

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.

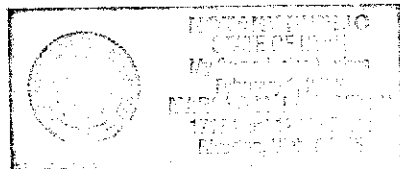
Wendy Palmer Family Trust
Jean W. Palmer Trustee

INDIVIDUAL ACKNOWLEDGEMENT

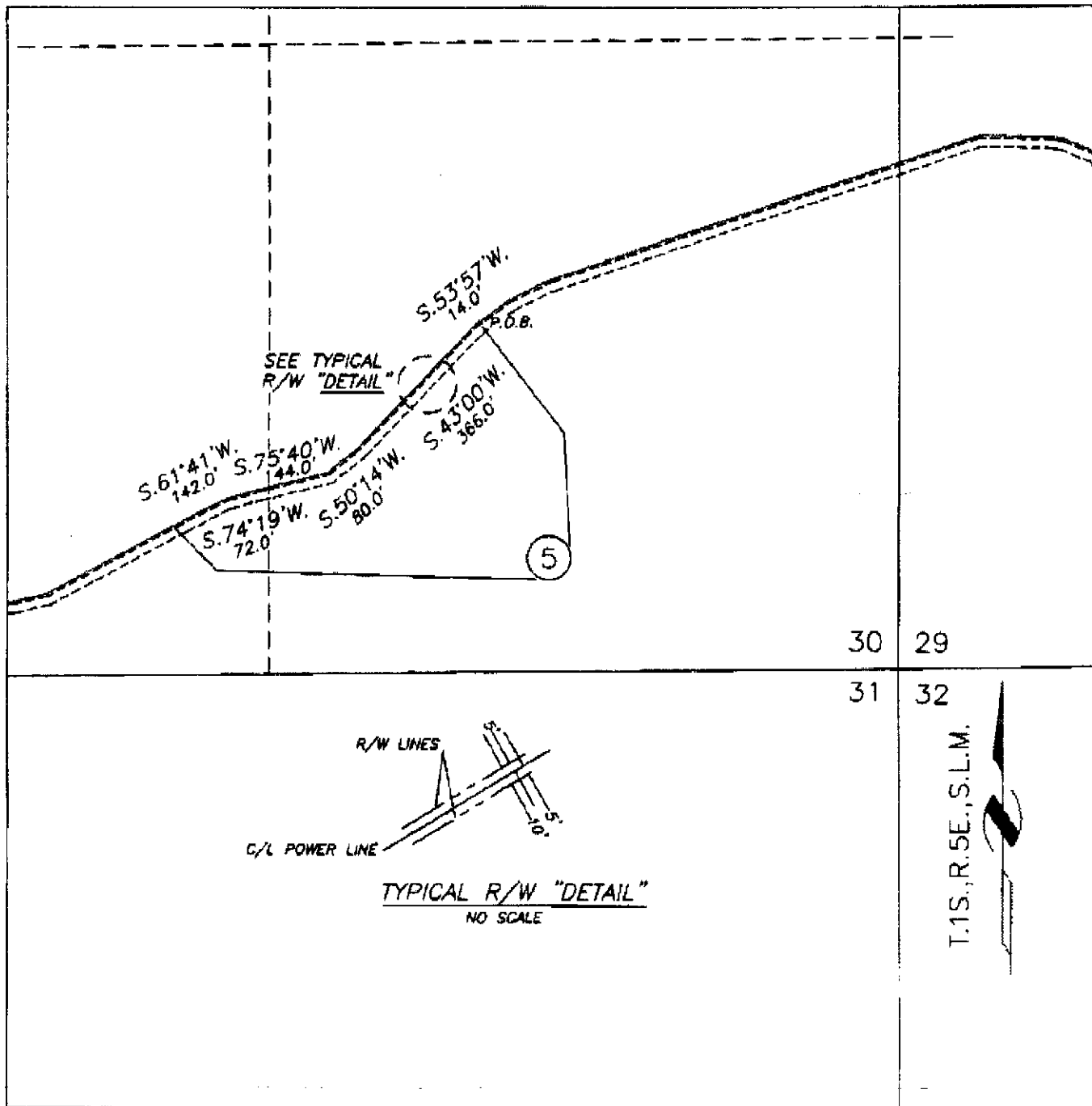
STATE OF Utah,

County of Salt Lake ss.

