

IN THE SUPREME COURT OF THE STATE OF NEVADA

IN THE MATTER OF THE ESTATE
OF THEODORE ERNEST SCHEIDE,
JR.

ST. JUDE CHILDREN'S RESEARCH
HOSPITAL,

Appellant,

V.

THEODORE E. SCHEIDE, III,,

Respondent.

) Supreme Court No. 76924

) District Case No. 18-2619 Electronically Filed
) Jun 07 2019 06:39 p.m.
) Elizabeth A. Brown
) Clerk of Supreme Court

**APPENDIX TO
APPELLANT'S OPENING BRIEF
VOLUME IX of IX**

Appeal from the Eighth Judicial District Court
Case No. P082619

HUTCHISON & STEFFEN, PLLC

Michael K. Wall (2098)
 Russel J. Geist (9030)
 Peccole Professional Park
 10080 Alta Drive, Suite 200
 Las Vegas, Nevada 89145

Attorneys for Appellant

Chronological Index

Doc No.	Description	Vol.	Bates Nos.
1	Ex Parte Petition for Appointment of Special Administrator; filed 10/02/2014	I	AA000001-000005
2	Ex Parte Order Appointing Special Administrator; filed 10/06/2014	I	AA000006
3	Letters of Special Administration; filed 10/13/2014	I	AA000007
4	Notice of Entry of Ex Parte Order Appointing Special Administrator; filed 01/12/2015	I	AA000008-000010
5	Petition for Appointment of Administrator of Intestate Estate Under Full Administration; filed 01/29/2015	I	AA000011-000030
6	Notice of Hearing for Appointment of Administrator with Will Annexed Under Full Administration; fled 01/29/2015	I	AA000031
7	Certificate of Mailing - Notice of Hearing for Appointment of Administrator with Will Annexed Under Full Administration; filed 01/29/2015	I	AA000032
8	Petition for Instructions; filed 05/06/2015	I	AA000033-000055
9	Notice of Hearing on Petition for Instructions; filed 05/06/2015	I	AA000056
10	Certificate of Mailing - Notice of Hearing on Petition for Instructions; filed 05/06/2015	I	AA000057

11	Court Minutes; issued 05/22/2015	I	AA000058-000059
12	Order on Petition for Instructions; filed 05/26/2015	I	AA000060-000061
13	Notice to Creditors; filed 05/27/2015	I	AA000062
14	Statement of Name and Permanent Address of Administrator; filed 05/27/2015	I	AA000063
15	Letters of Administration; filed 05/28/2015	I	AA000064
16	Affidavit of Publication; filed 06/11/2015	I	AA000065
17	Inventory, Appraisal and Record of Value; filed 03/28/2016	I	AA000066-000069
18	First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 05/18/2016	I	AA000070-000075
19	Notice of Hearing on First and Final Report and Accounting and Petition for Final Distribution and Approval of Costs and Fees; filed 05/18/2016	I	AA000076
20	Certificate of Mailing - Inventory, Appraisal and Record of Value and Notice of Hearing on the First and Final Account, Report of Administration, and Petition for Final Distribution and Approval of Costs and Fees; filed 05/18/2016	I	AA000077
21	Certificate of Mailing - Notice to Creditors; filed 05/18/2016	I	AA000078
22	Notice of Appearance - Hutchinson & Steffen; filed 05/20/2016	I	AA000079-000081

23	Petition for Proof of Will and for Issuance of Letters Testamentary Under Full Administration, Petition to Appoint Person Representative, and Petition to Distribute and Close Estate; filed 05/25/2016	I	AA000082-000104
24	Notice of Hearing on Petition for Proof of Will and for Issuance of Letters Testamentary Under Full Administration, Petition to Appoint Personal Representative, and Petition to Distribute and Close Estate; filed 05/25/2016	I	AA000105
25	Amended First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 05/25/2016	I	AA000106-000111
26	Last Will and Testament of Theodore E. Scheide; filed 05/31/2016	I	AA000112-000128
27	Notice of Withdrawal of Petition for Proof of Will and for Issuance of Letters Testamentary Under Full Administration, Petition to Appoint Personal Representative, and Petition to Distribute and Close Estate; filed 07/13/2016	I	AA000129
28	Notice of Withdrawal of Amended First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 07/13/2019	I	AA000130
29	Re-Notice of Hearing - First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 08/29/2016	I	AA000131-000138

30	Response to Theodore E. Scheide III's Re-Notice of Hearing on the First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 09/12/2016	I	AA000139-000140
31	Petition for Probate of Lost Will (NRS136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090); filed 09/13/2016	I	AA000141-000193
32	Objection to First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 09/13/2016	II	AA000194-000238
33	Notice of Exercise of Right to Have Hearing Before Probate Court Judge; filed 09/14/2016	II	AA000239-000240
34	Order Scheduling Status Check; filed 10/03/2016	II	AA000241-000243
35	Objection to Petition for Proof of Lost Will (NRS 136.240), Issuance of Letters Testamentary, Etc. Counterpetition (Response to Objection) to Distribute Intestate Estate; filed 10/04/2016	II	AA000244-000287
36	Court Minutes; issued 10/12/2016	II	AA000288-000289
37	Reply in Support of Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090); filed 10/26/2016	II	AA000290-000298
38	Court Minutes; issued 11/02/2016	II	AA000299-000300

39	Order Granting Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090); filed 02/02/2017	II	AA000301-000303
40	Notice of Motion and Motion to Reconsider/Clarify, Etc.; filed 02/13/2017	II	AA000304-000398
41	Opposition to Motion to Reconsider/Clarify, Etc., filed 03/04/2017	II	AA000399-000424
42	Reply to Opposition to Motion to Reconsider; filed 03/14/2017	III	AA000425-000454
43	Court Minutes; issued 03/22/2017	III	AA000455-000456
44	Recorder's Transcript of Proceeding: Notice of Motion and Motion to Reconsider/Clarify, Etc. Motion: St. Jude Children's Research Hospital's Motion to Extend Discovery and Continue Trial Date on Order Shortening Time (First Request); filed 03/27/2017	III	AA000457-000484
45	Notice of Entry of Order; filed 04/18/2017	III	AA000485-000489
46	Notice of Motion and Motion for Judgment on the Pleadings (NRC12 (c)); filed 04/21/2017	III	AA000490-000659
47	St. Jude Children's Research Hospital's Motion for Partial Summary Judgment on Non-Revocation of Will Prior to the Decedent's Guardianship and on Decedent's Testamentary Capacity After the Establishment of a Guardianship; filed 04/25/2017	IV	AA000660-000713

48	St. Jude Children's Research Hospital's Opposition to Motion for Judgment on the Pleadings (NRCP 12(c)); filed 05/08/2017	IV	AA000713-000795
49	Respondent's Opposition to Motion for Partial Summary Judgment; filed 05/12/2017	IV	AA000796-000839
50	Reply to St. Jude's Opposition to Motion for Judgment on the Pleadings (NRCP 12(c)), Etc.; filed 05/22/2017	IV	AA000840-000872
51	St. Jude Children's Research Hospital's Reply in Support of Motion for Partial Summary Judgment on Non-Revocation of Will Prior to the Decedent's Guardianship and on Decedent's Testamentary Capacity After the Establishment of a Guardianship; filed 05/23/2017	V	AA000873-000917
52	Respondent's Supplement Regarding Kristin Tyler's Testimony, Etc.; filed 06/01/2017	V	AA000918-000964
53	St. Jude Children's Research Hospital's Reply to Respondent's Supplement Regarding Kristin Tyler's Testimony, Etc.; filed 06/02/2017	V	AA000965-000970
54	Minute Order; served 06/06/2017	V	AA000971-000973
55	Respondent's Trial Brief; filed 06/12/2017	V	AA000974-001067
56	St. Jude Children's Research Hospital's Trial Brief; filed 06/13/2017	V	AA001068-001078
57	Petition for Instructions; filed 06/14/2017	V	AA001079-001081
58	Recorder's Transcript of Proceedings Non-Jury Trial - Day 1; 06/15/2017	VI, VII	AA001082-001363

59	Recorder's Transcript of Proceedings Non-Jury Trial - Day 2; 06/16/2017	VII	AA001364-001407
60	Order Sealing Trial Exhibits; filed 06/26/2017	VII	AA001408
61	Petition for Approval of Accounting and Report of Administration; Petition for Approval of Fees and Costs; filed 01/18/2018	VII	AA001409-001470
62	Decision and Order; filed 08/06/2018	VII	AA001471-001482
63	Notice of Entry of Decision and Order; filed 08/08/2018	VII	AA001483-001496
64	Notice of Appeal; filed 09/06/2018	VII	AA001497-001498
65	Trial Exhibit 1	VII	AA001499-001514
66	Trial Exhibit 2	VII	AA001515-001530
67	Trial Exhibit 3	VII	AA001531-001533
68	Trial Exhibit 4	VII	AA001534-001535
69	Trial Exhibit 5	VIII, IX	AA001536-001884

Alphabetical Index

Doc No.	Description	Vol.	Bates Nos.
16	Affidavit of Publication; filed 06/11/2015	I	AA000065
25	Amended First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 05/25/2016	I	AA000106-000111
20	Certificate of Mailing - Inventory, Appraisal and Record of Value and Notice of Hearing on the First and Final Account, Report of Administration, and Petition for Final Distribution and Approval of Costs and Fees; filed 05/18/2016	I	AA000077
21	Certificate of Mailing - Notice to Creditors; filed 05/18/2016	I	AA000078
7	Certificate of Mailing - Notice of Hearing for Appointment of Administrator with Will Annexed Under Full Administration; filed 01/29/2015	I	AA000032
10	Certificate of Mailing - Notice of Hearing on Petition for Instructions; filed 05/06/2015	I	AA000057
11	Court Minutes; issued 05/22/2015	I	AA000058-000059
36	Court Minutes; issued 10/12/2016	II	AA000288-000289
38	Court Minutes; issued 11/02/2016	II	AA000299-000300
43	Court Minutes; issued 03/22/2017	III	AA000455-000456

62	Decision and Order; filed 08/06/2018	VII	AA001471-001482
2	Ex Parte Order Appointing Special Administrator; filed 10/06/2014	I	AA000006
1	Ex Parte Petition for Appointment of Special Administrator; filed 10/02/2014	I	AA000001-000005
18	First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 05/18/2016	I	AA000070-000075
17	Inventory, Appraisal and Record of Value; filed 03/28/2016	I	AA000066-000069
26	Last Will and Testament of Theodore E. Scheide; filed 05/31/2016	I	AA000112-000128
15	Letters of Administration; filed 05/28/2015	I	AA000064
3	Letters of Special Administration; filed 10/13/2014	I	AA000007
54	Minute Order; served 06/06/2017	V	AA000971-000973
64	Notice of Appeal; filed 09/06/2018	VII	AA001497-001498
22	Notice of Appearance - Hutchinson & Steffen; filed 05/20/2016	I	AA000079-000081
63	Notice of Entry of Decision and Order; filed 08/08/2018	VII	AA001483-001496
45	Notice of Entry of Order; filed 04/18/2017	III	AA000485-000489
4	Notice of Entry of Ex Parte Order Appointing Special Administrator; filed 01/12/2015	I	AA000008-000010

33	Notice of Exercise of Right to Have Hearing Before Probate Court Judge; filed 09/14/2016	II	AA000239-000240
6	Notice of Hearing for Appointment of Administrator with Will Annexed Under Full Administration; fled 01/29/2015	I	AA000031
19	Notice of Hearing on First and Final Report and Accounting and Petition for Final Distribution and Approval of Costs and Fees; filed 05/18/2016	I	AA000076
9	Notice of Hearing on Petition for Instructions; filed 05/06/2015	I	AA000056
24	Notice of Hearing on Petition for Proof of Will and for Issuance of Letters Testamentary Under Full Administration, Petition to Appoint Personal Representative, and Petition to Distribute and Close Estate; filed 05/25/2016	I	AA000105
46	Notice of Motion and Motion for Judgment on the Pleadings (NRCP12 (c)); filed 04/21/2017	III	AA000490-000659
40	Notice of Motion and Motion to Reconsider/Clarify, Etc.; filed 02/13/2017	II	AA000304-000398
28	Notice of Withdrawal of Amended First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 07/13/2019	I	AA000130

27	Notice of Withdrawal of Petition for Proof of Will and for Issuance of Letters Testamentary Under Full Administration, Petition to Appoint Personal Representative, and Petition to Distribute and Close Estate; filed 07/13/2016	I	AA000129
13	Notice to Creditors; filed 05/27/2015	I	AA000062
32	Objection to First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 09/13/2016	II	AA000194-000238
35	Objection to Petition for Proof of Lost Will (NRS 136.240), Issuance of Letters Testamentary, Etc. Counterpetition (Response to Objection) to Distribute Intestate Estate; filed 10/04/2016	II	AA000244-000287
41	Opposition to Motion to Reconsider/Clarify, Etc., filed 03/04/2017	II	AA000399-000424
39	Order Granting Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090); filed 02/02/2017	II	AA000301-000303
12	Order on Petition for Instructions; filed 05/26/2015	I	AA000060-000061
34	Order Scheduling Status Check; filed 10/03/2016	II	AA000241-000243
60	Order Sealing Trial Exhibits; filed 06/26/2017	VII	AA001408
5	Petition for Appointment of Administrator of Intestate Estate Under Full Administration; filed 01/29/2015	I	AA000011-000030

61	Petition for Approval of Accounting and Report of Administration; Petition for Approval of Fees and Costs; filed 01/18/2018	VII	AA001409-001470
8	Petition for Instructions; filed 05/06/2015	I	AA000033-000055
57	Petition for Instructions; filed 06/14/2017	V	AA001079-001081
31	Petition for Probate of Lost Will (NRS136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090); filed 09/13/2016	I	AA000141-000193
23	Petition for Proof of Will and for Issuance of Letters Testamentary Under Full Administration, Petition to Appoint Person Representative, and Petition to Distribute and Close Estate; filed 05/25/2016	I	AA000082-000104
58	Recorder's Transcript of Proceedings Non-Jury Trial - Day 1; 06/15/2017	VI, VII	AA001082-001363
59	Recorder's Transcript of Proceedings Non-Jury Trial - Day 2; 06/16/2017	VII	AA001364-001407
44	Recorder's Transcript of Proceeding: Notice of Motion and Motion to Reconsider/Clarify, Etc. Motion: St. Jude Children's Research Hospital's Motion to Extend Discovery and Continue Trial Date on Order Shortening Time (First Request); filed 03/27/2017	III	AA000457-000484
29	Re-Notice of Hearing - First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 08/29/2016	I	AA000131-000138

37	Reply in Support of Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090); filed 10/26/2016	II	AA000290-000298
42	Reply to Opposition to Motion to Reconsider; filed 03/14/2017	III	AA000425-000454
50	Reply to St. Jude's Opposition to Motion for Judgment on the Pleadings (NRCP 12(c)), Etc.; filed 05/22/2017	IV	AA000840-000872
49	Respondent's Opposition to Motion for Partial Summary Judgment; filed 05/12/2017	IV	AA000796-000839
52	Respondent's Supplement Regarding Kristin Tyler's Testimony, Etc.; filed 06/01/2017	V	AA000918-000964
55	Respondent's Trial Brief; filed 06/12/2017	V	AA000974-001067
30	Response to Theodore E. Scheide III's Re-Notice of Hearing on the First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees; filed 09/12/2016	I	AA000139-000140
14	Statement of Name and Permanent Address of Administrator; filed 05/27/2015	I	AA000063
47	St. Jude Children's Research Hospital's Motion for Partial Summary Judgment on Non-Revocation of Will Prior to the Decedent's Guardianship and on Decedent's Testamentary Capacity After the Establishment of a Guardianship; filed 04/25/2017	IV	AA000660-000713

48	St. Jude Children's Research Hospital's Opposition to Motion for Judgment on the Pleadings (NRCP 12(c)); filed 05/08/2017	IV	AA000713-000795
51	St. Jude Children's Research Hospital's Reply in Support of Motion for Partial Summary Judgment on Non-Revocation of Will Prior to the Decedent's Guardianship and on Decedent's Testamentary Capacity After the Establishment of a Guardianship; filed 05/23/2017	V	AA000873-000917
53	St. Jude Children's Research Hospital's Reply to Respondent's Supplement Regarding Kristin Tyler's Testimony, Etc.; filed 06/02/2017	V	AA000965-000970
56	St. Jude Children's Research Hospital's Trial Brief; filed 06/13/2017	V	AA001068-001078
65	Trial Exhibit 1	VII	AA001499-001514
66	Trial Exhibit 2	VII	AA001515-001530
67	Trial Exhibit 3	VII	AA001531-001533
68	Trial Exhibit 4	VII	AA001534-001535
69	Trial Exhibit 5	VII, IX	AA001536-001884

CERTIFICATE OF SERVICE

I certify that I am an employee of HUTCHISON & STEFFEN, PLLC and that on this date **APPENDIX TO APPELLANT'S OPENING BRIEF VOLUME IX of IX** was filed electronically with the Clerk of the Nevada Supreme Court, and therefore electronic service was made in accordance with the master service list as follows:

Cary Colt Payne, Esq.
700 S. 8th Street
Las Vegas, NV 89101
Attorney for Theodore "Chip" E. Scheide, III

DATED this 7th day of June, 2018.



