2003

To Whom It May Concern:

I release my authority as Executor of Suzette Jackson's Last Will and Testament.

Alice Allen
2 Rook Court
Egg Harbor Twp., NJ 08234
(609)645-0709

Alice Allen

COOPER



September 11, 2003

To Whom It May Concern:

I am writing to you to advise you of the death of Suzette Jackson. Her records indicate that your firm, through the representation of Sharon Martine, helped her complete her estate planning. I am writing to advise that should I be called to serve as Executor of her will and/or trust I will be unable to fulfill the responsibilities associated with that designation. Please accept this correspondence as my official notice.

Sincerely,



Frankie McCabe

0598875

EXHIBIT "4"

Lot 1, in Block A, in the HAWKINS ADDITION TO THE TOWN OF GARDNERVILLE, Douglas County, Nevada, as per the Official Map on record in the file of the County of Douglas, together with all the water and water rights, ditch and ditch rights belonging thereto.

EXCEPTING THEREFROM, the Northeast portion of Lot 1, Block A of the Hawkins Addition to the Town of Gardnerville, Nevada, and more particularly described as follows:

Taking the line between the concrete monument located at the intersection to the center lines of Douglas Avenue and High School Street and the concrete monument located at the intersection of the Center line of U.S. Highway 395 and High School Street to be: North 45°14' East, 438.8 feet, then the description of the above named lot is as follows: Beginning at a point that bears North 33°5' East, 127.47 feet from the concrete monument at the intersection of the center lines of Douglas Avenue and High School Street and running thence North 45°14' East 70 feet; thence North 44°46' west, 64.70 feet; thence South 45°14' West 77.50 feet; thence South 44°46' East, 64.70 feet; thence North 45°14' east 7.50 feet to the Point of Beginning.

APN 1320-32-813-010

0598875



COPY

Exhibit "3"

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. D-1022006 - 038021

NAME OF DECEASED A. FIRST: RICHARD B. MIDDLE: WILLIAM C. LAST: NAUMANN			SEX: MALE	DATE OF DEATH MONTH: OCTOBER DAY: 25 YEAR: 2006		
RACE (e.g., white, black, American Indian, specify tribe, etc.): WHITE		WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO): NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO
PLACE OF DEATH 6A. COUNTY: MARICOPA 6B. TOWN OR CITY: SCOTTSDALE		8C. HOSPITAL OR INSTITUTION: SCOTTSDALE HEALTHCARE - OSBORN			8D. DOA: <input type="checkbox"/> COP EMER: <input type="checkbox"/> IN PATIENT: <input type="checkbox"/>	
DATE OF BIRTH: MONTH: JULY DAY: 12 YEAR: 1944		AGE (YEARS LAST BIRTHDAY): 62		IF UNDER 1 YEAR: MO. DAYS: 8C. HRS. MIN.:		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): DIVORCED
STATE AND CITY OF BIRTH: CUSHING, OKLAHOMA		CITIZEN OF WHAT COUNTRY: U.S.A.		SOCIAL SECURITY NO.:		USUAL OCCUPATION (one kind of work done most of working life, even if retired): SUPERVISOR
USUAL RESIDENCE 15A. STATE: NEVADA 15B. COUNTY: DOUGLAS 15C. TOWN OR CITY: GARDNERVILLE 15D. ZIP CODE: 89410		16. HOW LONG IN ARIZONA: 1 WEEK		17. EDUCATION HIGHEST GRADE COMPLETED: CASINO		
STREET ADDRESS OF R.F.D.: 1451 DOUGLAS AVE.		18A. YES 18B. NO		19A. ILLINOIS		19B. COLLEGE (1-4 or 5+): 3
FATHER'S NAME 19. ELMER NAUMANN		MOTHER'S NAME 20. EUCILLE KIRCHMEYER		21. TRACY L. HILDMAN		
22. TRACY L. HILDMAN		23. TRACY L. HILDMAN		24. TRACY L. RICHARDSON		
25. CREMATION		26. CREMATION		27. NOT EMBALMED		
28. NATIONAL CREMATION SOCIETY 4460 E THOMAS RD PHOENIX AZ 85028		29. TRACY L. RICHARDSON		30. #1065		
31. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						
32. SIGNATURE AND TITLE: J. MD		33. HOUR OF DEATH: 4:05 PM		34. DATE SIGNED (MO., DAY, YEAR): 10/27/06		35. HOUR OF DEATH: 36. PREDECEASED DEAD (MO., DAY, YEAR): 37. AT
38. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR VITAL DEPARTMENT AUTHORITY: J. PETERS, MD, 7400 E. OSBORN RD, SCOTTSDALE, AZ 85251		39. REG. FILE NO.: 22500		40. REG. DISTRICT: 2108		41. DATE RECD IN STATE OFFICE: DEC 08 2006
42. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): Unspecified. Natural causes						
43. DUE TO OR AS A CONSEQUENCE OF:						
44. DUE TO OR AS A CONSEQUENCE OF:						
PART II. Other conditions contributing to death but not resulting in the underlying cause given in Part I: Large Right MCA Stroke & respiratory failure						
45. MANNER OF DEATH: <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		46. DATE OF INJURY: MO. DAY YR. HOUR		47. INJURY AT WORK (Specify Yes or No): NO		
48. PLACE OF INJURY (At home, farm, street, factory, office building, etc.):		49. WHERE LOCATED?		50. STREET ADDRESS CITY OR TOWN STATE		

BK- 0107 PG- 1507 0692199 Page: 13 of 15 01/05/2007

33043033

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR



This copy not valid, unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR DESTRUCTION OF THIS DOCUMENT

COPY

Exhibit "4"

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NOM
ROBERT MORRIS, ESQUIRE (AM)
Nevada Bar No.
JEFFREY BURR
2600 Paseo Verde Parkway
Henderson, Nevada 89074
(702) 433-4455

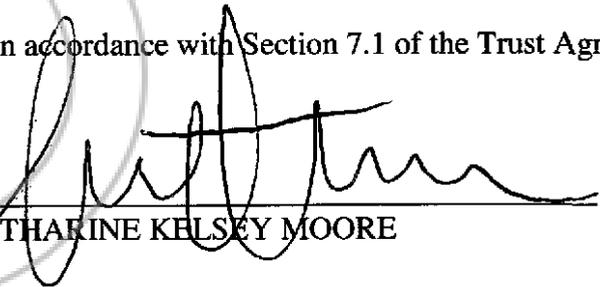
DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the)
)
SUZETTE JACKSON TRUST)
dated 09/10/97)
) Case No. P
)
)
_____)

NOMINATION OF SUCCESSOR TRUSTEE

The undersigned, being the sole beneficiary of the "SUZETTE JACKSON TRUST",
dated September 10, 1997, hereby nominates MICHAEL MOORE to serve as Successor Trustee
of the "SUZETTE JACKSON TRUST" in accordance with Section 7.1 of the Trust Agreement.

DATED: Dec. 11th, 2006.



KATHARINE KELSEY MOORE