

RECORDER'S OFFICE } ss. 1931
Phelps County, Nebr }
Entered on the Numerical Index of said County and
Filed for Record therein this 22 day of July
A.D. 2003 on the hour of 9:00 o'clock A.M.
and recorded in book number 57 of Miscellaneous
page number 463 thereof #15,50
Edna M. Ashby County Clerk
By _____ Deputy

AFFIDAVIT REGARDING TRUST

STATE OF NEBRASKA)
) ss:
COUNTY OF BUFFALO)

Dale R. Anderson, being first duly sworn, deposes and says:

1. That the Affiant is the successor trustee of the Reuben R. Anderson Revocable Trust "A" (hereinafter referred to as the "said Trust").

2. That on January 1, 2003, the Affiant became the successor trustee of the said Trust upon the death of Esther R. Anderson, the initial trustee of said Trust, a copy of her death certificate is attached as Exhibit "A".

3. That the Affiant remains the sole trustee of the said Trust as of this date.

4. That among the assets of the said Trust is the following described real property:

The Southeast Quarter (SE $\frac{1}{4}$) of Section 30, Township 7 North, Range 18 West of the 6th P.M., Phelps County, Nebraska; excepting a tract described as follows: Beginning with the Southeast corner of the said Southeast Quarter (SE $\frac{1}{4}$), thence Northward on the East line of the said Southeast Quarter (SE $\frac{1}{4}$), a distance of 296 feet; thence, Westward on a line forming an interior angle with the previous line of 90°50', a distance of 425 feet; thence, Southwesterly on a line forming an interior angle with the previous line of 101°19', a distance of 286 feet to a point which intersects with the South line of the said Southeast Quarter (SE $\frac{1}{4}$); thence, Eastward on the South line of the said Southeast Quarter (SE $\frac{1}{4}$), a distance of 487 feet to the place of beginning, forming a tract consisting of 2.95 acres, more or less; and excepting a tract described as follows: Commencing at the Northeast corner of the said Southeast Quarter (SE $\frac{1}{4}$), thence southerly on the East line of said Southeast Quarter (SE $\frac{1}{4}$), 25.00 feet to a point which is the True Point of Beginning; thence westerly and parallel to the North line of said Southeast Quarter (SE $\frac{1}{4}$), 126.00 feet; thence southerly and parallel to the East line of said Southeast Quarter (SE $\frac{1}{4}$), 163.00 feet; thence easterly and parallel to the North line of said Southeast Quarter (SE $\frac{1}{4}$), 126.00 feet to the East line of said Southeast Quarter (SE $\frac{1}{4}$); thence northerly, on the East line of said Southeast Quarter (SE $\frac{1}{4}$), 163.00 feet to the point of beginning (containing 0.4715 acres, more or less).

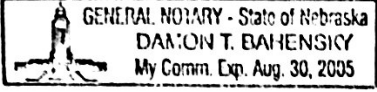
5. That pursuant to the terms of the said Trust and §30-2821(2) (g) of the Nebraska Trustees' Powers Act, the trustee of the said Trust has the power, without court authorization, to acquire or dispose of an asset, for cash or on credit, at public or private sale.

6. That neither the said Trust or the Agreement creating the said Trust, nor any part thereof, has been revoked or amended, and the above statements constitute a full disclosure of all provisions concerning those items.

Dated: January 13, 2003.

Dale R. Anderson
Dale R. Anderson

SUBSCRIBED AND SWORN to before me this 13th day of January, 2003.