An employee of Hutchison & Steffen, PLLC

7. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THE TREATING PHYSICIAN, HOSPITAL OR OTHER PROVIDER OF HEALTH CARE ORALLY OR IN WRITING.

8. THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

9. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

10. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

NRS 162A.860

1. DESIGNATION OF HEALTH CARE AGENT.

I, THEODORE E. SCHEIDE, do hereby designate and appoint:

Name: PATRICIA BOWLIN
Address: _____
Telephone Number: (702) 823-4028
E-mail Address: _____

as my agent to make health care decisions for me as authorized in this document.

(Note: Unless the person you wish to designate as your agent to make health care decisions for you is also your spouse, legal guardian or the person most closely related to you by blood, none of the following may be designated as your agent: (1) your treating provider of health care; (2) an employee of your treating provider of health care; (3) an operator of a health care facility; or (4) an employee of an operator of a health care facility.)

2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

By this document I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3. GENERAL STATEMENT OF AUTHORITY GRANTED.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the agent named above full power and authority: to make health care decisions for me before or after my death, including consent, refusal of consent or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition; to request, review and receive any information, verbal or written, regarding my

physical or mental health, including, without limitation, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records, EXCEPT any power to enter into any arbitration agreements or execute any arbitration clauses in connection with admission to any health care facility including any skilled nursing facility; and subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4. SPECIAL PROVISIONS AND LIMITATIONS.

(Your agent is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization or abortion. If there are any other types of treatment or placement that you do not want your agent's authority to give consent for or other restrictions you wish to place on his or her agent's authority, you should list them in the space below. If you do not write any limitations, your agent will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, the authority of my agent is subject to the following special provisions and limitations:

5. DURATION.

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make health care decisions for myself.

(IF APPLICABLE)

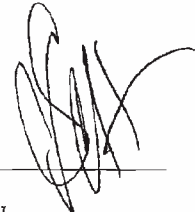
I wish to have this power of attorney end on the following date: _____

6. STATEMENT OF DESIRES.

With respect to decisions to withhold or withdraw life-sustaining treatment, your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement or statements that reflect your desires and/or write your own statements in the space below.

If the statement reflects your desires, initial the line at the end of the statement.

1. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures. _____
2. If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449.535 to 449.690, inclusive, if this subparagraph is initialed.) _____
3. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449.535 to 449.690, inclusive, if this subparagraph is initialed.) _____
4. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld. _____
5. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My agent is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life. _____



(If you wish to change your answer, you may do so by drawing an "X" through the answer you do not want, and circling the answer you prefer.)

Other or Additional Statements of Desires: I am an organ donor.

7. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same health care decisions as the agent designated in paragraph 1, page 2, in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If the person designated in paragraph 1 as my agent is unable to make health care decisions for me, then I designate the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternative Agent

Name: NONE
Address: _____
Telephone Number: _____
E-mail Address: _____

8. PRIOR DESIGNATIONS REVOKED.

I revoke any prior durable power of attorney for health care.

9. WAIVER OF CONFLICT OF INTEREST.

If my designated agent is my spouse or is one of my children, then I waive any conflict of interest in carrying out the provisions of this Durable Power of Attorney for Health Care that said spouse or child may have by reason of the fact that he or she may be a beneficiary of my estate.

10. CHALLENGES.

If the legality of any provision of this Durable Power of Attorney for Health Care is questioned by my physician, my agent or a third party, then my agent is authorized to commence an action for declaratory judgment as to the legality of the provision in question. The cost of any such action is to be paid from my estate. This Durable Power of Attorney for Health Care must be construed and interpreted in accordance with the laws of the State of Nevada.

11. NOMINATION OF GUARDIAN.

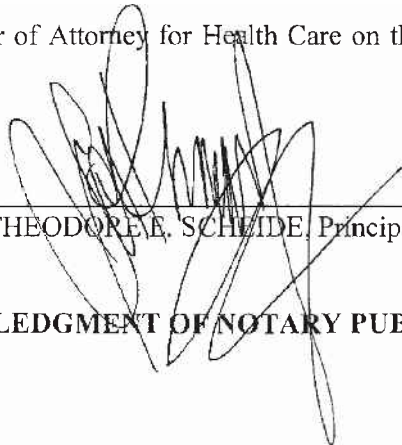
If, after execution of this Durable Power of Attorney for Health Care, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

REST OF PAGE INTENTIONALLY LEFT BLANK

12. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my health care, to my agent named herein, pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations.

I sign my name to this Durable Power of Attorney for Health Care on this 2 day of October, 2012, at Las Vegas, Nevada.



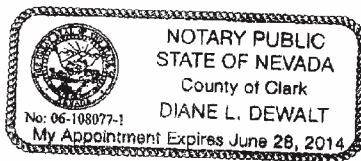
THEODORE E. SCHEIDE, Principal

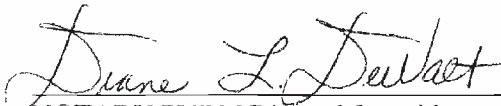
CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the 2nd day of October, 2012, before me the undersigned Notary Public, personally appeared THEODORE E. SCHEIDE, known to me to be the person described herein and who executed the forgoing DURABLE POWER OF ATTORNEY FOR HEALTH CARE, and duly acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.





NOTARY PUBLIC in and for said
County and State

COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your providers of health care.

STATUTORY FORM POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU. YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF.

2. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

3. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.

4. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

5. YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. UNLESS YOU SPECIFY OTHERWISE, GENERALLY THE AGENT'S AUTHORITY WILL CONTINUE UNTIL YOU DIE OR REVOKE THE POWER OF ATTORNEY OR THE AGENT RESIGNS OR IS UNABLE TO ACT FOR YOU.

6. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

7. THIS FORM PROVIDES FOR DESIGNATION OF ONE AGENT. IF YOU WISH TO NAME MORE THAN ONE AGENT YOU MAY NAME A CO-AGENT IN THE SPECIAL INSTRUCTIONS. CO-AGENTS ARE NOT REQUIRED TO ACT TOGETHER UNLESS YOU INCLUDE THAT REQUIREMENT IN THE SPECIAL INSTRUCTIONS.

8. IF YOUR AGENT IS UNABLE OR UNWILLING TO ACT FOR YOU, YOUR POWER OF ATTORNEY WILL END UNLESS YOU HAVE NAMED A SUCCESSOR AGENT. YOU MAY ALSO NAME A SECOND SUCCESSOR AGENT.

9. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT.

10. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY.

11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

NRS 162A.620

1. DESIGNATION OF AGENT.

I, THEODORE E. SCHEIDE, do hereby designate and appoint:

Name: PATRICIA BOWLIN
Address: _____
Telephone Number: (702) 823-4028
E-mail Address: _____

as my agent to make decisions for me and in my name, place and stead and for my use and benefit and to exercise the powers as authorized in this document.

2. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same decisions as the agent designated above in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If my agent is unable or unwilling to act for me, then I designate the following person(s) to serve as my agent as authorized in this document, such person(s) to serve in the order listed below:

A. First Alternative Agent

Name: NEVADA STATE BANK
Address: _____
Telephone Number: _____
E-mail Address: _____

REST OF PAGE INTENTIONALLY LEFT BLANK

3. OTHER POWERS OF ATTORNEY.

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney for financial matters I have previously executed.

4. NOMINATION OF GUARDIAN.

If, after execution of this Power of Attorney, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

5. GRANT OF GENERAL AUTHORITY.

I grant my agent and any successor agent(s) general authority to act for me with respect to the following subjects:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- ☐ Real Property
- ☐ Tangible Personal Property
- ☐ Stocks and Bonds
- ☐ Commodities and Options
- ☐ Banks and Other Financial Institutions
- ☐ Safe Deposit Boxes
- ☐ Operation of Entity or Business
- ☐ Insurance and Annuities
- ☐ Estates, Trusts and Other Beneficial Interests
- ☐ Legal Affairs, Claims and Litigation
- ☐ Legal Affairs, Claims and Litigation
- ☐ Personal Maintenance
- ☐ Benefits from Governmental Programs or Civil or Military Service
- ☐ Retirement Plans
- ☐ Taxes
- ☒ All Preceding Subjects

6. GRANT OF SPECIFIC AUTHORITY.

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

- ☐ Create, amend, revoke or terminate an inter vivos, family, living, irrevocable

- or revocable trust
- ☐ Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney
- ☐ Create or change rights of survivorship
- ☐ Create or change a beneficiary designation
- ☐ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- ☐ Exercise fiduciary powers that the principal has authority to delegate
- ☐ Exercise fiduciary powers that the principal has authority to delegate Disclaim or refuse an interest in property, including a power of appointment

7. LIMITATION ON AGENT'S AUTHORITY.

An agent that is not my spouse MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

8. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

9. DURABILITY AND EFFECTIVE DATE. (INITIAL the clause(s) that applies.)

☒

DURABLE. This Power of Attorney shall not be affected by my subsequent disability or incapacity

☐

SPRINGING POWER. It is my intention and direction that my designated agent, and any person or entity that my designated agent may transact business with on my behalf, may rely on a written medical opinion issued by a licensed medical doctor stating that I am disabled or incapacitated, and incapable of managing my affairs, and that said medical opinion shall establish whether or not I am under a disability for the purpose of establishing the authority of my designated agent to act in accordance with this Power of Attorney.

☐

I wish to have this Power of Attorney become effective on the following date: _____ (date).

☐

I wish to have this Power of Attorney end on the following date: _____ (date).

10. THIRD PARTY PROTECTION.

Third parties may rely upon the validity of this Power of Attorney or a copy and the representations of my agent as to all matters relating to any power granted to my agent, and no person or agency who relies upon the representation of my agent, or the authority granted by my agent, shall incur any liability to me or my estate as a result of permitting my agent to exercise

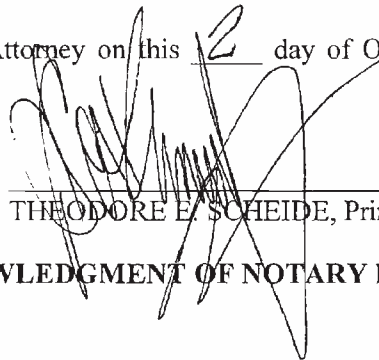
any power unless a third party knows or has reason to know this Power of Attorney has terminated or is invalid.

11. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information, by any government agency, business, creditor or third party who may have information pertaining to my assets or income, to my agent named herein.

12. SIGNATURE AND ACKNOWLEDGMENT. YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

I sign my name to this Power of Attorney on this 2 day of October, 2012, at Las Vegas, Nevada.



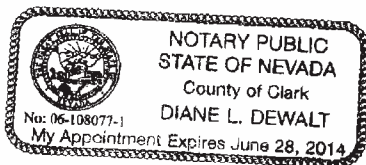
THEODORE E. SCHEIDE, Principal


CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the 2nd day of October, 2012, before me the undersigned Notary Public, personally appeared THEODORE E. SCHEIDE, known to me to be the person described herein and who executed the forgoing DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS, and duly acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.





NOTARY PUBLIC in and for said
County and State

IMPORTANT INFORMATION FOR AGENT

1. Agent's Duties. When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must:

(a) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;

(b) Act in good faith;

(c) Do nothing beyond the authority granted in this Power of Attorney; and

(d) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

2. Unless the Special Instructions in this Power of Attorney state otherwise, you must also:

(a) Act loyally for the principal's benefit;

(b) Avoid conflicts that would impair your ability to act in the principal's best interest;

(c) Act with care, competence, and diligence;

(d) Keep a record of all receipts, disbursements and transactions made on behalf of the principal;

(e) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and

(f) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

3. Termination of Agent's Authority. You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include:

(a) Death of the principal;

- (b) The principal's revocation of the Power of Attorney or your authority;
- (c) The occurrence of a termination event stated in the Power of Attorney;
- (d) The purpose of the Power of Attorney is fully accomplished; or
- (e) If you are married to the principal, your marriage is dissolved.

4. Liability of Agent. The meaning of the authority granted to you is defined in NRS 162A.200 to 162A.660, inclusive. If you violate NRS 162A.200 to 162A.660, inclusive, or act outside the authority granted in this Power of Attorney, you may be liable for any damages caused by your violation.

5. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

**Last Will and Testament
of
THEODORE E. SCHEIDE**

I, THEODORE E. SCHEIDE, a resident of Clark County, Nevada, being of sound mind and disposing memory, hereby revoke any prior wills and codicils made by me and declare this to be my Last Will and Testament.

**Article One
Family Information**

I am unmarried.

I have one child, THEODORE E. SCHEIDE, III.

However, I am specifically disinheriting THEODORE E. SCHEIDE, III and his descendants. Therefore, for the purposes of my Will, THEODORE E. SCHEIDE, III and his descendants will be deemed to have predeceased me.

**Article Two
Specific and General Gifts**

Section 2.01 Disposition of Tangible Personal Property

I give all my tangible personal property, together with any insurance policies covering the property and any claims under those policies in accordance with a "Memorandum for Distribution of Personal Property" or other similar writing directing the disposition of the property. Any writing prepared according to this provision must be dated and signed by me.

If I leave multiple written memoranda that conflict as to the disposition of any item of tangible personal property, the memorandum with the most recent date will control as to those items that are in conflict.



Last Will and Testament of THEODORE E. SCHEIDE

Page 1

AA001782

If the memorandum with the most recent date conflicts with a provision of this Will as to the specific distribution of any item of tangible personal property, the provisions of the memorandum with the most recent date control as to those items that are in conflict.

I intend that the writing qualify to distribute my tangible personal property under applicable state law.

Section 2.02 Contingent Distribution of Tangible Personal Property

Any tangible personal property not disposed of by a written memorandum, or if I choose not to leave a written memorandum, all my tangible personal property will be distributed as part of my residuary estate.

Section 2.03 Definition of Tangible Personal Property

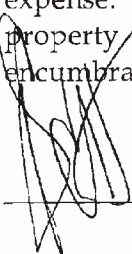
For purposes of this Article, the term "tangible personal property" includes but is not limited to my household furnishings, appliances and fixtures, works of art, motor vehicles, pictures, collectibles, personal wearing apparel and jewelry, books, sporting goods, and hobby paraphernalia. The term does not include any tangible property that my Executor, in its sole and absolute discretion, determines to be part of any business or business interest that I own at my death.

Section 2.04 Ademption

If property to be distributed under this Article becomes part of my probate estate in any manner after my death, then the gift will not adeem simply because it was not a part of my probate estate at my death. My Executor will distribute the property as a specific gift in accordance with this Article. But if property to be distributed under this Article is not part of my probate estate at my death and does not subsequently become part of my probate estate, then the specific gift made in this Article is null and void, without any legal or binding effect.

Section 2.05 Incidental Expenses and Encumbrances

Until property distributed in accordance with this Article is delivered to the appropriate beneficiary or to the beneficiary's legal representative, my Executor will pay the reasonable expenses of securing, storing, insuring, packing, transporting, and otherwise caring for the property as an administration expense. Except as otherwise provided in my Will, my Executor will distribute property under this Article subject to all liens, security interests, and other encumbrances on the property.



Last Will and Testament of THEODORE E. SCHEIDE

Page 2

AA001783

Article Three My Residuary Estate

Section 3.01 Definition of My Residuary Estate

All the remainder of my estate, including property referred to above that is not effectively disposed of, will be referred to in my Will as my "residuary estate."

Section 3.02 Disposition of My Residuary Estate

I give my residuary estate to VELMA G. SHAY, if she survives me.

If VELMA G. SHAY predeceases me, then I give my residuary estate to ST. JUDE CHILDREN'S HOSPITAL located in Memphis, Tennessee.

Article Four Remote Contingent Distribution

If, at any time after my death, there is no person or entity then qualified to receive final distribution of my estate or any part of it under the foregoing provisions of my Will, then the portion of my estate with respect to which the failure of qualified recipients has occurred shall be distributed to those persons who would inherit it had I then died intestate owning the property, as determined and in the proportions provided by the laws of Nevada then in effect (other than THEODORE E. SCHEIDE, III and his descendants).

Article Five Designation of Executor

Section 5.01 Executor

I name PATRICIA BOWLIN as my Executor. If PATRICIA BOWLIN fails or ceases to act as my Executor, I name NEVADA STATE BANK as my Executor.



Last Will and Testament of THEODORE E. SCHEIDE
Page 3

AA001784

Section 5.02 Guardian for Testator

If I should become mentally incompetent to handle my affairs prior to my demise, I request that PATRICIA BOWLIN be appointed guardian of my estate and my person, to serve without bond. In the event that she is unable or unwilling to serve, then I request that a representative from NEVADA STATE BANK be appointed guardian of my estate and my person, to serve without bond.

**Article Six
General Administrative Provisions**

The provisions of this Article apply to my probate estate.

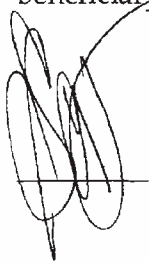
Section 6.01 No Bond

No Fiduciary is required to furnish any bond for the faithful performance of the Fiduciary's duties, unless required by a court of competent jurisdiction and only if the court finds that a bond is needed to protect the interests of the beneficiaries. No surety is required on any bond required by any law or rule of court, unless the court specifies that a surety is necessary.

