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FEE 17.00 DOC#
REQUEST OF

Wilson & Barrows
2005 MAR -9 AM 11:47

JERRY D. REYNOLDS
ELKO CO. RECORDER

A.P.N: 007-080-035

RECORDING REQUESTED BY:

Wilson and Barrows, Ltd.
442 Court Street
Elko, Nevada 89801

SEND TAX STATEMENTS TO:

Richard J. Hull, CPA
Read & Powell, LLP
491 Fifth St.
Elko, NV 89801

**Certification of Death of Trustee, of Nomination of Successor
Trustee and of Acceptance of Nomination by Successor Trustee**

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

The undersigned hereby certifies under oath and penalty of perjury pursuant to NRS 164.400 - 164.440, that the following facts are true:

also known as Daniel Earl Kennedy,

1. Dan Kennedy created the Dan Kennedy Revocable Living Trust (Trust) by Replacement Revocable Trust Agreement dated July 27, 2004 (Trust Agreement);
2. Dan Kennedy was the sole initial Trustee of the Trust;
3. Dan Kennedy died on January 31, 2005, as shown by the certified copy of Death Certificate attached hereto;
4. The undersigned, Richard J. Hull, was nominated in the Trust

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Agreement as the Successor Trustee on the death of Dan Kennedy;

5. The undersigned, Richard J. Hull, has accepted the nomination as Successor Trustee of the Trust, subject to all of the terms and conditions of the Trust Agreement;

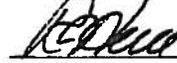
6. The undersigned, Richard J. Hull, is the currently acting sole Trustee of the Trust, and in that capacity has acquired, and is holding, all legal and equitable title to all assets of the Trust formerly owned and held by Dan Kennedy;

7. The Trust has not been revoked or amended to make any representations contained in the Certification incorrect.

8. The signature below is the signature of all currently acting Trustees.

DATED: 2/11/05

Trustee



Richard J. Hull

NOTE: NRS 109.400 requires both of the following jurat and acknowledgment to be completed by the Notary public.

Subscribed and sworn to before me
this 11th day of Feb., 2005, by
Richard J. Hull, Trustee.


NOTARY PUBLIC

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STATE OF NEVADA,)
) ss.
COUNTY OF ELKO.)

This instrument acknowledged before me on the 11th day of February, 2005, by Richard J. Hull as successor Trustee of the Dan Kennedy Revocable Living Trust.



Sara L. Millis
NOTARY PUBLIC

05020061rgb.wpd
February 11, 2005

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 117 IMAGE 129

314

	LOCAL FILE NUMBER	314	STATE FILE NUMBER
DECEDENT	1. DECEASED—NAME First Middle Last Daniel Earl KENNEDY		2. DATE OF DEATH (Month, Day, Year) January 31, 2005
	3. CITY, TOWN OR LOCATION OF DEATH Reno		4. COUNTY OF DEATH Washoe
	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. SEX Male
	7. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. No		8. AGE—Last Birthday (Years, Months, Days) 81
DEATH OCCURRED IN DISTRICT BEING REPORTED COMPLETION OF RESIDENCE (15a)	9. STATE OF BIRTH (If not U.S.A., name country) Nevada		10. DATE OF BIRTH (Mo., Day, Yr.) August 4, 1923
	11. CITIZEN OF WHAT COUNTRY U.S.A.		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
	13. SOCIAL SECURITY NUMBER 2259		14. SURVIVING SPOUSE (If wife, give maiden name) None
	15. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Rancher		16. KIND OF BUSINESS OR INDUSTRY Cattle
PARENTS	17. FATHER—NAME First Middle Last George Kennedy		18. MOTHER—MAIDEN NAME First Middle Last Margaret Weeks
	19. INFORMANT—NAME (Type or Print) Susan Kennedy		
	20. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P/O Box 281267 Lamolille, Nevada 89828		
DISPOSITION	21. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		22. CEMETERY OR CREMATORY—NAME Mountain View Crematory
	23. LOCATION City or Town State Reno Nevada		24. NAME AND ADDRESS OF FACILITY Mountain View Mortuary 425 Stoker Avenue Reno, Nevada 89503
CERTIFIER	25. 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] DATE SIGNED (Mo., Day, Yr.) 2/3/05		26. On the basis of external or ancillary 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.) 2/3/05
	27. HOUR OF DEATH 1638		28. PRONOUNCED DEAD (Mo., Day, Yr.) None
	29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Louis A. Bonaldi, M.D.		30. PRONOUNCED DEAD (Mo., Day, Yr.) None
	31. NAME AND ADDRESS OF CERTIFIER PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER, (Type or Print) Louis A. Bonaldi, M.D. 6630 S. McCarran #20 Reno, NV 89509		32. LICENSE NUMBER 664495
CAUSE OF DEATH	33. REGISTRAR (Signature) [Signature] Dep.		34. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 3, 2005
	35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Cardio Respiratory Failure		36. DEATH DUE TO COMMUNICABLE DISEASE NO
	37. DUE TO, OR AS A CONSEQUENCE OF: (b) Renal Failure		38. INTERVAL BETWEEN ONSET AND DEATH None
	39. DUE TO, OR AS A CONSEQUENCE OF: (c) Sepsis		39. INTERVAL BETWEEN ONSET AND DEATH None
40. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1 None		41. AUTOPSY (Specify Yes or No) NO	42. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO
43. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) None		44. DATE OF INJURY (Mo., Day, Yr.) None	45. HOUR OF INJURY None
46. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) None		47. DESCRIBE HOW INJURY OCCURRED None	
48. LOCATION None		49. STREET OR R.F.D. NO. CITY OR TOWN STATE None	



STATE REGISTRAR

No. 281638

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

Deputy Registrar: _____

Date: _____

FEB 10 2005

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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