

DIST BF 1-97

Return to: _____

_____RC: _____ WO: 1779707**DISTRIBUTION RIGHT OF WAY EASEMENT**

For value received, Glen J Palmer Family Trust (Grantor) hereby grants to PacifiCorp, an Oregon corporation, its successors and assigns (Grantee), an easement for a right of way 10 feet in width for the construction, reconstruction, operation, maintenance, repair, replacement, enlargement, and removal of electric power distribution lines and communication lines and all necessary or desirable accessories and appurtenances thereto, including without limitation: supporting towers, poles, props, guys and anchors, including guys and anchors outside of the right of way; wires, fibers, cables and other conductors and conduits therefor; and pads, transformers, switches, vaults and cabinets, along the general course now located by Grantee on, over or under the surface of the real property of Grantor in Summit County, State of Utah, more particularly described as follows or as more particularly described and/or shown on Exhibit "A" attached hereto and by this reference made a part hereof:

A right of way 10 feet in width, being 5 feet on each side of the following described survey line:

Beginning on the northerly boundary line of the Grantor's land at a point 742 feet north and 877 feet east, more or less, from the southeast corner of Section 30, T.1 S., R.5 E., S.L.M., thence S.53°57'W. 14 feet, more or less, thence S.43°00'W. 366.0 feet, thence S.50°14'W. 80.0 feet, thence S.75°40'W. 144.0 feet, thence S.74°19'W. 72.0 feet and S.61°41'W. 142.0 feet, more or less, to said Grantor's northerly boundary line and being in the S1/2 of the SE1/4 of said Section 30.

Assessor's Map No. _____ Tax Parcel No. _____

Together with the right of access to the right of way from adjacent lands of Grantor for all activities in connection with the purposes for which this easement has been granted; and together with the present and (without payment therefor) the future right to keep the right of way and adjacent lands clear of all brush, trees, timber, structures and other hazards which might endanger Grantee's facilities or impede Grantee's activities.

At no time shall Grantor erect or permit the erection of any buildings or structures of any kind or nature, or place or use or permit any equipment or material of any kind that exceeds 12 feet in height, or light any fires, or place or store any flammable materials (other than agricultural crops), on or within the boundaries of the right

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ALAN SPRIGGS, SUMMIT CO RECORDER
2002 APR 23 11:30 AM FEE \$16.00 BY DMG
REQUEST: PACIFICORP

of way. Subject to the foregoing limitations, the surface of the right of way may be used for roads, agricultural crops and other purposes not inconsistent with the purposes for which this easement has been granted.

The rights and obligations of the parties hereto shall be binding upon and shall benefit their respective heirs, successors and assigns; and this easement shall terminate if and when Grantee shall have abandoned all use of the right of way and no longer has any future need therefor.

Signed this 3 day of May, 2001.