**Section 6.02 Distributions to Incapacitated Persons and Persons Under
Twenty-One Years of Age**

If my Executor is directed to distribute any share of my probate estate to any beneficiary who is under the age of 21 years or is in the opinion of my Executor, under any form of incapacity that renders such beneficiary unable to administer distributions properly when the distribution is to be made, my Executor may, as Trustee, in my Executor's discretion, continue to hold such beneficiary's share as a separate trust until the beneficiary reaches the age of 21 or overcomes the incapacity. My Executor shall then distribute such beneficiary's trust to him or her.

While any trust is being held under this Section, my Independent Trustee may pay to the beneficiary for whom the trust is held such amounts of the net income and principal as the Trustee determines to be necessary or advisable for any purpose. If there is no Independent Trustee, my Trustee shall pay to the beneficiary for whom the trust is held such amounts of the net income and



Last Will and Testament of THEODORE E. SCHEIDE

Page 4

AA001785

principal as the fiduciary determines to be necessary or advisable for the beneficiary's health, education, maintenance or support.

Upon the death of the beneficiary, my Trustee shall distribute any remaining property in the trust, including any accrued and undistributed income, to such persons as such beneficiary appoints by his or her Will. This general power may be exercised in favor of the beneficiary, the beneficiary's estate, the beneficiary's creditors, or the creditors of the beneficiary's estate. To the extent this general power of appointment is not exercised, on the death of the beneficiary, the trust property is to be distributed to the beneficiary's then living descendants, *per stirpes*, or, if none, *per stirpes* to the living descendants of the beneficiary's nearest lineal ancestor who was a descendant of mine, or if no such descendant is then living, to my then living descendants, *per stirpes*. If I have no then living descendants the property is to be distributed under the provisions of Article Four entitled "Remote Contingent Distribution."

Section 6.03 Maximum Term for Trusts

Notwithstanding any other provision of my Will to the contrary, unless terminated earlier under other provisions of my Will, each trust created under my Will will terminate 21 years after the last to die of the descendants of my maternal and paternal grandparents who are living at the time of my death.

At that time, the remaining trust property will vest in and be distributed to the persons entitled to receive mandatory distributions of net income of the trust and in the same proportions. If no beneficiary is entitled to mandatory distributions of net income, the remaining trust property will vest in and be distributed to the beneficiaries entitled to receive discretionary distributions of net income of the trust, in equal shares *per stirpes*.

Section 6.04 Representative of a Beneficiary

The guardian of the person of a beneficiary may act for such beneficiary for all purposes under my Will or may receive information on behalf of such beneficiary.

Section 6.05 Ancillary Administration

In the event ancillary administration is required or desired and my domiciliary Executor is unable or unwilling to act as an ancillary fiduciary, my domiciliary Executor will have the power to designate, compensate, and remove the ancillary fiduciary. The ancillary fiduciary may be either a natural person or a



Last Will and Testament of THEODORE E. SCHEIDE

Page 5

AA001786

corporation. My domiciliary Executor may delegate to such ancillary fiduciary such powers granted to my original Executor as my Executor may deem proper, including the right to serve without bond or surety on bond. The net proceeds of the ancillary estate are to be paid over to the domiciliary Executor.

Section 6.06 Delegation of Authority; Power of Attorney

Any Fiduciary may, by an instrument in writing, delegate to any other Fiduciary the right to exercise any power, including a discretionary power, granted the Fiduciary in my Will. During the time a delegation under this Section is in effect, the Fiduciary to whom the delegation was made may exercise the power to the same extent as if the delegating Fiduciary had personally joined in the exercise of the power. The delegating Fiduciary may revoke the delegation at any time by giving written notice to the Fiduciary to whom the power was delegated.

The Fiduciary may execute and deliver a revocable or irrevocable power of attorney appointing any individual or corporation to transact any and all business on behalf of the trust. The power of attorney may grant to the attorney-in-fact all of the rights, powers, and discretion that the Fiduciary could have exercised.

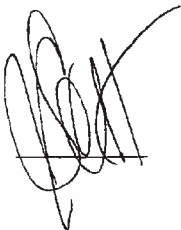
Section 6.07 Merger of Corporate Fiduciary

If any corporate fiduciary acting as my Fiduciary under my Will is merged with or transfers substantially all of its trust assets to another corporation or if a corporate fiduciary changes its name, the successor shall automatically succeed to the position of my Fiduciary as if originally named my Fiduciary. No document of acceptance of the position of my Fiduciary shall be required.

Article Seven Powers of My Fiduciaries

Section 7.01 Fiduciaries' Powers Act

My Fiduciaries may, without prior authority from any court, exercise all powers conferred by my Will or by common law or by Nevada Revised Statutes or other statute of the State of Nevada or any other jurisdiction whose law applies to my Will. My Executor has absolute discretion in exercising these powers. Except as



Last Will and Testament of THEODORE E. SCHEIDE

Page 6

AA001787

specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 7.02 Powers Granted by State Law

In addition to all of the above powers, my Executor may, without prior authority from any court, exercise all powers conferred by my Will; by common law; by the laws of the State of Nevada, including, without limitation by reason of this enumeration, each and every power enumerated in NRS 163.265 to 163.410, inclusive; or any other jurisdiction whose law applies to my Will. My Executor has absolute discretion in exercising these powers. Except as specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 7.03 Alternative Distribution Methods

My Fiduciary may make any payment provided for under my Will as follows:

Directly to the beneficiary;

In any form allowed by applicable state law for gifts or transfers to minors or persons under a disability;

To the beneficiary's guardian, conservator, agent under a durable power of attorney or caregiver for the benefit of the beneficiary; or

By direct payment of the beneficiary's expenses, made in a manner consistent with the proper exercise of the fiduciary's duties hereunder. A receipt by the recipient for any such distribution fully discharges my Fiduciary.

Article Eight
Provisions for Payment of Debts, Expenses and Taxes

Section 8.01 Payment of Debts and Expenses

I direct that all my legally enforceable debts, secured and unsecured, be paid as soon as practicable after my death.



Last Will and Testament of THEODORE E. SCHEIDE
Page 7

AA001788

Section 8.02 No Apportionment

Except as otherwise provided in this Article or elsewhere in my will, my Executor shall provide for payment of all estate, inheritance and succession taxes payable by reason of my death ("death taxes") from my residuary estate as an administrative expense without apportionment and will not seek contribution toward or recovery of any death tax payments from any individual.

For the purposes of this Article, however, the term "death taxes" does not include any additional estate tax imposed by Section 2031(c)(5)(C), Section 2032A(c) or Section 2057(f) of the Internal Revenue Code or any other comparable taxes imposed by any other taxing authority. Nor does the term include any generation-skipping transfer tax, other than a direct skip.

Section 8.03 Protection of Exempt Property

Death taxes are not to be allocated to or paid from any assets that are not included in my gross estate for federal estate tax purposes. In addition, to the extent practicable, my Trustee should not pay any death taxes from assets that are exempt for generation-skipping transfer tax purposes.

Section 8.04 Protection of the Charitable Deduction

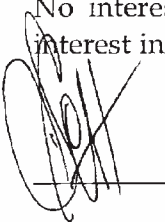
Death taxes are not to be allocated to or paid from any assets passing to any organization that qualifies for the federal estate tax charitable deduction, or from any assets passing to a split-interest charitable trust, unless my Executor has first used all other assets available to my Executor to pay the taxes.

Section 8.05 Property Passing Outside of My Will

Death taxes imposed with respect to property included in my gross estate for purposes of computing the tax and passing other than by my Will are to be apportioned among the persons and entities benefited in the proportion that the taxable value of the property or interest bears to the total taxable value of the property and interests received by all persons benefited. The values to be used for the apportionment are the values as finally determined under federal, state, or local law as the case may be.

Section 8.06 No Apportionment Between Current and Future Interests

No interest in income and no estate for years or for life or other temporary interest in any property or trust is to be subject to apportionment as between the



Last Will and Testament of THEODORE E. SCHEIDE

Page 8

AA001789

temporary interest and the remainder. The tax on the temporary interest and the tax, if any, on the remainder are chargeable against the corpus of the property or trust subject to the temporary interest and remainder.

Section 8.07 Tax Elections

In exercising any permitted elections regarding taxes, my fiduciaries may make any decisions that they deem to be appropriate in any circumstances, and my fiduciaries are not required to make any compensatory adjustment as a consequence of any election. My Executor may also pay taxes or interest and deal with any tax refunds, interest, or credits as my Executor deems to be necessary or advisable in the interest of my estate.

My Executor, in his or her sole and absolute discretion, may make any adjustments to the basis of my assets authorized by law, including but not limited to increasing the basis of any property included in my gross estate, whether or not passing under my Will, by allocating any amount by which the basis of my assets may be increased. My Executor is not required to allocate basis increase exclusively, primarily or at all to assets passing under my Will as opposed to other property included in my gross estate. My Executor may elect, in his or her sole and absolute discretion, to allocate basis increase to one or more assets that my Executor receives or in which my Executor has a personal interest, to the partial or total exclusion of other assets with respect to which such allocation could be made. My Executor may not be held liable to any person for the exercise of his or her discretion under this Section.

Article Nine Definitions and General Provisions

Section 9.01 Cremation Instructions

I wish that my remains be cremated and buried in accordance with my pre-paid funeral arrangements with Palm Mortuary in Las Vegas, Nevada.

Section 9.02 Definitions

For purposes of my Will and for the purposes of any trust established under my Will, the following definitions apply:



Last Will and Testament of THEODORE E. SCHEIDE
Page 9

AA001790

(a) **Adopted and Afterborn Persons**

A legally adopted person in any generation and his or her descendants, including adopted descendants, will have the same rights and will be treated in the same manner under my Will as natural children of the adopting parent, provided the person is legally adopted before attaining the age of 18 years. A person will be deemed to be legally adopted if the adoption was legal in the jurisdiction in which it occurred at the time that it occurred.

A fetus *in utero* that is later born alive will be considered a person in being during the period of gestation.

(b) **Descendants**

The term "descendants" means any one or more person who follows in direct descent (as opposed to collateral descent) from a person, such as a person's children, grandchildren, or other descended individuals of any generation.

(c) **Fiduciary**

"Fiduciary" or "Fiduciaries" refer to my Executor. My "Executor" includes any executor, ancillary executor, administrator, or ancillary administrator, whether local or foreign, and whether of all or part of my estate, multiple Executors, and their successors.

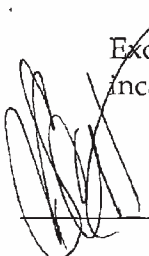
Except as otherwise provided in this Last Will and Testament, a fiduciary has no liability to any party for action (or inaction) taken in good faith.

(d) **Good Faith**

For the purposes of this Last Will and Testament, a fiduciary has acted in good faith if (i) its action or inaction is not a result of intentional wrongdoing, (ii) the fiduciary did not make the decision with reckless indifference to the interests of the beneficiaries, and (iii) its action or inaction does not result in an improper personal pecuniary benefit to the fiduciary.

(e) **Incapacity**

Except as otherwise provided in my Will, a person is deemed to be incapacitated in any of the following circumstances.



Last Will and Testament of THEODORE E. SCHEIDE
Page 10

AA001791

(1) The Opinion of Two Licensed Physicians

An individual is deemed to be incapacitated whenever, in the opinion of two licensed physicians, the individual is unable to effectively manage his or her property or financial affairs, whether as a result of age, illness, use of prescription medications, drugs or other substances, or any other cause.

An individual is deemed to be restored to capacity whenever the individual's personal or attending physician provides a written opinion that the individual is able to effectively manage his or her property and financial affairs.

(2) Court Determination

An individual is deemed to be incapacitated if a court of competent jurisdiction has declared the individual to be disabled, incompetent or legally incapacitated.

(3) Detention, Disappearance or Absence

An individual is deemed to be incapacitated whenever he or she cannot effectively manage his or her property or financial affairs due to the individual's unexplained disappearance or absence for more than 30 days, or whenever he or she is detained under duress.

An individual's disappearance, absence or detention under duress may be established by an affidavit of any fiduciary. The affidavit must describe the circumstances of an individual's detention under duress, disappearance, or absence and may be relied upon by any third party dealing in good faith with my fiduciary in reliance upon the affidavit.

An individual's disappearance, absence, or detention under duress may be established by an affidavit of my Executor.



(f) Internal Revenue Code

References to the "Internal Revenue Code" or to its provisions are to the Internal Revenue Code of 1986, as amended from time to time, and the corresponding Treasury Regulations, if any. References to the "Treasury Regulations," are to the Treasury Regulations under the Internal Revenue Code in effect from time to time. If a particular provision of the Internal Revenue Code is renumbered, or the Internal Revenue Code is superseded by a subsequent federal tax law, any reference will be deemed to be made to the renumbered provision or to the corresponding provision of the subsequent law, unless to do so would clearly be contrary to my intent as expressed in my Will. The same rule applies to references to the Treasury Regulations.

(g) Legal Representative

As used in my Will, the term "legal representative" means a person's guardian, conservator, personal representative, executor, administrator, Trustee, or any other person or entity personally representing a person or the person's estate.

(h) Per Stirpes

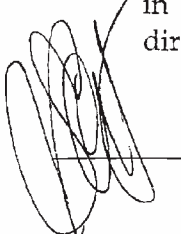
Whenever a distribution is to be made to a person's descendants *per stirpes*, the distribution will be divided into as many equal shares as there are then-living children of that person and deceased children of that person who left then-living descendants. Each then-living child will receive one share and the share of each deceased child will be divided among the deceased child's then-living descendants in the same manner.

(i) Primary Beneficiary

The Primary Beneficiary of a trust created under this agreement is the oldest Income Beneficiary of that trust unless some other individual is specifically designated as the Primary Beneficiary of that separate trust.

(j) Shall and May

Unless otherwise specifically provided in my Will or by the context in which used, I use the word "shall" in my Will to command, direct or require, and the word "may" to allow or permit, but not



require. In the context of my Trustee, when I use the word "may" I intend that my Trustee may act in its sole and absolute discretion unless otherwise stated in my Will.

(k) Trust

The term "trust," refers to any trusts created under the terms of my Will.

(l) Trustee

The term "my Trustee" refers to any person or entity that is from time to time acting as the Trustee and includes each Trustee individually, multiple Trustees, and their successors.

(m) Other Definitions

Except as otherwise provided in my Will, terms shall be as defined in Nevada Revised Statutes as amended after the date of my Will and after my death.

Section 9.03 Contest Provision

If any beneficiary of my Will or any trust created under the terms of my Will, alone or in conjunction with any other person engages in any of the following actions, the right of the beneficiary to take any interest given to the beneficiary under my Will or any trust created under the terms of my Will will be determined as it would have been determined as if the beneficiary predeceased me without leaving any surviving descendants.

Contests by a claim of undue influence, fraud, menace, duress, or lack of testamentary capacity, or otherwise objects in any court to the validity of (a) my Will, (b) any trust created under the terms of my Will, or (c) any beneficiary designation of an annuity, retirement plan, IRA, Keogh, pension or profit sharing plan, or insurance policy signed by me, (collectively referred to hereafter in this Section as "Document" or "Documents") or any amendments or codicils to any Document;

Seeks to obtain an adjudication in any court proceeding that a Document or any of its provisions is void, or otherwise seeks to void, nullify, or set aside a Document or any of its provisions;



Last Will and Testament of THEODORE E. SCHEIDE

Page 13

AA001794

Files suit on a creditor's claim filed in a probate of my estate, against my estate, or any other Document, after rejection or lack of action by the respective fiduciary;

Files a petition or other pleading to change the character (community, separate, joint tenancy, partnership, domestic partnership, real or personal, tangible or intangible) of property already so characterized by a Document;

Files a petition to impose a constructive trust or resulting trust on any assets of my estate; or

Participates in any of the above actions in a manner adverse to my estate, such as conspiring with or assisting any person who takes any of the above actions.

My Executor may defend, at the expense of my estate, any violation of this Section. A "contest" includes any action described above in an arbitration proceeding, but does not include any action described above solely in a mediation not preceded by a filing of a contest with a court.

Section 9.04 Survivorship Presumption

If any beneficiary is living at my death, but dies within 90 days thereafter, then the beneficiary will be deemed to have predeceased me for all purposes of my Will.

Section 9.05 General Provisions

The following general provisions and rules of construction apply to my Will:

(a) Singular and Plural; Gender

Unless the context requires otherwise, words denoting the singular may be construed as plural and words of the plural may be construed as denoting the singular. Words of one gender may be construed as denoting another gender as is appropriate within the context. The word "or" when used in a list of more than two items may function as both a conjunction and a disjunction as the context requires or permits.



Last Will and Testament of THEODORE E. SCHEIDE

Page 14

AA001795

(b) Headings of Articles, Sections, and Subsections

The headings of Articles, Sections, and subsections used within my Will are included solely for the convenience and reference of the reader. They have no significance in the interpretation or construction of my Will.

(c) Governing State Law

My Will shall be governed, construed and administered according to the laws of Nevada as from time to time amended. Questions of administration of any trust established under my Will are to be determined by the laws of the situs of administration of that trust.