Danion T. Bahensky
Notary Public

Exhibit "A"

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
VITAL STATISTICS

CERTIFICATE OF DEATH

1 DECEDENT - NAME FIRST MIDDLE LAST Esther Rebekah Anderson			2 SEX Female	3 DATE OF DEATH (Month Day Year) January 1, 2003	
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) Smith County, Kansas		5a AGE - Last Birthday (Yrs) 89	5b UNDER 1 YEAR MOS DAYS	5c UNDER 1 DAY HOURS MINS	6 DATE OF BIRTH (Month Day Year) May 17, 1913
7 SOCIAL SECURITY NUMBER 507-24-0706		8a PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> ER Outpatient <input type="checkbox"/> Residence <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)			8b FACILITY - Name (If not institution, give street and number) Phelps Memorial Health Center
9a CITY TOWN OR LOCATION OF DEATH Holdrege		9b INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9c COUNTY OF DEATH Phelps		
10 RESIDENCE - STATE Nebraska	11 COUNTY Phelps	12 CITY TOWN OR LOCATION Holdrege	13 STREET AND NUMBER (Including Zip Code) 1320 11th Ave. 68949	14 INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
15 RACE - (e.g. White, Black, American Indian, etc.) (Specify) White	16 ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) German	17 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	18 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	19 NAME OF SPOUSE (If wife, give maiden name) Reuban R. Anderson (dec.)	
20 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		21 KIND OF BUSINESS INDUSTRY Heating Anderson Plumbing and		22 EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) <input checked="" type="checkbox"/> College (11-4 or 5-1) <input type="checkbox"/> 12	
23 FATHER - NAME FIRST MIDDLE LAST Wilhelm Winkelmann		24 MOTHER - NAME FIRST MIDDLE MAIDEN SURNAME Louisa Fuchs		25 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unk.) (If yes, give war and dates of services) No	
26 INFORMANT - NAME Janice Swindell (daughter)		27 MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 624 Garfield Street, Holdrege, NE 68949			
28 EMBALMER - SIGNATURE & LICENSE NO. <i>Nathan Laska</i> #1315		29 METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation	30 DATE Jan. 7, 2003	31 CEMETERY OR CREMATORY - NAME Prairie Home Cemetery	
32 FUNERAL HOME - NAME Nelson-Harris Funeral Home		33 CEMETERY OR CREMATORY LOCATION Holdrege		34 CITY OR TOWN STATE Nebraska	
35 FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 401 Burlington Street, Holdrege, NE 68949-					
36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
37 (a) Hypoxia DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death 24 hr 3 days		
38 (b) Diabetes Mellitus Complications DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death Long term		
39 (c) Cardiomyopathy, Aortic Stenosis OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related			PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
40 24a ACCIDENT <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING <input type="checkbox"/> HOMICIDE <input type="checkbox"/> INVESTIGATION <input type="checkbox"/>		41 25a DATE OF INJURY (Mo., Day, Yr.)		42 25b HOUR OF INJURY	
43 26a INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>		44 26b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		45 26c LOCATION STREET OR R.F.D. NO., CITY OR TOWN, STATE	
46 27a DATE OF DEATH (Mo., Day, Yr.) 1-1-03		47 27b DATE SIGNED (Mo., Day, Yr.) 1-7-03		48 27c TIME OF DEATH 8:00am.	
49 28a DATE SIGNED (Mo., Day, Yr.)		50 28b TIME OF DEATH		51 28c PRONOUNCED DEAD (Mo., Day, Yr.)	
52 28d PRONOUNCED DEAD (Hour)		53 29 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) stated. (Signature and Title) <i>John M.D.</i>			
54 30a DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		55 30b HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		56 30c WAS CONSENT GRANTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
57 31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER & PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Dr. Eric Johnson 1315 Tibbals St., Holdrege, Nebraska 68949					

33. NAME OF DECEDENT For use by physician, medical examiner or county coroner.

DECEDENT

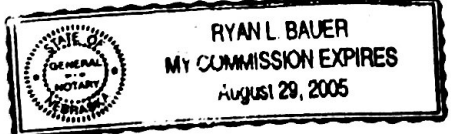
PARENTS

CAUSE

CERTIFIER

STATE OF NEBRASKA
COUNTY OF PHELPS

ON Jan 9, 2003, I CERTIFY THAT THE ATTACHED DOCUMENT IS A TRUE (or) EXACT (or) COMPLETE (or) UNALTERED PHOTOCOPY MADE BY Katch Huggs OF HOLDREGE, NEBRASKA.



465

Ryan L. Bauer
NOTARY PUBLIC