Glen Palmer Family Trust _____
Jean Palmer trustee _____

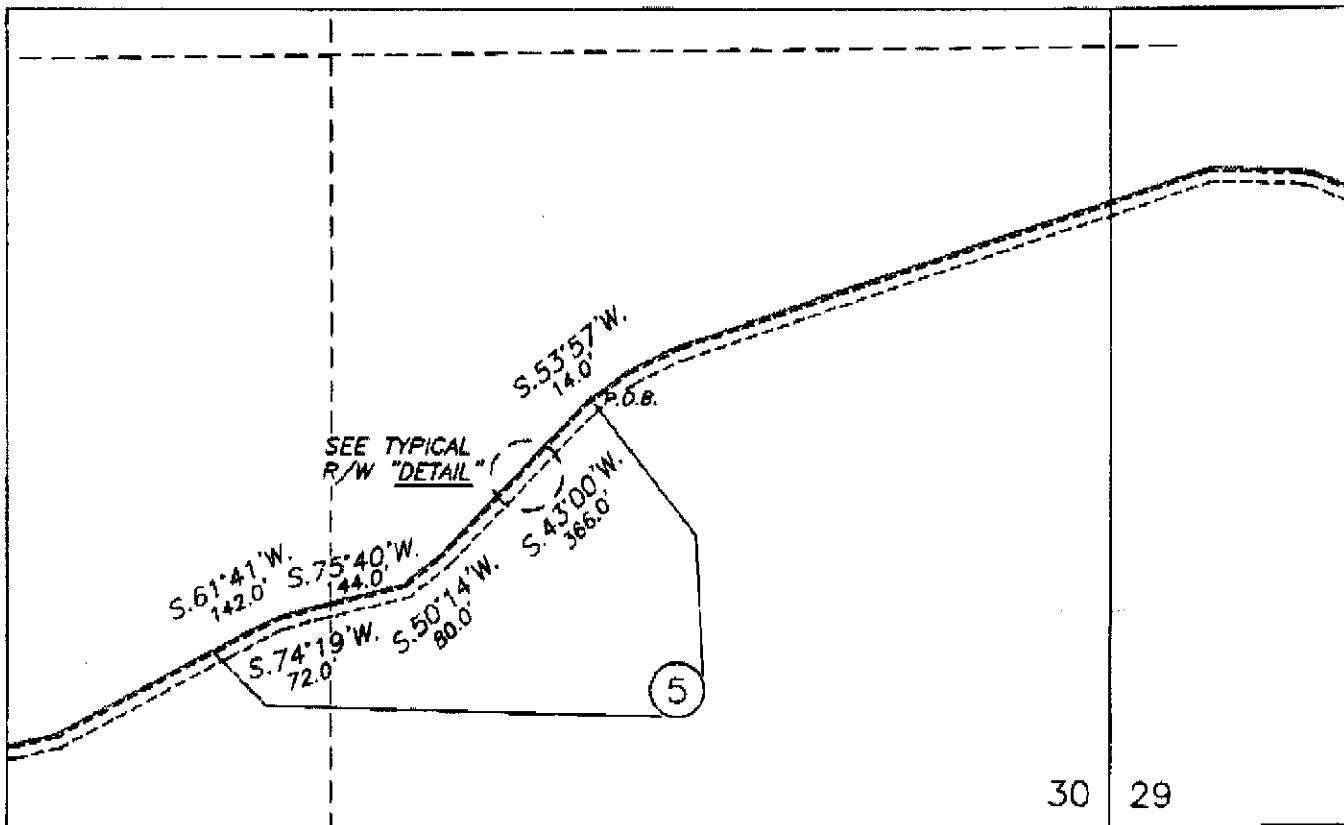
INDIVIDUAL ACKNOWLEDGEMENT

STATE OF Utah,
County of Salt Lake



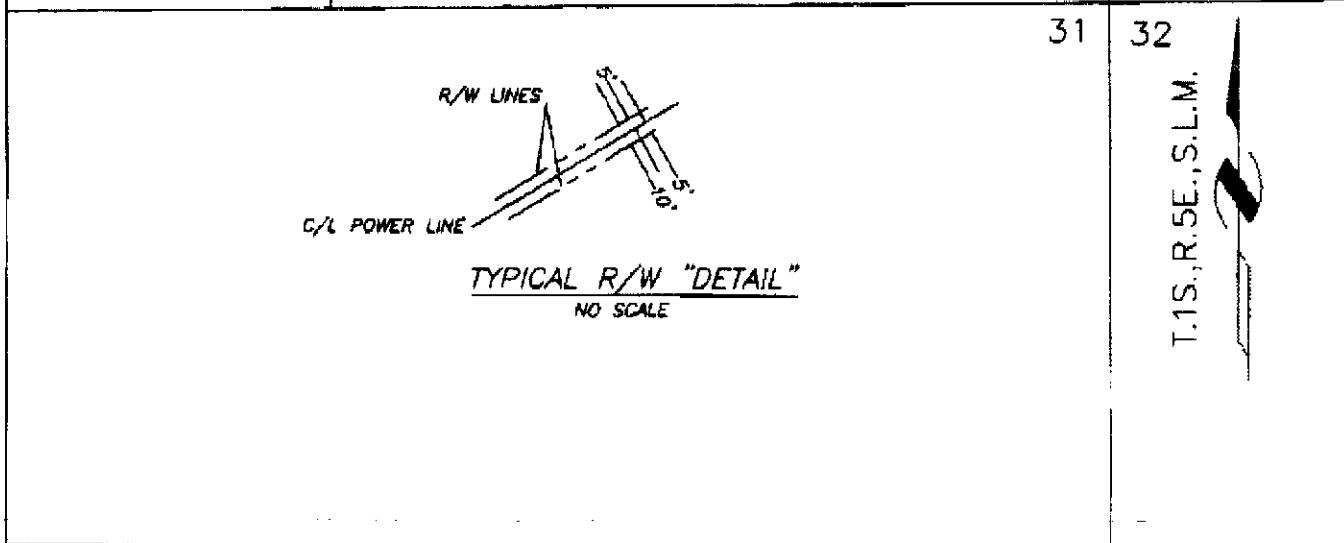
Mark W. Bresler
Notary Public
My Commission Expires 2-1-2002

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30 29

31 32



NOVEMBER 27, 2000

SPONSOR: LAYNE SARGENT

SURVEYED BY: U.P.4L

DRAWN BY: PIZZA

CHECKED BY:

PLOT SCALE: 1 = 1

CAD No: R:\ROW\00731\Y00.DWG

APPROVAL
RONALD G. OLSEN

SUPERVISOR RIGHT OF WAY DESIGN

EXHIBIT "A"

DISTRIBUTION LINE TO SERVE TOMMY KIRCHOFF
EASEMENT NO.5

BROWNS CANYON, PEOA, SUMMIT COUNTY, UTAH

PACIFICORP

PROPERTY MANAGEMENT

SCALE: 1" = 300'

SHEET 1 OF 1

WO 1779707

REV.