(d) Notices

Unless otherwise stated, whenever my Will calls for notice, the notice will be in writing and will be personally delivered with proof of delivery, or mailed postage prepaid by certified mail, return receipt requested, to the last known address of the party requiring notice. Notice will be effective on the date personally delivered or on the date of the return receipt. If a party giving notice does not receive the return receipt but has proof that he or she mailed the notice, notice will be effective on the date it would normally have been received via certified mail. If notice is required to be given to a minor or incapacitated individual, notice will be given to the parent or legal representative of the minor or incapacitated individual.

(e) Severability

The invalidity or unenforceability of any provision of my Will does not affect the validity or enforceability of any other provision of my Will. If a court of competent jurisdiction determines that any provision is invalid, the remaining provisions of my Will are to be interpreted and construed as if any invalid provision had never been included in my Will.

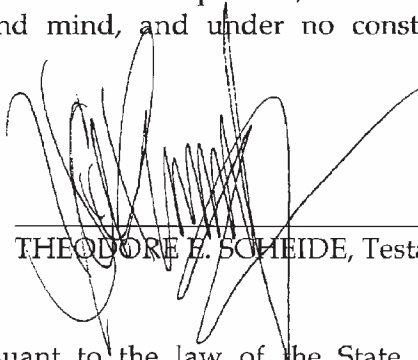
REST OF PAGE INTENTIONALLY LEFT BLANK



Last Will and Testament of THEODORE E. SCHEIDE
Page 15

AA001796

I, THEODORE E. SCHEIDE, sign my name to this instrument consisting of sixteen (16) pages on October 2, 2012, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.



THEODORE E. SCHEIDE, Testator

Under penalty of perjury pursuant to the law of the State of Nevada, the undersigned, KRISTIN M. TYLER and DIANE L. DeWALT declare that the following is true of their own knowledge: That they witnessed the execution of the foregoing will of the testator, THEODORE E. SCHEIDE; that the testator subscribed the will and declared it to be his last will and testament in their presence; that they thereafter subscribed the will as witnesses in the presence of the testator and in the presence of each other and at the request of the testator; and that the testator at the time of the execution of the will appeared to them to be of full age and of sound mind and memory.

Dated this 2 day of October, 2012.



Declarant 1 - Kristin M. Tyler

Residing at:

3960 Howard Hughes Parkway
9th Floor
Las Vegas, Nevada 89169



Declarant 2 - Diane L. DeWalt

Residing at:

3960 Howard Hughes Parkway
9th Floor
Las Vegas, Nevada 89169



Last Will and Testament of THEODORE E. SCHEIDE

Page 16

AA001797

f

STATUTORY FORM POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU. YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF.

2. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

3. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.

4. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

5. YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. UNLESS YOU SPECIFY OTHERWISE, GENERALLY THE AGENT'S AUTHORITY WILL CONTINUE UNTIL YOU DIE OR REVOKE THE POWER OF ATTORNEY OR THE AGENT RESIGNS OR IS UNABLE TO ACT FOR YOU.

6. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

7. THIS FORM PROVIDES FOR DESIGNATION OF ONE AGENT. IF YOU WISH TO NAME MORE THAN ONE AGENT YOU MAY NAME A CO-AGENT IN THE SPECIAL INSTRUCTIONS. CO-AGENTS ARE NOT REQUIRED TO ACT TOGETHER UNLESS YOU INCLUDE THAT REQUIREMENT IN THE SPECIAL INSTRUCTIONS.

8. IF YOUR AGENT IS UNABLE OR UNWILLING TO ACT FOR YOU, YOUR POWER OF ATTORNEY WILL END UNLESS YOU HAVE NAMED A SUCCESSOR AGENT. YOU MAY ALSO NAME A SECOND SUCCESSOR AGENT.

9. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT.

10. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY.

11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

NRS 162A.620

1. DESIGNATION OF AGENT.

I, THEODORE E. SCHEIDE, do hereby designate and appoint:

Name: KAREN HOAGLAND
Address: _____
Telephone Number: (702) 756-4000 cell OR (702) 877-0900 office
E-mail Address: _____

as my agent to make decisions for me and in my name, place and stead and for my use and benefit and to exercise the powers as authorized in this document.

2. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same decisions as the agent designated above in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If my agent is unable or unwilling to act for me, then I designate the following person(s) to serve as my agent as authorized in this document, such person(s) to serve in the order listed below:

A. First Alternative Agent

Name: NEVADA STATE BANK
Address: _____
Telephone Number: _____
E-mail Address: _____

REST OF PAGE INTENTIONALLY LEFT BLANK

3. OTHER POWERS OF ATTORNEY.

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney for financial matters I have previously executed.

4. NOMINATION OF GUARDIAN.

If, after execution of this Power of Attorney, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

5. GRANT OF GENERAL AUTHORITY.

I grant my agent and any successor agent(s) general authority to act for me with respect to the following subjects:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- ☐ Real Property
- ☐ Tangible Personal Property
- ☐ Stocks and Bonds
- ☐ Commodities and Options
- ☐ Banks and Other Financial Institutions
- ☐ Safe Deposit Boxes
- ☐ Operation of Entity or Business
- ☐ Insurance and Annuities
- ☐ Estates, Trusts and Other Beneficial Interests
- ☐ Legal Affairs, Claims and Litigation
- ☐ Legal Affairs, Claims and Litigation
- ☐ Personal Maintenance
- ☒ Benefits from Governmental Programs or Civil or Military Service
- ☒ Retirement Plans
- ☒ Taxes
- ☒ All Preceding Subjects

6. GRANT OF SPECIFIC AUTHORITY.

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

- ☐ Create, amend, revoke or terminate an inter vivos, family, living, irrevocable

- f
- ☐ or revocable trust
 - ☐ Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney
 - ☐ Create or change rights of survivorship
 - ☐ Create or change a beneficiary designation
 - ☐ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
 - ☐ Exercise fiduciary powers that the principal has authority to delegate
 - ☐ Exercise fiduciary powers that the principal has authority to delegate Disclaim or refuse an interest in property, including a power of appointment

7. LIMITATION ON AGENT'S AUTHORITY.

An agent that is not my spouse MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

8. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

9. DURABILITY AND EFFECTIVE DATE. (INITIAL the clause(s) that applies.)



- ☒ DURABLE. This Power of Attorney shall not be affected by my subsequent disability or incapacity
- ☐ SPRINGING POWER. It is my intention and direction that my designated agent, and any person or entity that my designated agent may transact business with on my behalf, may rely on a written medical opinion issued by a licensed medical doctor stating that I am disabled or incapacitated, and incapable of managing my affairs, and that said medical opinion shall establish whether or not I am under a disability for the purpose of establishing the authority of my designated agent to act in accordance with this Power of Attorney.
- ☐ I wish to have this Power of Attorney become effective on the following date: _____ (date).
- ☐ I wish to have this Power of Attorney end on the following date: _____ (date).

10. THIRD PARTY PROTECTION.

Third parties may rely upon the validity of this Power of Attorney or a copy and the representations of my agent as to all matters relating to any power granted to my agent, and no person or agency who relies upon the representation of my agent, or the authority granted by my agent, shall incur any liability to me or my estate as a result of permitting my agent to exercise

any power unless a third party knows or has reason to know this Power of Attorney has terminated or is invalid.

11. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information, by any government agency, business, creditor or third party who may have information pertaining to my assets or income, to my agent named herein.

12. SIGNATURE AND ACKNOWLEDGMENT. YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

I sign my name to this Power of Attorney on this 8 day of June, 2012, at Las Vegas, Nevada.



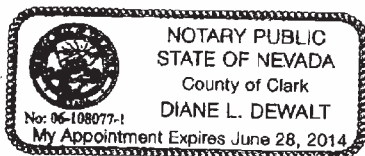
THEODORE E. SCHEIDE, Principal

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the 8 day of June, 2012, before me the undersigned Notary Public, personally appeared THEODORE E. SCHEIDE, known to me to be the person described herein and who executed the forgoing DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS, and duly acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.





NOTARY PUBLIC in and for said
County and State

IMPORTANT INFORMATION FOR AGENT

1. Agent's Duties. When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must:

(a) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;

(b) Act in good faith;

(c) Do nothing beyond the authority granted in this Power of Attorney; and

(d) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

2. Unless the Special Instructions in this Power of Attorney state otherwise, you must also:

(a) Act loyally for the principal's benefit;

(b) Avoid conflicts that would impair your ability to act in the principal's best interest;

(c) Act with care, competence, and diligence;

(d) Keep a record of all receipts, disbursements and transactions made on behalf of the principal;

(e) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and

(f) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

3. Termination of Agent's Authority. You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include:

(a) Death of the principal;

- (b) The principal's revocation of the Power of Attorney or your authority;
- (c) The occurrence of a termination event stated in the Power of Attorney;
- (d) The purpose of the Power of Attorney is fully accomplished; or
- (e) If you are married to the principal, your marriage is dissolved.

4. **Liability of Agent.** The meaning of the authority granted to you is defined in NRS 162A.200 to 162A.660, inclusive. If you violate NRS 162A.200 to 162A.660, inclusive, or act outside the authority granted in this Power of Attorney, you may be liable for any damages caused by your violation.

5. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR HEALTH CARE. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENT OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE CONSENT, REFUSAL OF CONSENT OR WITHDRAWAL OF CONSENT TO ANY CARE, TREATMENT, SERVICE OR PROCEDURE TO MAINTAIN, DIAGNOSE OR TREAT A PHYSICAL OR MENTAL CONDITION. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF TREATMENT OR PLACEMENTS THAT YOU DO NOT DESIRE.

2. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

3. EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THE POWER OF THE PERSON YOU DESIGNATE TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE THE POWER TO CONSENT TO YOUR DOCTOR NOT GIVING TREATMENT OR STOPPING TREATMENT WHICH WOULD KEEP YOU ALIVE.

4. UNLESS YOU SPECIFY A SHORTER PERIOD IN THIS DOCUMENT, THIS POWER WILL EXIST INDEFINITELY FROM THE DATE YOU EXECUTE THIS DOCUMENT AND, IF YOU ARE UNABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF, THIS POWER WILL CONTINUE TO EXIST UNTIL THE TIME WHEN YOU BECOME ABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF.

5. NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. IN ADDITION, NO TREATMENT MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED IF YOU OBJECT.

6. YOU HAVE THE RIGHT TO REVOKE THE APPOINTMENT OF THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THAT PERSON OF THE REVOCATION ORALLY OR IN WRITING.

7. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THE TREATING PHYSICIAN, HOSPITAL OR OTHER PROVIDER OF HEALTH CARE ORALLY OR IN WRITING.

8. THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

9. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

10. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

NRS 162A.860

1. DESIGNATION OF HEALTH CARE AGENT.

I, THEODORE E. SCHEIDE, do hereby designate and appoint:

Name: KAREN HOAGLAND

Address: _____

Telephone Number: (702) 756-4000 cell OR (702) 877-0900 office

E-mail Address: _____

as my agent to make health care decisions for me as authorized in this document.

(Note: Unless the person you wish to designate as your agent to make health care decisions for you is also your spouse, legal guardian or the person most closely related to you by blood, none of the following may be designated as your agent: (1) your treating provider of health care; (2) an employee of your treating provider of health care; (3) an operator of a health care facility; or (4) an employee of an operator of a health care facility.)

2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

By this document I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3. GENERAL STATEMENT OF AUTHORITY GRANTED.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the agent named above full power and authority: to make health care decisions for me before or after my death, including consent, refusal of consent or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition; to request, review and receive any information, verbal or written, regarding my

physical or mental health, including, without limitation, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records, EXCEPT any power to enter into any arbitration agreements or execute any arbitration clauses in connection with admission to any health care facility including any skilled nursing facility; and subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4. SPECIAL PROVISIONS AND LIMITATIONS.

(Your agent is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization or abortion. If there are any other types of treatment or placement that you do not want your agent's authority to give consent for or other restrictions you wish to place on his or her agent's authority, you should list them in the space below. If you do not write any limitations, your agent will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, the authority of my agent is subject to the following special provisions and limitations:

5. DURATION.

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make health care decisions for myself.

(IF APPLICABLE)

I wish to have this power of attorney end on the following date: _____

6. STATEMENT OF DESIRES.

With respect to decisions to withhold or withdraw life-sustaining treatment, your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement or statements that reflect your desires and/or write your own statements in the space below.

If the statement reflects your desires, initial the line at the end of the statement.

1. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures. _____
2. If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449.535 to 449.690, inclusive, if this subparagraph is initialed.) _____
3. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used. (Also should utilize provisions of NRS 449.535 to 449.690, inclusive, if this subparagraph is initialed.) _____
4. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastrointestinal tract after all other treatment is withheld. _____
5. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My agent is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life. _____

(If you wish to change your answer, you may do so by drawing an "X" through the answer you do not want, and circling the answer you prefer.)

Other or Additional Statements of Desires: I am an organ donor.

7. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same health care decisions as the agent designated in paragraph 1, page 2, in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If the person designated in paragraph 1 as my agent is unable to make health care decisions for me, then I designate the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. First Alternative Agent

Name: _____
Address: _____
Telephone Number: _____
E-mail Address: _____

8. PRIOR DESIGNATIONS REVOKED.

I revoke any prior durable power of attorney for health care.

9. WAIVER OF CONFLICT OF INTEREST.

If my designated agent is my spouse or is one of my children, then I waive any conflict of interest in carrying out the provisions of this Durable Power of Attorney for Health Care that said spouse or child may have by reason of the fact that he or she may be a beneficiary of my estate.

10. CHALLENGES.

If the legality of any provision of this Durable Power of Attorney for Health Care is questioned by my physician, my agent or a third party, then my agent is authorized to commence an action for declaratory judgment as to the legality of the provision in question. The cost of any such action is to be paid from my estate. This Durable Power of Attorney for Health Care must be construed and interpreted in accordance with the laws of the State of Nevada.

11. NOMINATION OF GUARDIAN.

If, after execution of this Durable Power of Attorney for Health Care, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

REST OF PAGE INTENTIONALLY LEFT BLANK

12. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my health care, to my agent named herein, pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations.

I sign my name to this Durable Power of Attorney for Health Care on this 8 day of June, 2012, at Las Vegas, Nevada.



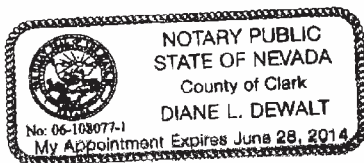
THEODORE E. SCHEIDE, Principal

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

On the 8 day of June, 2012, before me the undersigned Notary Public, personally appeared THEODORE E. SCHEIDE, known to me to be the person described herein and who executed the forgoing DURABLE POWER OF ATTORNEY FOR HEALTH CARE, and duly acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.





NOTARY PUBLIC in and for said
County and State

COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your providers of health care.

Last Will and Testament of THEODORE E. SCHEIDE

I, THEODORE E. SCHEIDE, a resident of Clark County, Nevada, being of sound mind and disposing memory, hereby revoke any prior wills and codicils made by me and declare this to be my Last Will and Testament.

Article One Family Information

I am unmarried.

I have one child, THEODORE E. SCHEIDE, III.

However, I am specifically disinheriting THEODORE E. SCHEIDE, III and his descendants. Therefore, for the purposes of my Will, THEODORE E. SCHEIDE, III and his descendants will be deemed to have predeceased me.

Article Two Specific and General Gifts

Section 2.01 Disposition of Tangible Personal Property

I give all my tangible personal property, together with any insurance policies covering the property and any claims under those policies in accordance with a "Memorandum for Distribution of Personal Property" or other similar writing directing the disposition of the property. Any writing prepared according to this provision must be dated and signed by me.

If I leave multiple written memoranda that conflict as to the disposition of any item of tangible personal property, the memorandum with the most recent date will control as to those items that are in conflict.



Last Will and Testament of THEODORE E. SCHEIDE
Page 1

AA001811

If the memorandum with the most recent date conflicts with a provision of this Will as to the specific distribution of any item of tangible personal property, the provisions of the memorandum with the most recent date control as to those items that are in conflict.

I intend that the writing qualify to distribute my tangible personal property under applicable state law.

Section 2.02 Contingent Distribution of Tangible Personal Property

Any tangible personal property not disposed of by a written memorandum, or if I choose not to leave a written memorandum, all my tangible personal property will be distributed as part of my residuary estate.

Section 2.03 Definition of Tangible Personal Property

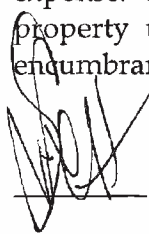
For purposes of this Article, the term "tangible personal property" includes but is not limited to my household furnishings, appliances and fixtures, works of art, motor vehicles, pictures, collectibles, personal wearing apparel and jewelry, books, sporting goods, and hobby paraphernalia. The term does not include any tangible property that my Executor, in its sole and absolute discretion, determines to be part of any business or business interest that I own at my death.

Section 2.04 Ademption

If property to be distributed under this Article becomes part of my probate estate in any manner after my death, then the gift will not adeem simply because it was not a part of my probate estate at my death. My Executor will distribute the property as a specific gift in accordance with this Article. But if property to be distributed under this Article is not part of my probate estate at my death and does not subsequently become part of my probate estate, then the specific gift made in this Article is null and void, without any legal or binding effect.