This instrument was acknowledged before me on May 4, 2001, by _____




Marsha W. Stewart
 Notary Public
 My Commission Expires 2-1-2002



30 29

31 32

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|---|
| NOVEMBER 27, 2000 |
| SPONSOR: LAYNE SARGENT |
| SURVEYED BY: U.P. & L. |
| DRAWN BY: PIZZA |
| CHECKED BY: |
| PLOT SCALE: 1" = 1' |
| CAD No: R:\ROW\00731Y00.DWG |
| APPROVAL RONALD G. OLSEN <i>RGO</i> SUPERVISOR RIGHT OF WAY DESIGN |

| | | |
|--|--------------|------------|
| EXHIBIT "A" | | |
| DISTRIBUTION LINE TO SERVE TOMMY KIRCHOFF EASEMENT NO. 5 | | |
| BROWNS CANYON, PEOA, SUMMIT COUNTY, UTAH | | |
|  | | |
| 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

| | | | | |
|--|--|--|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| | DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | |
| DECEDENT | 1. Glen Fraser PALMER | | 2. April 10, 2001 | |
| | CITY, TOWN OR LOCATION OF DEATH | | COUNTY OF DEATH | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 3b. Las Vegas | | 3c. Valley Hospital | |
| | 3d. White | | 3e. Inpatient | |
| PARENTS | FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | |
| | 16. Heber Ewer Palmer | | 17. Iva Beatrice Fraser | |
| DISPOSITION | 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 | |
| CERTIFIER | BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | |
| | 19a. Cremation | | 19b. Palm Crematory | |
| CAUSE OF DEATH | FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) | | NAME AND ADDRESS OF FACILITY | |
| | 20a. <i>[Signature]</i> | | 20c. 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129 | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) 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. | |
| | 21b. DATE SIGNED (Mo., Day, Yr.) | | 22b. DATE SIGNED (Mo., Day, Yr.) | |
| CAUSE OF DEATH | 21c. HOUR OF DEATH | | 22c. HOUR OF DEATH | |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. ON 4/10/01 | |
| CAUSE OF DEATH | 21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.) | | 22e. AT 4:27 A.M. | |
| | 23a. Lary Simms, DO, MPH, Chief Med. Exam., 1704 Pinto, Las Vegas, NV | | 22f. PRONOUNCED DEAD (Mo., Day, Yr.) | |
| CAUSE OF DEATH | 24a. REGISTRAR | | 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | |
| | 24a. <i>[Signature]</i> | | 24b. APR 27 2001 | |
| CAUSE OF DEATH | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | PART I (a) Hypoxic brain injury | | 26. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| CAUSE OF DEATH | (b) Intraoperative cardiopulmonary bypass machine malfunction | | 27. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | (c) Status post coronary artery bypass graft surgery | | 28. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| CAUSE OF DEATH | PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | 29. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | 29a. Coronary atherosclerosis | | 29b. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| CAUSE OF DEATH | ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | 29c. DATE OF INJURY (Mo., Day, Yr.) | |
| | 29a. Accident | | 29c. Apr. 2, 2001 | |
| CAUSE OF DEATH | INJURY AT WORK (Specify Yes or No) | | 29d. HOUR OF INJURY | |
| | 29a. No | | 29d. Unknown | |
| CAUSE OF DEATH | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | 29e. DESCRIBE HOW INJURY OCCURRED | |
| | 29a. Surgery room | | 29e. Flow problem | |
| CAUSE OF DEATH | LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE | | 29f. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | 29a. 620 Shadow Lane, Las Vegas, Nevada | | 29f. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

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.

NOT VALID 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