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

| LOCAL FILE NUMBER | | | | STATE FILE NUMBER | | | | | | | | | |
|--|--|---|--------|---|---|---|--|--|---|------|-----------------------------------|--|--|
| DECEASED—NAME | | First | Middle | Last | DATE OF DEATH (Month, Day, Year) | | COUNTY OF DEATH | | | | | | |
| 1. Glen Fraser PALMER | | | | 2. April 10, 2001 | | | 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/Emr. | | SEX | | | | | | |
| 3b. Las Vegas | | 3c. Valley Hospital | | | 3d. Inpatient | | 3e. Male | | | | | | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. | | | AGE—Last Birthday (Years) | UNDER 1 YEAR | UNDER 1 DAY | | | | | | |
| 5. White | | 6. 73 | | | 7a. 73 | MOS : DAYS | HOURS : MINS | | | | | | |
| 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) | | SURVIVING SPOUSE (If wife, give maiden name) | | | | | |
| 9a. Illinois | | 9b. U.S.A. | | 10. 16 | | 11. Married | | 12. Jean Haight | | | | | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | | KIND OF BUSINESS OR INDUSTRY | | | | | | | | |
| 13. 529-24-4433 | | 14a. C.P.A. / Retired | | | 14b. Accounting | | | | | | | | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | | INSIDE CITY LIMITS (Specify Yes or No) | | | | | |
| 15a. Nevada | | 15b. Clark | | 15c. Las Vegas | | 15d. 8604 Festival Dr. | | 15e. Yes | | | | | |
| FATHER—NAME | | | | First | Middle | Last | MOTHER—MAIDEN NAME | First | Middle | Last | | | |
| 16. Heber Ewer Palmer | | | | 17. Iva | | | 18. Beatrice Fraser | | | | | | |
| INFORMANT—NAME (Type or Print) | | | | MAILING ADDRESS | | | (Street or R.F.D. No., City or Town, State, Zip) | | | | | | |
| 18a. Jean H. Palmer - Wife | | | | 18b. 8604 Festival Drive Las Vegas Nevada 89134 | | | | | | | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | | | CEMETERY OR CREMATORIUM—NAME | | | LOCATION City or Town State | | | | | | |
| 19a. Cremation | | | | 19b. Palm Crematory | | | 19c. Las Vegas, Nevada | | | | | | |
| FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) | | | | FUNERAL DIRECTOR LICENSE NUMBER | | NAME AND ADDRESS OF FACILITY | | | Palm Mortuary - Cheyenne | | | | |
| 20a. John H. Palmer | | | | 20b. 50 | | 20c. 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129 | | | | | | | |
| 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) John H. Palmer, Deputy | | | | 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) John H. Palmer, Deputy | | | | | | | | | |
| DATE SIGNED (Mo., Day, Yr.) | | | | HOUR OF DEATH | | | DATE SIGNED (Mo., Day, Yr.) | | | | HOUR OF DEATH | | |
| 21b. | | | | 21c. | | | 22b. 4/26/01 | | | | 22c. 4:27 A.M. | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | 21d. | | | PRONOUNCED DEAD (Mo., Day, Yr.) | | | | PRONOUNCED DEAD (Hour) | | |
| 23a. Lary Simms, DO, MPH, Chief Med. Exam., 1704 Pinto, Las Vegas, NV | | | | 21e. | | | 22d. 4/10/01 | | | | 22e. AT 4:27 A.M. | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.) | | | | 21f. | | | 22f. ON 4/10/01 | | | | LICENSE NUMBER | | |
| 24a. (Signature) John H. Palmer, Deputy | | | | 24b. APR 27 2001 | | | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | DEATH DUE TO COMMUNICABLE DISEASE | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | | | | | | Interval between onset and death | | |
| PART I (a) Hypoxic brain injury DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | | | | |
| PART II (b) Intraoperative cardiopulmonary bypass machine malfunction DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | | | | |
| PART III (c) Status post coronary artery bypass graft surgery OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I: | | | | | | | | | | | | | |
| 26a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Accident | | | | 26b. DATE OF INJURY (Mo., Day, Yr.) Apr. 2, 2001 | | 26c. HOUR OF INJURY Unknown | 26d. DESCRIBE HOW INJURY OCCURRED Flow problem | | 26e. AUTOPSY (Specify Yes or No) Yes | | | | 26f. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes |
| 26g. INJURY AT WORK (Specify Yes or No) 26h. No | | | | 26i. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Surgery room | | 26j. LOCATION STREET OR R.F.D. NO. 620 Shadow Lane, Las Vegas, Nevada | | 26k. CITY OR TOWN STATE | | | | | |

No.179233

STATE REGISTRAR

"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.

NOTARIZED WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: 

Date Issued: **APR 30 2001**

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CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573