Section 2.05 Incidental Expenses and Encumbrances

Until property distributed in accordance with this Article is delivered to the appropriate beneficiary or to the beneficiary's legal representative, my Executor will pay the reasonable expenses of securing, storing, insuring, packing, transporting, and otherwise caring for the property as an administration expense. Except as otherwise provided in my Will, my Executor will distribute property under this Article subject to all liens, security interests, and other encumbrances on the property.



Last Will and Testament of THEODORE E. SCHEIDE

Page 2

AA001812

Article Three My Residuary Estate

Section 3.01 Definition of My Residuary Estate

All the remainder of my estate, including property referred to above that is not effectively disposed of, will be referred to in my Will as my "residuary estate."

Section 3.02 Disposition of My Residuary Estate

I give my residuary estate to VELMA G. SHAY, if she survives me.

If VELMA G. SHAY predeceases me, then I give my residuary estate to ST. JUDE CHILDREN'S HOSPITAL located in Memphis, Tennessee.

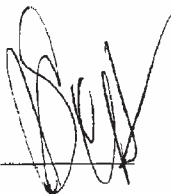
Article Four Remote Contingent Distribution

If, at any time after my death, there is no person or entity then qualified to receive final distribution of my estate or any part of it under the foregoing provisions of my Will, then the portion of my estate with respect to which the failure of qualified recipients has occurred shall be distributed to those persons who would inherit it had I then died intestate owning the property, as determined and in the proportions provided by the laws of Nevada then in effect (other than THEODORE E. SCHEIDE, III and his descendants).

Article Five Designation of Executor

Section 5.01 Executor

I name KAREN HOAGLAND as my Executor. If KAREN HOAGLAND fails or ceases to act as my Executor, I name NEVADA STATE BANK as my Executor.



Last Will and Testament of THEODORE E. SCHEIDE

Page 3

AA001813

Section 5.02 Guardian for Testator

If I should become mentally incompetent to handle my affairs prior to my demise, I request that KAREN HOAGLAND be appointed guardian of my estate and my person, to serve without bond. In the event that she is unable or unwilling to serve, then I request that a representative from NEVADA STATE BANK be appointed guardian of my estate and my person, to serve without bond.

**Article Six
General Administrative Provisions**

The provisions of this Article apply to my probate estate.

Section 6.01 No Bond

No Fiduciary is required to furnish any bond for the faithful performance of the Fiduciary's duties, unless required by a court of competent jurisdiction and only if the court finds that a bond is needed to protect the interests of the beneficiaries. No surety is required on any bond required by any law or rule of court, unless the court specifies that a surety is necessary.

**Section 6.02 Distributions to Incapacitated Persons and Persons Under
Twenty-One Years of Age**

If my Executor is directed to distribute any share of my probate estate to any beneficiary who is under the age of 21 years or is in the opinion of my Executor, under any form of incapacity that renders such beneficiary unable to administer distributions properly when the distribution is to be made, my Executor may, as Trustee, in my Executor's discretion, continue to hold such beneficiary's share as a separate trust until the beneficiary reaches the age of 21 or overcomes the incapacity. My Executor shall then distribute such beneficiary's trust to him or her.

While any trust is being held under this Section, my Independent Trustee may pay to the beneficiary for whom the trust is held such amounts of the net income and principal as the Trustee determines to be necessary or advisable for any purpose. If there is no Independent Trustee, my Trustee shall pay to the beneficiary for whom the trust is held such amounts of the net income and



Last Will and Testament of THEODORE E. SCHEIDE

Page 4

AA001814

principal as the fiduciary determines to be necessary or advisable for the beneficiary's health, education, maintenance or support.

Upon the death of the beneficiary, my Trustee shall distribute any remaining property in the trust, including any accrued and undistributed income, to such persons as such beneficiary appoints by his or her Will. This general power may be exercised in favor of the beneficiary, the beneficiary's estate, the beneficiary's creditors, or the creditors of the beneficiary's estate. To the extent this general power of appointment is not exercised, on the death of the beneficiary, the trust property is to be distributed to the beneficiary's then living descendants, *per stirpes*, or, if none, *per stirpes* to the living descendants of the beneficiary's nearest lineal ancestor who was a descendant of mine, or if no such descendant is then living, to my then living descendants, *per stirpes*. If I have no then living descendants the property is to be distributed under the provisions of Article Four entitled "Remote Contingent Distribution."

Section 6.03 Maximum Term for Trusts

Notwithstanding any other provision of my Will to the contrary, unless terminated earlier under other provisions of my Will, each trust created under my Will will terminate 21 years after the last to die of the descendants of my maternal and paternal grandparents who are living at the time of my death.

At that time, the remaining trust property will vest in and be distributed to the persons entitled to receive mandatory distributions of net income of the trust and in the same proportions. If no beneficiary is entitled to mandatory distributions of net income, the remaining trust property will vest in and be distributed to the beneficiaries entitled to receive discretionary distributions of net income of the trust, in equal shares *per stirpes*.

Section 6.04 Representative of a Beneficiary

The guardian of the person of a beneficiary may act for such beneficiary for all purposes under my Will or may receive information on behalf of such beneficiary.

Section 6.05 Ancillary Administration

In the event ancillary administration is required or desired and my domiciliary Executor is unable or unwilling to act as an ancillary fiduciary, my domiciliary Executor will have the power to designate, compensate, and remove the ancillary fiduciary. The ancillary fiduciary may be either a natural person or a



Last Will and Testament of THEODORE E. SCHEIDE

Page 5

AA001815

corporation. My domiciliary Executor may delegate to such ancillary fiduciary such powers granted to my original Executor as my Executor may deem proper, including the right to serve without bond or surety on bond. The net proceeds of the ancillary estate are to be paid over to the domiciliary Executor.

Section 6.06 Delegation of Authority; Power of Attorney

Any Fiduciary may, by an instrument in writing, delegate to any other Fiduciary the right to exercise any power, including a discretionary power, granted the Fiduciary in my Will. During the time a delegation under this Section is in effect, the Fiduciary to whom the delegation was made may exercise the power to the same extent as if the delegating Fiduciary had personally joined in the exercise of the power. The delegating Fiduciary may revoke the delegation at any time by giving written notice to the Fiduciary to whom the power was delegated.

The Fiduciary may execute and deliver a revocable or irrevocable power of attorney appointing any individual or corporation to transact any and all business on behalf of the trust. The power of attorney may grant to the attorney-in-fact all of the rights, powers, and discretion that the Fiduciary could have exercised.

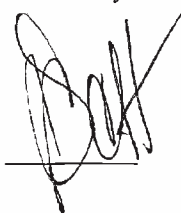
Section 6.07 Merger of Corporate Fiduciary

If any corporate fiduciary acting as my Fiduciary under my Will is merged with or transfers substantially all of its trust assets to another corporation or if a corporate fiduciary changes its name, the successor shall automatically succeed to the position of my Fiduciary as if originally named my Fiduciary. No document of acceptance of the position of my Fiduciary shall be required.

Article Seven Powers of My Fiduciaries

Section 7.01 Fiduciaries' Powers Act

My Fiduciaries may, without prior authority from any court, exercise all powers conferred by my Will or by common law or by Nevada Revised Statutes or other statute of the State of Nevada or any other jurisdiction whose law applies to my Will. My Executor has absolute discretion in exercising these powers. Except as



Last Will and Testament of THEODORE E. SCHEIDE

Page 6

AA001816

specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 7.02 Powers Granted by State Law

In addition to all of the above powers, my Executor may, without prior authority from any court, exercise all powers conferred by my Will; by common law; by the laws of the State of Nevada, including, without limitation by reason of this enumeration, each and every power enumerated in NRS 163.265 to 163.410, inclusive; or any other jurisdiction whose law applies to my Will. My Executor has absolute discretion in exercising these powers. Except as specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 7.03 Alternative Distribution Methods

My Fiduciary may make any payment provided for under my Will as follows:

Directly to the beneficiary;

In any form allowed by applicable state law for gifts or transfers to minors or persons under a disability;

To the beneficiary's guardian, conservator, agent under a durable power of attorney or caregiver for the benefit of the beneficiary; or

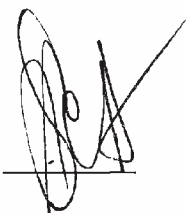
By direct payment of the beneficiary's expenses, made in a manner consistent with the proper exercise of the fiduciary's duties hereunder. A receipt by the recipient for any such distribution fully discharges my Fiduciary.

Article Eight

Provisions for Payment of Debts, Expenses and Taxes

Section 8.01 Payment of Debts and Expenses

I direct that all my legally enforceable debts, secured and unsecured, be paid as soon as practicable after my death.



Last Will and Testament of THEODORE E. SCHEIDE

Page 7

AA001817

Section 8.02 No Apportionment

Except as otherwise provided in this Article or elsewhere in my will, my Executor shall provide for payment of all estate, inheritance and succession taxes payable by reason of my death ("death taxes") from my residuary estate as an administrative expense without apportionment and will not seek contribution toward or recovery of any death tax payments from any individual.

For the purposes of this Article, however, the term "death taxes" does not include any additional estate tax imposed by Section 2031(c)(5)(C), Section 2032A(c) or Section 2057(f) of the Internal Revenue Code or any other comparable taxes imposed by any other taxing authority. Nor does the term include any generation-skipping transfer tax, other than a direct skip.

Section 8.03 Protection of Exempt Property

Death taxes are not to be allocated to or paid from any assets that are not included in my gross estate for federal estate tax purposes. In addition, to the extent practicable, my Trustee should not pay any death taxes from assets that are exempt for generation-skipping transfer tax purposes.

Section 8.04 Protection of the Charitable Deduction

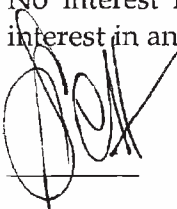
Death taxes are not to be allocated to or paid from any assets passing to any organization that qualifies for the federal estate tax charitable deduction, or from any assets passing to a split-interest charitable trust, unless my Executor has first used all other assets available to my Executor to pay the taxes.

Section 8.05 Property Passing Outside of My Will

Death taxes imposed with respect to property included in my gross estate for purposes of computing the tax and passing other than by my Will are to be apportioned among the persons and entities benefited in the proportion that the taxable value of the property or interest bears to the total taxable value of the property and interests received by all persons benefited. The values to be used for the apportionment are the values as finally determined under federal, state, or local law as the case may be.

Section 8.06 No Apportionment Between Current and Future Interests

No interest in income and no estate for years or for life or other temporary interest in any property or trust is to be subject to apportionment as between the



Last Will and Testament of THEODORE E. SCHEIDE

Page 8

AA001818

temporary interest and the remainder. The tax on the temporary interest and the tax, if any, on the remainder are chargeable against the corpus of the property or trust subject to the temporary interest and remainder.

Section 8.07 Tax Elections

In exercising any permitted elections regarding taxes, my fiduciaries may make any decisions that they deem to be appropriate in any circumstances, and my fiduciaries are not required to make any compensatory adjustment as a consequence of any election. My Executor may also pay taxes or interest and deal with any tax refunds, interest, or credits as my Executor deems to be necessary or advisable in the interest of my estate.

My Executor, in his or her sole and absolute discretion, may make any adjustments to the basis of my assets authorized by law, including but not limited to increasing the basis of any property included in my gross estate, whether or not passing under my Will, by allocating any amount by which the basis of my assets may be increased. My Executor is not required to allocate basis increase exclusively, primarily or at all to assets passing under my Will as opposed to other property included in my gross estate. My Executor may elect, in his or her sole and absolute discretion, to allocate basis increase to one or more assets that my Executor receives or in which my Executor has a personal interest, to the partial or total exclusion of other assets with respect to which such allocation could be made. My Executor may not be held liable to any person for the exercise of his or her discretion under this Section.

Article Nine Definitions and General Provisions

Section 9.01 Cremation Instructions

I wish that my remains be cremated and buried in accordance with my pre-paid funeral arrangements with Palm Mortuary in Las Vegas, Nevada.

Section 9.02 Definitions

For purposes of my Will and for the purposes of any trust established under my Will, the following definitions apply:



Last Will and Testament of THEODORE E. SCHEIDE

Page 9

AA001819

(a) Adopted and Afterborn Persons

A legally adopted person in any generation and his or her descendants, including adopted descendants, will have the same rights and will be treated in the same manner under my Will as natural children of the adopting parent, provided the person is legally adopted before attaining the age of 18 years. A person will be deemed to be legally adopted if the adoption was legal in the jurisdiction in which it occurred at the time that it occurred.

A fetus *in utero* that is later born alive will be considered a person in being during the period of gestation.

(b) Descendants

The term "descendants" means any one or more person who follows in direct descent (as opposed to collateral descent) from a person, such as a person's children, grandchildren, or other descended individuals of any generation.

(c) Fiduciary

"Fiduciary" or "Fiduciaries" refer to my Executor. My "Executor" includes any executor, ancillary executor, administrator, or ancillary administrator, whether local or foreign, and whether of all or part of my estate, multiple Executors, and their successors.

Except as otherwise provided in this Last Will and Testament, a fiduciary has no liability to any party for action (or inaction) taken in good faith.

(d) Good Faith

For the purposes of this Last Will and Testament, a fiduciary has acted in good faith if (i) its action or inaction is not a result of intentional wrongdoing, (ii) the fiduciary did not make the decision with reckless indifference to the interests of the beneficiaries, and (iii) its action or inaction does not result in an improper personal pecuniary benefit to the fiduciary.

(e) Incapacity

Except as otherwise provided in my Will, a person is deemed to be incapacitated in any of the following circumstances.



Last Will and Testament of THEODORE E. SCHEIDE

Page 10

AA001820

(1) The Opinion of Two Licensed Physicians

An individual is deemed to be incapacitated whenever, in the opinion of two licensed physicians, the individual is unable to effectively manage his or her property or financial affairs, whether as a result of age, illness, use of prescription medications, drugs or other substances, or any other cause.

An individual is deemed to be restored to capacity whenever the individual's personal or attending physician provides a written opinion that the individual is able to effectively manage his or her property and financial affairs.

(2) Court Determination

An individual is deemed to be incapacitated if a court of competent jurisdiction has declared the individual to be disabled, incompetent or legally incapacitated.

(3) Detention, Disappearance or Absence

An individual is deemed to be incapacitated whenever he or she cannot effectively manage his or her property or financial affairs due to the individual's unexplained disappearance or absence for more than 30 days, or whenever he or she is detained under duress.

An individual's disappearance, absence or detention under duress may be established by an affidavit of any fiduciary. The affidavit must describe the circumstances of an individual's detention under duress, disappearance, or absence and may be relied upon by any third party dealing in good faith with my fiduciary in reliance upon the affidavit.

An individual's disappearance, absence, or detention under duress may be established by an affidavit of my Executor.



(f) Internal Revenue Code

References to the "Internal Revenue Code" or to its provisions are to the Internal Revenue Code of 1986, as amended from time to time, and the corresponding Treasury Regulations, if any. References to the "Treasury Regulations," are to the Treasury Regulations under the Internal Revenue Code in effect from time to time. If a particular provision of the Internal Revenue Code is renumbered, or the Internal Revenue Code is superseded by a subsequent federal tax law, any reference will be deemed to be made to the renumbered provision or to the corresponding provision of the subsequent law, unless to do so would clearly be contrary to my intent as expressed in my Will. The same rule applies to references to the Treasury Regulations.

(g) Legal Representative

As used in my Will, the term "legal representative" means a person's guardian, conservator, personal representative, executor, administrator, Trustee, or any other person or entity personally representing a person or the person's estate.

(h) Per Stirpes

Whenever a distribution is to be made to a person's descendants *per stirpes*, the distribution will be divided into as many equal shares as there are then-living children of that person and deceased children of that person who left then-living descendants. Each then-living child will receive one share and the share of each deceased child will be divided among the deceased child's then-living descendants in the same manner.

(i) Primary Beneficiary

The Primary Beneficiary of a trust created under this agreement is the oldest Income Beneficiary of that trust unless some other individual is specifically designated as the Primary Beneficiary of that separate trust.

(j) Shall and May

Unless otherwise specifically provided in my Will or by the context in which used, I use the word "shall" in my Will to command, direct or require, and the word "may" to allow or permit, but not



Last Will and Testament of THEODORE E. SCHEIDE

Page 12

AA001822

require. In the context of my Trustee, when I use the word "may" I intend that my Trustee may act in its sole and absolute discretion unless otherwise stated in my Will.

(k) Trust

The term "trust," refers to any trusts created under the terms of my Will.

(l) Trustee

The term "my Trustee" refers to any person or entity that is from time to time acting as the Trustee and includes each Trustee individually, multiple Trustees, and their successors.

(m) Other Definitions

Except as otherwise provided in my Will, terms shall be as defined in Nevada Revised Statutes as amended after the date of my Will and after my death.

Section 9.03 Contest Provision

If any beneficiary of my Will or any trust created under the terms of my Will, alone or in conjunction with any other person engages in any of the following actions, the right of the beneficiary to take any interest given to the beneficiary under my Will or any trust created under the terms of my Will will be determined as it would have been determined as if the beneficiary predeceased me without leaving any surviving descendants.

Contests by a claim of undue influence, fraud, menace, duress, or lack of testamentary capacity, or otherwise objects in any court to the validity of (a) my Will, (b) any trust created under the terms of my Will, or (c) any beneficiary designation of an annuity, retirement plan, IRA, Keogh, pension or profit sharing plan, or insurance policy signed by me, (collectively referred to hereafter in this Section as "Document" or "Documents") or any amendments or codicils to any Document;

Seeks to obtain an adjudication in any court proceeding that a Document or any of its provisions is void, or otherwise seeks to void, nullify, or set aside a Document or any of its provisions;



Last Will and Testament of THEODORE E. SCHEIDE

Page 13

AA001823

Files suit on a creditor's claim filed in a probate of my estate, against my estate, or any other Document, after rejection or lack of action by the respective fiduciary;

Files a petition or other pleading to change the character (community, separate, joint tenancy, partnership, domestic partnership, real or personal, tangible or intangible) of property already so characterized by a Document;

Files a petition to impose a constructive trust or resulting trust on any assets of my estate; or

Participates in any of the above actions in a manner adverse to my estate, such as conspiring with or assisting any person who takes any of the above actions.

My Executor may defend, at the expense of my estate, any violation of this Section. A "contest" includes any action described above in an arbitration proceeding, but does not include any action described above solely in a mediation not preceded by a filing of a contest with a court.

Section 9.04 Survivorship Presumption

If any beneficiary is living at my death, but dies within 90 days thereafter, then the beneficiary will be deemed to have predeceased me for all purposes of my Will.

Section 9.05 General Provisions

The following general provisions and rules of construction apply to my Will:

(a) Singular and Plural; Gender

Unless the context requires otherwise, words denoting the singular may be construed as plural and words of the plural may be construed as denoting the singular. Words of one gender may be construed as denoting another gender as is appropriate within the context. The word "or" when used in a list of more than two items may function as both a conjunction and a disjunction as the context requires or permits.



Last Will and Testament of THEODORE E. SCHEIDE

Page 14

AA001824

(b) Headings of Articles, Sections, and Subsections

The headings of Articles, Sections, and subsections used within my Will are included solely for the convenience and reference of the reader. They have no significance in the interpretation or construction of my Will.

(c) Governing State Law

My Will shall be governed, construed and administered according to the laws of Nevada as from time to time amended. Questions of administration of any trust established under my Will are to be determined by the laws of the situs of administration of that trust.

(d) Notices

Unless otherwise stated, whenever my Will calls for notice, the notice will be in writing and will be personally delivered with proof of delivery, or mailed postage prepaid by certified mail, return receipt requested, to the last known address of the party requiring notice. Notice will be effective on the date personally delivered or on the date of the return receipt. If a party giving notice does not receive the return receipt but has proof that he or she mailed the notice, notice will be effective on the date it would normally have been received via certified mail. If notice is required to be given to a minor or incapacitated individual, notice will be given to the parent or legal representative of the minor or incapacitated individual.

(e) Severability

The invalidity or unenforceability of any provision of my Will does not affect the validity or enforceability of any other provision of my Will. If a court of competent jurisdiction determines that any provision is invalid, the remaining provisions of my Will are to be interpreted and construed as if any invalid provision had never been included in my Will.

REST OF PAGE INTENTIONALLY LEFT BLANK



Last Will and Testament of THEODORE E. SCHEIDE
Page 15

AA001825

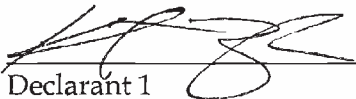
I, THEODORE E. SCHEIDE, sign my name to this instrument consisting of sixteen (16) pages on June 8, 2012, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.



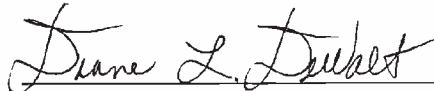
THEODORE E. SCHEIDE, Testator

Under penalty of perjury pursuant to the law of the State of Nevada, the undersigned, Kristin M. Tyler and DIANE L. DeWalt, declare that the following is true of their own knowledge: That they witnessed the execution of the foregoing will of the testator, THEODORE E. SCHEIDE; that the testator subscribed the will and declared it to be his last will and testament in their presence; that they thereafter subscribed the will as witnesses in the presence of the testator and in the presence of each other and at the request of the testator; and that the testator at the time of the execution of the will appeared to them to be of full age and of sound mind and memory.

Dated this 8 day of June, 2012.



Declarant 1



Declarant 2

Residing at:

541 Sierra Morena St
Las Vegas, NV 89144

Residing at:

8209 Jo Marcy Drive
Las Vegas, NV 89131



Last Will and Testament of THEODORE E. SCHEIDE

Page 16

AA001826

1 **NEO**

2 KIM BOYER, CELA

3 Nevada Bar #5587

4 10785 W. Twain Ave., Suite 200

5 Las Vegas, Nevada 89135

6 (702) 255-2000

7 Email: kimboyer@elderlawnv.com

8 Attorney for Guardian

9 **DISTRICT COURT**

10 **CLARK COUNTY, NEVADA**

11 In the matter of the Guardianship of the
12 Person and Estate of

13 THEODORE SCHEIDE,

14 An Adult.

Case No.: G-14-039853-A

Dept. No.: E

Date of Hearing: May 28, 2014


Time of Hearing: 9:00 a.m.

15 **NOTICE OF ENTRY OF ORDER**

16 YOU WILL PLEASE TAKE NOTICE that an **Order Authorizing Guardian Fees**
17 **and Attorney's Fees and Costs**, a copy of which is attached hereto, was entered in the above-
18 entitled matter on the 28th day of May, 2014.

19 DATED this 28th day of May, 2014.

20 Submitted By:

21 
22 KIM BOYER CELA
23 Nevada Bar #5587
24 10785 W. Twain Ave., Suite 200
25 Las Vegas, Nevada 89135

26 AA001827

CERTIFICATE OF MAILING

I hereby certify that I served a true and correct copy of the foregoing **Notice of Entry of Order** on the 28th day of May, 2014, by first-class mail, postage prepaid, addressed to those persons listed on the attached mailing matrix.

Danielle Carter
An Employee of Kim Boyer

AA001828

MAILING MATRIX

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

Theodore Scheide
c/o Mountain View Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Administrator
Senior Residential
11188 Salentino Avenue
Las Vegas, Nevada 89138

Kristin Tyler Esq.
3960 Howard Hughes Pkwy., Ninth Floor
Las Vegas, Nevada 89169
Attorney for Theodore Scheide

Christopher Phillips, Esq.
3605 Town Center Drive, #8
Las Vegas, NV 89135

AA001829

1 **ORDR**
2 KIM BOYER, CELA
3 Nevada Bar #5587
4 10785 W. Twain Ave., Suite 200
5 Las Vegas, Nevada 89135
6 (702) 255-2000
7 Email: kimboyer@elderlawnv.com
8 Attorney for Petitioner


CLERK OF THE COURT

6 **DISTRICT COURT**
7 **CLARK COUNTY, NEVADA**

9 In the Matter of the Guardianship of the
10 Person and Estate of

11 **THEODORE SCHEIDE,**

12 **An Adult.**

Case No.: G-14-039853-A
Dept. No.: E

Date of Hearing:
Time of Hearing: 9:00 a.m.

13 **ORDER AUTHORIZING GUARDIAN FEES AND**
14 **ATTORNEY'S FEES AND COSTS**

15 The verified Petition for Guardian Fees and for Attorney's Fees and Costs,
16 submitted by NEVADA GUARDIAN SERVICES, LLC, as guardian of the Person and Estate of
17 THEODORE SCHEIDE, an adult Ward, having come on for hearing before the above-entitled
18 Court this date; and the court finds:

19 1. That due and legal notice of hearing has been given in the manner and for
20 the time required by law.

21 2. That no person has appeared to object to the granting of the Petition; that
22 no written objections have been filed with the Clerk of the Court.

23 3. That the services provided by NEVADA GUARDIAN SERVICES, LLC
24 constitute valuable consideration and are reasonable.

25 ///

26 ///

///

RECEIVED
MAY 19 2014
GUARDIANSHIP

1 4. The services provided by GORDON SILVER constitute valuable
2 consideration and are reasonable.

3 5. The services provided by Kim Boyer constitute valuable consideration and
4 are reasonable.

5 **IT IS HEREBY ORDERED** that fees in the total amount of \$4,099.28 are
6 hereby awarded to NEVADA GUARDIAN SERVICES, LLC for services performed and
7 rendered during the administration of the guardianship and shall be released from the Ward's
8 Estate and paid to NEVADA GUARDIAN SERVICES, LLC.

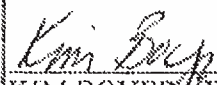
9 **IT IS FURTHER ORDERED** that attorney's fees and costs in the total amount
10 of \$2,406.12 are hereby awarded to GORDON SILVER for services performed and rendered and
11 costs incurred during the administration of the guardianship and shall be released from the
12 Ward's Estate and paid to GORDON SILVER.

13 **IT IS FURTHER ORDERED** that attorney's fees and costs in the total amount
14 of \$9,159.42 are hereby awarded to Kim Boyer for services performed and rendered and costs
15 incurred during the administration of the guardianship and shall be released from the Ward's
16 Estate and paid to Kim Boyer.

17 DATED this 14 day of May, 2014.

18
19 
DISTRICT JUDGE

20 Submitted by:

21 
22 KIM BOYER, CELA
23 Nevada Bar #5587
24 10785 W. Twain Ave., Suite 200
Las Vegas, Nevada 89135
Attorney for Petitioner

25 AA001831

1 **NEO**
2 KIM BOYER, CELA
3 Nevada Bar #5587
4 10785 W. Twain Ave., Suite 200
5 Las Vegas, Nevada 89135
6 (702) 255-2000
7 Email: kimboyer@elderlawnv.com
8 Attorney for Guardian

6 **DISTRICT COURT**
7 **CLARK COUNTY, NEVADA**

9 In the matter of the Guardianship of the
10 Person and Estate of

Case No.: G-14-039853-A
Dept. No.: E

11 THEODORE SCHEIDE,

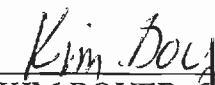
12 An Adult.

13 **NOTICE OF ENTRY OF ORDER**

14 YOU WILL PLEASE TAKE NOTICE that an **Order Appointing Guardian of the**
15 **Person and Estate and For Issuance of Letters of Guardianship**, a copy of which is attached
16 hereto, was entered in the above-entitled matter on the 19th day of March, 2014.

17 DATED this 19th day of March, 2014.

18 Submitted By:

19
20 
21 KIM BOYER, CELA
22 Nevada Bar #5587
23 10785 W. Twain Ave., Suite 200
24 Las Vegas, Nevada 89135

25 AA001832

CERTIFICATE OF MAILING

I hereby certify that I served a true and correct copy of the foregoing **Notice of Entry of Order** on the 19th day of March, 2014, by first-class mail, postage prepaid, addressed to those persons listed on the attached mailing matrix.


An Employee of Kim Boyer

AA001833

MAILING MATRIX

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

Theodore Scheide
c/o Silver Hills Healthcare Center
3450 N. Buffalo Dr.
Las Vegas, NV 89129

Administrator
Silver Hills Healthcare Center
3450 N. Buffalo Dr.
Las Vegas, NV 89129

Kristin Tyler Esq.
3960 Howard Hughes Pkwy., Ninth Floor
Las Vegas, Nevada 89169
Attorney for Theodore Scheide

Patricia Bowlin
7800 Clarksdale Drive, #102
Las Vegas, NV 89128
Agent under Power of Attorney

Christopher Phillips, Esq.
3605 Town Center Drive, #8
Las Vegas, NV 89135

AA001834

OAG
KIM BOYER, CELA
Nevada Bar #5587
10785 W. Twain Ave., Suite 200
Las Vegas, Nevada 89135
(702) 255-2000
Email: kimboyer@elderlawnv.com
Attorney for Petitioner



CLERK OF THE COURT

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Guardianship of the
Person and Estate of

THEODORE SCHEIDE,
An Adult.

Case No.: G-14-039853-A
Dept. No.: E

Date of Hearing: March 19, 2014
Time of Hearing: 9:00 a.m.

ORDER APPOINTING GUARDIAN OF THE PERSON AND ESTATE AND
FOR ISSUANCE OF LETTERS OF GUARDIANSHIP

Upon the Petition for Appointment of General Guardian of the Person and Estate
of THEODORE SCHEIDE, an adult Ward, submitted by NEVADA GUARDIAN SERVICES,
LLC, having come on for hearing before the above-entitled Court this date, and the Court having
considered the Petition and examined the evidence, being fully advised in the premises finds: (i)
proper notice of the hearing was duly given as required by law; (ii) the facts alleged in the
Petition are true and correct; (iii) THEODORE SCHEIDE is a resident of the State of Nevada;
(iv) a licensed physician provided an assessment; (v) that THEODORE SCHEIDE was advised
of the right to counsel; (vi) the Petition for Appointment of General Guardians of the Person and
Estate of THEODORE SCHEIDE should be granted; and (vii) the address and telephone number
of the guardian is NEVADA GUARDIAN SERVICES, LLC, c/o Boyer Law Group, 10785 W.
Twain Ave., Suite 200, Las Vegas, Nevada 89135, (702) 255-2000.

AA001835

GUARDIANSHIP

MAR 17 2014

RECEIVED

1 **IT IS HEREBY ORDERED** that a Guardianship of the Person and Estate of
2 THEODORE SCHEIDE be established.

3 **IT IS FURTHER ORDERED** that NEVADA GUARDIAN SERVICES, LLC is
4 hereby appointed as the General Guardian of the Person and Estate of THEODORE SCHEIDE,
5 an adult Ward, and that Letters of Guardianship be issued to NEVADA GUARDIAN
6 SERVICES, LLC upon taking the oath required by law to serve with assets blocked as specified
7 herein.

8 **IT IS FURTHER ORDERED** that all of the Ward's income be placed into an
9 unblocked guardianship checking account to be established by the Guardian at Wells Fargo Bank
10 to be used to pay the Ward's expenses.

11 **IT IS FURTHER ORDERED** that a monthly release of funds in the amount of
12 \$8,613.00 shall be release from the Ward Charles Schwab Account #7608-6113 and shall be
13 deposited into the unblocked guardianship checking account to be established by the Guardian at
14 Wells Fargo Bank to be used to pay the Ward's expenses.

15 **IT IS FURTHER ORDERED** that the Guardian is authorized to sign any and all
16 documents required by the Division of Welfare and Supportive Services, or any other party, to
17 establish or continue the Medicaid eligibility for the Ward, including but not limited to signing
18 listing agreements or signing an income reduction trust.

19 **IT IS FURTHER ORDERED** that NEVADA GUARDIAN SERVICES, LLC
20 will incur Guardian fees at an hourly rate and is hereby authorized to advance funds from the
21 Ward's assets to pay guardian fees, subject to confirmation by the Court on a Petition.

22 **IT IS FURTHER ORDERED** that attorney's fees and costs are hereby
23 authorized in the amount of \$4,500.00 to be paid from the Ward's Estate to Kim Boyer and shall
24 be released from the blocked account.

25 ///

AA001836

26 ///

1 **IT IS FURTHER ORDERED** that Kim Boyer will incur attorney's fees at an
2 hourly rate and incur costs. Kim Boyer is hereby authorized to advance funds from the Ward's
3 assets to pay attorney fees, subject to confirmation by the Court on a Petition.

4 **IT IS FURTHER ORDERED** that this Order suspends any Power of Attorney
5 for Financial Matters executed prior to this General Guardianship, so long as the Guardianship of
6 the Estate remains open.

7 **IT IS FURTHER ORDERED** that this Order suspends any Power of Attorney
8 for Health Care Decisions executed prior to this General Guardianship, so long as the
9 Guardianship of the Person remains open. Pursuant to NRS 162A.800(2), the Guardian shall
10 follow any provisions contained in the Power of Attorney for healthcare delineating the Ward's
11 wishes for medical and end-of-life care.

12 **IT IS FURTHER ORDERED** that to carry out the function of Guardian of the
13 Estate of THEODORE SCHEIDE, NEVADA GUARDIAN SERVICES, LLC is vested with all
14 the powers set forth in NRS 159.117 through NRS 159.175, inclusive.

15 **IT IS FURTHER ORDERED** that NEVADA GUARDIAN SERVICES, LLC is
16 hereby given full access to all historical and current financial information for the above-named
17 Ward and shall have the ability to close any such accounts, whether said accounts or records
18 reflect the name of the Ward individually, or with one or more other persons. Such information
19 shall include, but not be limited to statements, cancelled checks, withdrawal authorizations and
20 other information from banks, financial institutions, brokerage or mutual fund firms, creditors,
21 lenders, the United States Social Security Administration and other persons and agencies which
22 have engaged in transactions concerning the financial affairs of the Ward, whether said accounts
23 or records reflect the name of the Ward individually, or with one or more other persons.

24 ///

25 ///

26 ///

AA001837

1 **IT IS FURTHER ORDERED** that NEVADA GUARDIAN SERVICES, LLC is
2 authorized to gain access to any and all safe deposit box(es) located within this jurisdiction,
3 which may bear the name of the adult Ward, individually or jointly with others, for the purpose
4 of inventorying the contents thereof, said inventory to take place in the presence of a banking
5 officer.

6 **IT IS FURTHER ORDERED** that NEVADA GUARDIAN SERVICES, LLC is
7 authorized to request and receive information from any other person or agency, which is
8 currently or has previously been obligated to pay money or other benefits to the above-named
9 adult Ward.

10 **IT IS FURTHER ORDERED** that in receiving this appointment as Guardian,
11 NEVADA GUARDIAN SERVICES, LLC is hereby given full access to any and all medical
12 records and information concerning the condition and historical treatment of the Ward, including
13 mental health records and information, which are or may be lodged with any persons, family
14 members and friends, along with any and all medical providers, care facilities, insurers and/or
15 institutions.

16 **IT IS FURTHER ORDERED** that the Ward has a mental defect (danger to self
17 or others OR lacks capacity to contract or manage own affairs) and, pursuant to NRS 159.0593
18 and 18 USC 922(d)(4), is prohibited from possessing a firearm. A record of this guardianship
19 order shall be transmitted to the Central Repository for Nevada Records of Criminal History,
20 along with a statement that the record is being transmitted for inclusion in each appropriate
21 database of the National Instant Criminal Background Check System.

22 **IT IS FURTHER ORDERED** that the Guardian has filed a Guardian's
23 Acknowledgment of Duties and Responsibilities.

24 ///

25 ///

26 ///

AA001838


1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

IT IS FURTHER ORDERED that a copy of this order shall be served upon the
adult Ward.

DATED this 19 day of March, 2014.


DISTRICT JUDGE

Respectfully submitted.


KIM BOYER, CELA
Nevada Bar #5587
10785 W. Twain Ave., Suite 200
Las Vegas, Nevada 89135
Attorney for Petitioner

AA001839



CLERK OF THE COURT

1 **REQT**
2 **GORDON SILVER**
3 **KRISTIN M. TYLER**
4 **Nevada Bar No. 10254**
5 **Email: ktyler@gordonsilver.com**
6 **3960 Howard Hughes Pkwy., 9th Floor**
7 **Las Vegas, Nevada 89169**
8 **Telephone: (702) 796-5555**
9 **Facsimile: (702) 369-2666**

10 *Attorneys for Theodore Scheide*

11 **DISTRICT COURT**

12 **CLARK COUNTY, NEVADA**

13 In the Matter of the Guardianship of the Person
14 and the Estate of

CASE NO. G-14-039853-A
DEPT. NO. E

15 **THEODORE SCHEIDE,**

16 Deceased.

17 **REQUEST FOR SPECIAL NOTICE**

18 **TO: Nevada Guardian Services, LLC; and All Interested Parties:**

19 COMES NOW, KRISTIN M. TYLER, ESQ., of the law firm GORDON SILVER,
20 pursuant to NRS 155.030, who enter an appearance on behalf of their client, the proposed Ward,
21 Theodore Scheide, who request special notice be provided of all returns, petitions, inventories,
22 accounts, reports or other proceedings pertaining to the above-captioned case, including all
23 notices required by any rule or law to be noticed and served upon interested parties within the
24 guardianship administration.

25 ///

26 ///

27 ///

28 ///

///

///

AA001840

1 The mailing address to which all documents should be directed is Gordon Silver, 3960
2 Howard Hughes Parkway, 9th Floor, Las Vegas, NV 89169.

3 Dated this 27th day of February, 2014.

4 GORDON SILVER

5
6 By: 

7 KRISTIN M. TYLER

8 Nevada Bar No. 10254

9 3960 Howard Hughes Pkwy., 9th Floor

10 Las Vegas, Nevada 89169

11 (702) 796-5555

12 Attorneys for Theodore Scheide


13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28 AA001841

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF MAILING

The undersigned, an employee of Gordon Silver, hereby certifies that on the 27th day of February, 2014, she served a copy of the ***REQUEST FOR SPECIAL NOTICE***, by placing said copy in an envelope, postage fully prepaid, in the U.S. Mail at Las Vegas, Nevada, said envelope addressed to:

Nevada Guardian Services, LLC
c/o Kim Boyer, Esq.
Boyer Law Group
10785 Twain Ave., Ste. 200
Las Vegas, Nevada 89135



Jennifer A. Bidwell, an employee of
GORDON SILVER

AA001842

1 **NEO**
KIM BOYER, CELA
Nevada Bar #5587
2 10785 W. Twain Ave., Suite 200
Las Vegas, Nevada 89135
3 (702) 255-2000
Email: kimboyer@elderlawnv.com
4 Attorney for Guardian

5
6 **DISTRICT COURT**
7 **CLARK COUNTY, NEVADA**

8
9 In the matter of the Guardianship of the
10 Person and Estate of

Case No.: G-14-039853-A
Dept. No.: E

11 THEODORE SCHEIDE,


12 An Adult.

13 **NOTICE OF ENTRY OF ORDER**

14 YOU WILL PLEASE TAKE NOTICE that an **Ex Parte Order Appointing**
15 **Temporary Special Guardian and for Issuance of Temporary Letters of Guardianship**, a copy
16 of which is attached hereto, was entered in the above-entitled matter on the 19th day of February,
17 2014.

18 DATED this 19th day of February, 2014.

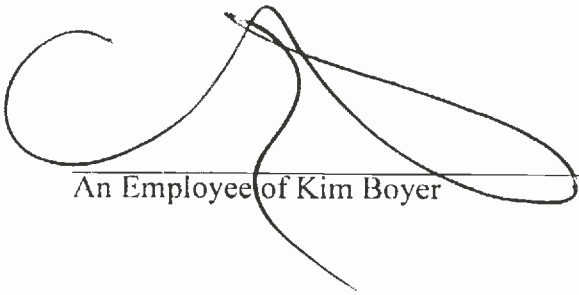
19 Submitted By:

20
21 
22 KIM BOYER, CELA
23 Nevada Bar #5587
24 10785 W. Twain Ave., Suite 200
Las Vegas, Nevada 89135

25 AA001843

CERTIFICATE OF MAILING

I hereby certify that I served a true and correct copy of the foregoing **Notice of Entry of Order** on the 19th day of February, 2014, by first-class mail, postage prepaid, addressed to those persons listed on the attached mailing matrix.



An Employee of Kim Boyer

AA001844

MAILING MATRIX

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

Theodore Scheide
c/o Centennial Hills Hospital
6900 N. Durango Drive
Las Vegas, Nevada 89149

Administrator
Centennial Hills Hospital
6900 N. Durango Drive
Las Vegas, Nevada 89149

Kristin Tyler Esq.
3960 Howard Hughes Pkwy., Ninth Floor
Las Vegas, Nevada 89169
Attorney for Theodore Scheide

AA001845

1 **ORDR**
2 KIM BOYER, CELA
3 Nevada Bar #5587
4 10785 W. Twain Ave., Suite 200
5 Las Vegas, Nevada 89135
6 (702) 255-2000
7 Email: kimboyer@elderlawnv.com
8 Attorney for Petitioner


CLERK OF THE COURT

6 **DISTRICT COURT**
7 **CLARK COUNTY, NEVADA**

9 In the Matter of the Guardianship of the
10 Person and Estate of

Case No.: G-14-03853-A
Dept. No.: E

11 THEODORE SCHEIDE,

12 An Adult.

13 **EX PARTE ORDER APPOINTING TEMPORARY GUARDIAN**
14 **AND FOR ISSUANCE OF TEMPORARY LETTERS OF GUARDIANSHIP**

15 The Court having considered the verified Petition for Appointment of Temporary
16 Guardian, Petition for Appointment of General Guardian submitted by NEVADA GUARDIAN
17 SERVICES, LLC requesting appointment to act as Temporary Guardian of the Person and Estate
18 of THEODORE SCHEIDE, adult Ward, and the Court having considered the same and
19 examined the evidence, being fully advised in the premises, finds: (i) there is reasonable cause to
20 believe the Proposed Ward is unable to respond to a substantial and immediate risk of financial
21 loss or physical harm or to a need for immediate medical attention; (ii) a physician who is
22 licensed to practice in the State of Nevada has signed a certificate stating that the proposed Ward
23 is unable to respond to a substantial and immediate risk of financial loss or physical harm or to a
24 need for immediate medical attention; (iii) Petitioner has actually notified, or in good faith has
25 tried to notify, those persons entitled to notice pursuant to NRS 159.047, or that notice to those
26 persons is not feasible under the circumstances; and (iv) a temporary guardianship of the Person
and Estate of THEODORE SCHEIDE should be established.

AA001846

GUARDIANSHIP
FEB 14 2014
RECEIVED

1 **IT IS HEREBY ORDERED** that NEVADA GUARDIAN SERVICES, LLC be
2 and is hereby appointed as the Temporary Guardian of the Person and Estate of THEODORIE
3 SCHEIDE, an adult, and that Temporary Letters of Guardianship be issued to NEVADA
4 GUARDIAN SERVICES, LLC to serve with assets blocked with the exception of all automatic
5 withdrawals and deposits.

6 **IT IS FURTHER ORDERED** that any and all banks, financial institutions,
7 brokerage or mutual fund firms shall immediately block the Ward's assets upon receipt of this
8 order without the necessity of letters of guardianship, whether said accounts or records reflect the
9 name of the Ward individually, or with one or more other persons. All ATM and bank card
10 usage shall be suspended. Said assets and accounts shall remain blocked until further Order of
11 the Court.

12 **IT IS FURTHER ORDERED** that NEVADA GUARDIAN SERVICES, LLC is
13 hereby given full access to all historical and current financial information for the above-named
14 Ward. Such information shall include, but not be limited to statements, cancelled checks,
15 withdrawal authorizations and other information from banks, financial institutions, brokerage or
16 mutual fund firms, creditors, lenders, the United States Social Security Administration and other
17 persons and agencies which have engaged in transactions concerning the financial affairs of the
18 Ward, whether said accounts or records reflect the name of the Ward individually, or with one or
19 more other persons.

20 **IT IS FURTHER ORDERED** that NEVADA GUARDIAN SERVICES, LLC is
21 authorized to request and receive information from any other person or agency, which is
22 currently or has previously been obligated to pay money or other benefits to the above-named
23 adult Ward.

24 ///

25 ///

26 ///

AA001847

1 **IT IS FURTHER ORDERED** that in receiving this appointment as Guardian,
2 NEVADA GUARDIAN SERVICES, LLC is hereby given full access to any and all medical
3 records and information concerning the condition and historical treatment of the Ward, including
4 mental health records and information, which are or may be lodged with any persons, family
5 members and friends, along with any and all medical providers, care facilities, insurers and/or
6 institutions.

7 **IT IS FURTHER ORDERED** that this Order suspends any Power of Attorney
8 for Financial Matters executed prior to this General Guardianship, so long as the Guardianship of
9 the Estate remains open.


10 **IT IS FURTHER ORDERED** that this Order suspends any Power of Attorney
11 for Health Care Decisions executed prior to this General Guardianship, so long as the
12 Guardianship of the Person remains open. Pursuant to NRS 162A.800(2), the Guardian shall
13 follow any provisions contained in the Power of Attorney for healthcare delineating the Ward's
14 wishes for medical and end-of-life care.

15 **IT IS FURTHER ORDERED** that a hearing of this matter shall be held on
16 February 7th, 2014 at the hour of 9:00 a.m., in Courtroom 7 at Family Court,
17 601 North Pecos Road, Las Vegas, Nevada 89101-2417, at which time a determination shall be
18 made concerning the necessity to extend this temporary guardianship proceeding.

19 DATED this 18 day of February, 2014.

20
21 
DISTRICT JUDGE 

22 Respectfully submitted,

23
24 
KIM BOYER, CELA
Nevada Bar #5587
25 10785 W. Twain Ave., Suite 200
26 Las Vegas, Nevada 89135
Attorney for Petitioner

AA001848

1 **PAG**
2 KIM BOYER, CELA
3 Nevada Bar #5587
4 10785 W. Twain Ave., Suite 200
5 Las Vegas, Nevada 89135
6 (702) 255-2000
7 Email: kimboyer@elderlawnv.com
8 Attorney for Petitioner


CLERK OF THE COURT

5 **DISTRICT COURT**

6 **CLARK COUNTY, NEVADA**

7 In the Matter of the Guardianship of the
8 Person and Estate of

Case No.: G-14-039853-A
Dept. No.: E

9 THEODORE SCHEIDE,

Date of Hearing:
Time of Hearing: 9:00 a.m.

10 An Adult.

11 **PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN,
12 PETITION FOR APPOINTMENT OF GENERAL GUARDIAN**

13 Petitioner NEVADA GUARDIAN SERVICES, LLC respectfully represents to
14 the Court as follows:

15 1. Petitioner NEVADA GUARDIAN SERVICES, LLC is authorized to do
16 business in the State of Nevada and has a mailing address of 6625 S. Valley View Blvd. #216,
17 Las Vegas, Nevada 89118.

18 2. THEODORE SCHEIDE, the proposed adult ward ("Proposed Ward"),
19 was born on August 27, 1927, and is 86 years old. The Proposed Ward is a resident of the State
20 of Nevada, and currently is a patient at Centennial Hills Hospital, 6900 N. Durango Drive, Las
21 Vegas, Nevada 89149.

22 3. NEVADA GUARDIAN SERVICES, LLC is a private professional
23 guardian, and SUSAN M. HOY, its manager, is a National Certified Guardian through the Center
24 for Guardianship Certification.

25 4. The names and addresses of the Proposed Ward's relatives within the
26 second degree, and those entitled to notice, to the extent known by Petitioner, are as follows:

AA001849

<u>NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>
Theodore Scheide c/o Centennial Hills Hospital 6900 N. Durango Drive Las Vegas, Nevada 89149	Proposed Ward
Administrator Centennial Hills Hospital 6900 N. Durango Drive Las Vegas, Nevada 89149	Administrator of Facility
Kristin Tyler Esq. 3960 Howard Hughes Pkwy., Ninth Floor Las Vegas, Nevada 89169	Attorney for Proposed Ward

5. On information and belief, the Proposed Ward has no spouse, no children, no grandchildren and no siblings.

6. The name and address of the proposed Guardian is NEVADA GUARDIAN SERVICES, LLC, who resides at the address set forth herein. The proposed Guardian is an adult competent person and has never been convicted of a gross misdemeanor, felony or judicially determined to have committed abuse, neglect or exploitation of a child, spouse, parent or other adult.

7. There has not been a judgment entered against the proposed Guardian for misappropriation of funds or assets from any person or entity in any state.

8. The proposed Guardian has not had a driver's license suspended, revoked or cancelled for nonpayment of child support.

9. The proposed Guardian has not been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other professions which involve the management or sale of money, investments, securities, or real property and requires licensure in Nevada or any other state.

10. The proposed Guardian has not filed for or received protection under the federal bankruptcy laws within the past seven (7) years.

///

AA001850

11. The Proposed Ward is suffering from bi-frontal strokes and dementia. Due to his condition, the Proposed Ward is unable to care for his Person and Estate.

12. The Proposed Ward requires 24-hour care. On information and belief, the agents named in the Proposed Ward's estate planning documents do not wish to act on behalf of the Proposed Ward. With the agents not wishing to serve, there is no one with legal authority to arrange appropriate placement, make medical decisions or to pay for the Proposed Ward's expenses. A temporary guardian must be appointed for the benefit of the Proposed Ward because the Proposed Ward lacks the capacity to respond to a substantial and immediate risk of financial loss or physical harm or to a need for immediate medical attention.

13. Petitioner has tried in good faith to notify those persons entitled to notice.

14. The Proposed Ward's assets and income are unknown.

15. It is unknown whether the Proposed Ward receives any benefits from the Veterans Administration.

16. The Proposed Ward is not a party to any pending criminal or civil litigation. Petitioner is not a party to any pending criminal or civil litigation.

17. The guardianship is not sought for the purpose of initiating litigation.

18. On information and belief, the Proposed Ward has executed a durable power of attorney for health care, a durable power of attorney for financial matters, and a written nomination of guardian. Petitioner was informed that the named agents do not wish to serve.

19. Petitioner requests that an Order be entered suspending any Power of Attorney for Financial Matters executed prior to this General Guardianship, so long as the Guardianship of the Estate remains open.

20. Petitioner requests that an Order be entered suspending any Power of Attorney for Healthcare Decisions executed prior to this General Guardianship, so long as the Guardianship of the Person remains open.

AA001851

1 21. NEVADA GUARDIAN SERVICES, LLC requests that all of the
2 Proposed Ward's income be placed into an unblocked guardianship checking account to be
3 established by the Guardian at Wells Fargo Bank to be used to pay the Proposed Ward's
4 expenses. NEVADA GUARDIAN SERVICES, LLC requests the authority to establish a
5 blocked savings account at Wells Fargo Bank, with authority to transfer other accounts to the
6 blocked Wells Fargo Bank account.

7 22. NEVADA GUARDIAN SERVICES, LLC requests that in order for the
8 Guardian to pay the Proposed Ward's expenses, a monthly release of funds should be released
9 from the Wells Fargo Bank blocked savings account and transferred into the unblocked Wells
10 Fargo Bank checking account, pursuant to budget to be submitted.

11 23. NEVADA GUARDIAN SERVICES, LLC will incur Guardian fees at an
12 hourly rate. Petitioner requests that they be authorized to advance funds from the Ward's assets
13 to pay guardian fees on a month-to-month basis, subject to approval by the Court at the next
14 annual accounting. NEVADA GUARDIAN SERVICES, LLC shall not advance itself funds in
15 excess of \$500.00 in any one month. The Guardian will request authorization for payment of
16 fees in excess of \$500.00 per month only upon application to the Court.

17 24. Petitioner requests attorney's fees and costs towards the administration the
18 guardianship in the amount of \$4,500.00 and requests fees be paid from the Proposed Ward's
19 Estate.

20 25. Petitioner requests authority to be vested with all the powers set forth in
21 NRS 159.117 through NRS 159.175, inclusive.

22 26. Petitioner will submit the information required by NRS 159.044(c) and (h)
23 in a confidential manner.

24 27. Petitioner believes it to be in the best interest of the Proposed Ward that
25 NEVADA GUARDIAN SERVICES, LLC be appointed as Temporary and General Guardian of
26 the Person and Estate of THEODORE SCHEIDE.

AA001852

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26

2
3
4

5
6
7

8
9
10
11

12
13
14

15
16
17

18

19

20

21

22

23
24
25
26

5

VERIFICATION

STATE OF NEVADA
COUNTY OF CLARK

The undersigned as an authorized representative of NEVADA GUARDIAN SERVICES, LLC, being first duly sworn, deposes and says:

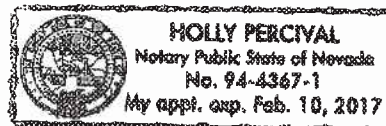
It is the Petitioner in the above-entitled action; it has read the foregoing Petition and knows the contents thereof; the same are true to the best of its own personal knowledge, except for those statements made upon information and belief, and as to those matters, it believes them to be true.

[Signature]

NEVADA GUARDIAN SERVICES, LLC
By An Authorized Representative

SUBSCRIBED and SWORN to before
me this 13th day of Feb, 2014.

[Signature]
NOTARY PUBLIC



AA001854

Gordon Silver

Attorneys and Counselors at Law

July 9, 2012

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
2400 Sunup Drive
Las Vegas, NV 89134

Please Identify your check or wire transfer with the following numbers:

Invoice No. 192206

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

For Professional Services Rendered Through June 30, 2012

re: Estate Planning

Prior Balance 0.00

Current Activity

Total Professional Services	0.00
Total Expenses	0.00
Total Finance Charges	0.00
Total Current Charges	0.00

Total Balance Due 0.00

Trust Activity 400.00

PLEASE PAY THIS AMOUNT 0.00

Remaining Trust Balance 400.00

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.00	0.00	0.00

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER

DUE AND PAYABLE UPON RECEIPT

Please Contact Us If You Want To Pay By Credit Card

AA001855

FILE000319

P-KT-000320

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of June 30, 2012

Statement No. 192206

Theodore E. Scheide
2400 Sunup Drive
Las Vegas, NV 89134

Matter ID 103655-001
Estate Planning

Professional Services

			Hours	Rate	Amount
6/15/2012	KMT	Telephone call to Theo. NO CHARGE	0.10	0.00	0.00
Sub-Total Professional Services					<u>0.00</u>

Rate Summary

Kristin M. Tyler	0.10	hours at \$	0.00/hr	0.00
Total hours:	<u>0.10</u>			

Trust Account

6/11/2012	Theodore Scheide	Beginning Balance	0.00
			<u>400.00</u>
		Ending Balance	400.00

AA001856

FILE000320

P-KT-000321

Gordon Silver

Attorneys and Counselors at Law

September 11, 2012

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
2500 Sunup Drive
Las Vegas, NV 89134

Please Identify your check or wire transfer with the following numbers:

Invoice No. 194262

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through August 31, 2012
re: Estate Planning

Prior Balance 0.00

Current Activity

Total Professional Services	400.00
Total Expenses	0.00
Total Finance Charges	0.00
Total Current Charges	400.00

Total Balance Due 400.00

Trust Activity -400.00

PLEASE PAY THIS AMOUNT 0.00

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.00	0.00	0.00

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001857

FILE000321
P-KT-000322

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of August 31, 2012

Statement No. 194262

Theodore E. Scheide
2500 Sunup Drive
Las Vegas, NV 89134

Matter ID 103655-001
Estate Planning

Professional Services			Hours	Rate	Amount
6/6/2012	KMT	Meet with Theo Scheide.	0.50	285.00	142.85
6/7/2012	KMT	Draft powers of attorney and will for Theo Scheide. Call to Karen Hoagland	0.50	285.00	142.86
6/8/2012	KMT	Meet with Theo Scheide to review and sign documents	0.40	285.00	114.29
Sub-Total Professional Services					<u>400.00</u>

Rate Summary		
Kristin M. Tyler	1.40	hours at \$ 285.00/hr
Total hours:	<u>1.40</u>	400.00

Payments

9/11/2012	Trust application.	400.00
Sub-Total Payments		<u>400.00</u>

Trust Account

Beginning Balance		400.00
9/11/2012	Trust application.	-400.00
Ending Balance		<u>0.00</u>

AA001858

FILE000322

P-KT-000323

Gordon Silver

Attorneys and Counselors at Law

May 9, 2013

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
2500 Sunup Drive
Las Vegas, NV 89134

Please Identify your check or wire transfer with the following numbers:

Invoice No. 202599

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

For Professional Services Rendered Through April 30, 2013
re: Estate Planning

Prior Balance -213.50

Current Activity

Total Professional Services	216.75
Total Expenses	0.00
Total Finance Charges	0.00
Total Current Charges	216.75

Total Balance Due 3.25

PLEASE PAY THIS AMOUNT 3.25

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.00	0.00	-213.50

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001859

FILE000323
P-KT-000324

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of April 30, 2013

Statement No. 202599

Theodore E. Scheide
2500 Sunup Drive
Las Vegas, NV 89134

Matter ID 103655-001
Estate Planning

Professional Services			Hours	Rate	Amount
4/8/2013	KMT	Call Theo re: court status	0.10	290.00	29.00
4/8/2013	KMT	Call to attorney Chris Phillips	0.20	290.00	58.00
4/8/2013	KMT	Call to Theo re: info needed from Schwab	0.10	290.00	29.00
4/9/2013	KMT	Call to Jena at Schwab	0.10	290.00	29.00
4/9/2013	KMT	Call from Theo re: making sure I got information needed from Schwab	0.10	290.00	29.00
4/23/2013	BJR	Telephone conference with client Ted calls re needing some of Kristin's cards to him and explaining to me where his important papers are located. I report this to Kristin.	0.10	427.50	42.75
Sub-Total Professional Services					<u>216.75</u>

Rate Summary

Bradley J. Richardson	0.10	hours at \$ 427.50/hr	42.75
Kristin M. Tyler	0.60	hours at \$ 290.00/hr	174.00
Total hours:	<u>0.70</u>		

Payments

10/9/2012	Theodore E Scheide		213.50
Sub-Total Payments			<u>213.50</u>

AA001860

FILE000324
P-KT-000325

Gordon Silver

Attorneys and Counselors at Law

June 10, 2013

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
2500 Sunup Drive
Las Vegas, NV 89134

Please Identify your check or wire transfer with the following numbers:

Invoice No. 203556

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

For Professional Services Rendered Through May 31, 2013

re: Estate Planning

Prior Balance 3.25

Current Activity

Total Professional Services	0.00
Total Expenses	0.00
Total Finance Charges	0.03
Total Current Charges	0.03

Total Balance Due 3.28

Trust Activity 216.75

PLEASE PAY THIS AMOUNT 3.28

Remaining Trust Balance 216.75

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
3.25	0.00	0.00

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER

DUE AND PAYABLE UPON RECEIPT

Please Contact Us If You Want To Pay By Credit Card

AA001861

FILE000325

P-KT-000326

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of May 31, 2013

Statement No. 203556

Theodore E. Scheide
2500 Sunup Drive
Las Vegas, NV 89134

Matter ID 103655-001
Estate Planning

Trust Account

5/15/2013 Theodore E. Scheide

Beginning Balance	0.00
	216.75
Ending Balance	<u>216.75</u>

AA001862

FILE000326
P-KT-000327

Gordon Silver

Attorneys and Counselors at Law

July 9, 2013

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
2500 Sunup Drive
Las Vegas, NV 89134

Please Identify your check or wire transfer with the following numbers:

Invoice No. 204179

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through June 30, 2013
re: Estate Planning

Prior Balance 3.28

Current Activity

Total Professional Services	435.00
Total Expenses	3.50
Total Current Charges	438.50

Total Balance Due 441.78

Trust Activity -216.75

PLEASE PAY THIS AMOUNT 225.03

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.00	3.25	0.00

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001863

FILE000327
P-KT-000328

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of June 30, 2013

Statement No. 204179

Theodore E. Scheide
2500 Sunup Drive
Las Vegas, NV 89134

Matter ID 103655-001
Estate Planning

Professional Services			Hours	Rate	Amount
5/14/2013	KMT	Receipt, review and respond to emails from David Palmer re: Theo's condition and advising on how power of attorney should sign checks to pay bills	0.20	290.00	58.00
5/15/2013	KMT	Phone call from Theo. Email to David Palmer re: conversation	0.20	290.00	58.00
5/20/2013	KMT	Phone calls with Patty Bowlin re: her abilities as POA for Theo	0.20	290.00	58.00
5/20/2013	KMT	Emails with David Palmer and Kathy Longo.	0.20	290.00	58.00
6/12/2013	KMT	Phone call from Theo re: wants to change power of attorney	0.20	290.00	58.00
6/12/2013	KMT	Prepare form for Theo to change power of attorney	0.20	290.00	58.00
6/14/2013	KMT	Phone call from Patricia Bowlin re: her removal as POA	0.20	290.00	58.00
6/14/2013	KMT	Fax from Theo Scheide	0.10	290.00	29.00
Sub-Total Professional Services					435.00

Rate Summary		
Kristin M. Tyler	1.50 hours at \$ 290.00/hr	435.00
Total hours:	1.50	

Expenses

Scanning/Photocopy Charges	1.75
Photocopies	1.75
Sub-Total Expenses	3.50

Payments

7/9/2013	Trust application.	216.75
Sub-Total Payments		216.75

AA001864

FILE000328
P-KT-000329

Trust Account

7/9/2013 Trust application.

Beginning Balance	216.75
	-216.75
Ending Balance	<u>0.00</u>

AA001865

Gordon Silver

Attorneys and Counselors at Law

January 13, 2014

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
8333 Jeremiahs Lodge Avenue
Las Vegas, NV 89131

Please Identify your check or wire transfer with the following numbers:

Invoice No. 210441

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through December 31, 2013

re: Estate Planning

Prior Balance 0.00

Current Activity

Total Professional Services	1,160.00
Total Expenses	0.00
Total Finance Charges	0.00
Total Current Charges	1,160.00

Total Balance Due 1,160.00

PLEASE PAY THIS AMOUNT 1,160.00

A/R Over 30 Days
0.00

A/R Over 60 Days
0.00

A/R Over 90 Days
0.00

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001866

FILE000330
P-KT-000331

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of December 31, 2013

Statement No. 210441

Theodore E. Scheide
8333 Jeremiahs Lodge Avenue
Las Vegas, NV 89131

Matter ID 103655-001

Estate Planning

Professional Services			Hours	Rate	Amount
12/6/2013	KMT	Phone call with Kathy Longo re: Theo's condition	0.40	290.00	116.00
12/9/2013	KMT	Phone call with Kathy Longo re: Theo's health and meeting	0.40	290.00	116.00
12/10/2013	KMT	Travel to meeting with Theo. NO CHARGE	0.80	0.00	0.00
12/10/2013	KMT	Meet with Theo Scheide and Kathy Longo	1.80	290.00	522.00
12/11/2013	KMT	Research if Theo has filed bankruptcy	0.10	290.00	29.00
12/17/2013	KMT	Call Kathy Longo	0.10	290.00	29.00
12/17/2013	KMT	Phone calls to Sandy Botino, Geri Wilding, and Susan Hoy re: setting up interviews with Theo	0.50	290.00	145.00
12/27/2013	KMT	Phone call to Theo to discuss setting up interviews	0.30	290.00	87.00
12/30/2013	KMT	Phone call from Theo re: proceed with setting up interviews	0.10	290.00	29.00
12/30/2013	KMT	Email with Judy Coulter to confirm interview time	0.10	290.00	29.00
12/30/2013	KMT	Phone call with Sandy Reed Bottino re: confirming interview time	0.20	290.00	58.00
Sub-Total Professional Services					1,160.00

Rate Summary

Kristin M. Tyler	0.80	hours at \$ 0.00/hr	0.00
Kristin M. Tyler	4.00	hours at \$ 290.00/hr	1,160.00
Total hours:	4.80		

Payments

7/16/2013	Theodore E Scheide	225.03
Sub-Total Payments		225.03

AA001867

FILE000331

P-KT-000332

Gordon Silver

Attorneys and Counselors at Law

February 11, 2014

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
8333 Jeremiahs Lodge Avenue
Las Vegas, NV 89131

Please Identify your check or wire transfer with the following numbers:

Invoice No. 211323

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through January 31, 2014

re: Estate Planning

Prior Balance 1,160.00

Current Activity

Total Professional Services	882.00
Total Expenses	10.25
Total Finance Charges	0.00
Total Current Charges	892.25

Total Balance Due 2,052.25

PLEASE PAY THIS AMOUNT 2,052.25

A/R Over 30 Days

0.00

A/R Over 60 Days

0.00

A/R Over 90 Days

0.00

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER

DUE AND PAYABLE UPON RECEIPT

Please Contact Us If You Want To Pay By Credit Card

AA001868

FILE000332

P-KT-000333

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of January 31, 2014

Statement No. 211323

Theodore E. Scheide
8333 Jeremiahs Lodge Avenue
Las Vegas, NV 89131

Matter ID 103655-001

Estate Planning

Professional Services			Hours	Rate	Amount
1/2/2014	KMT	Travel to meeting with Theo Scheide. NO CHARGE	0.50	0.00	0.00
1/2/2014	KMT	Attend meeting with Theo Scheide and interview two candidates to work as his assistant	2.20	315.00	693.00
1/2/2014	KMT	Travel from Theo's home to office after meetings. NO CHARGE	0.50	0.00	0.00
1/17/2014	KMT	Call from Las Vegas Metro police re: Theo Scheide and Kathy Longo	0.20	315.00	63.00
1/17/2014	KMT	Call to Theo re: gun	0.20	315.00	63.00
1/24/2014	KMT	Phone call from Pat Evans at Golden Sunshine home	0.20	315.00	63.00
1/27/2014	KMT	Prepare materials to send to Theo Scheide via runner. NO CHARGE	0.20	0.00	0.00
1/29/2014	KMT	Letter to Theo re: status of power of attorney. NO CHARGE	0.20	0.00	0.00
Sub-Total Professional Services					882.00

Rate Summary

Kristin M. Tyler	1.40 hours at \$ 0.00/hr	0.00
Kristin M. Tyler	2.80 hours at \$ 315.00/hr	882.00
Total hours:	4.20	

Expenses

Scanning/Photocopy Charges	0.25
Messenger Service	10.00
Sub-Total Expenses	10.25

AA001869

FILE000333
P-KT-000334

Gordon Silver

Attorneys and Counselors at Law

March 12, 2014

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Please Identify your check or wire transfer with the following numbers:

Invoice No. 212372

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through February 28, 2014
re: Estate Planning

Prior Balance 2,052.25

Current Activity

Total Professional Services	220.50
Total Expenses	11.25
Total Finance Charges	11.60
Total Current Charges	243.35

Total Balance Due 2,295.60

PLEASE PAY THIS AMOUNT 2,295.60

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
1,160.00	0.00	0.00

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001870

FILE000334
P-KT-000335

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of February 28, 2014

Statement No. 212372

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Matter ID 103655-001

Estate Planning

Professional Services			Hours	Rate	Amount
2/11/2014	KMT	Email from Kathy Longo re: Theo in hospital. Call from nurse Rita at hospital	0.10	315.00	31.50
2/11/2014	KMT	Call from nurse Maria at hospital. Call to HCPOA Patty Bowlin re: will she act as medical power of attorney	0.20	315.00	63.00
2/11/2014	KMT	Phone call from social worker Karen Rice from Centennial Hills Hospital	0.20	315.00	63.00
2/26/2014	KMT	Receipt, review and respond to email from Kim Boyer	0.20	315.00	63.00
2/27/2014	KMT	Request for Special Notice on guardianship. NO CHARGE	0.10	0.00	0.00
Sub-Total Professional Services					220.50

Rate Summary

Kristin M. Tyler	0.10	hours at \$ 0.00/hr	0.00
Kristin M. Tyler	0.70	hours at \$ 315.00/hr	220.50
Total hours:	0.80		

Expenses

Photocopies	0.75
Scanning/Photocopy Charges	10.50
Sub-Total Expenses	11.25

AA001871

FILE000335
P-KT-000336

Gordon Silver

Attorneys and Counselors at Law

April 7, 2014

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Please Identify your check or wire transfer with the following numbers:

Invoice No. 213394

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through March 31, 2014
re: Estate Planning

Prior Balance 2,295.60

Current Activity

Total Professional Services	63.00
Total Expenses	27.00
Total Finance Charges	20.52
Total Current Charges	110.52

Total Balance Due 2,406.12

PLEASE PAY THIS AMOUNT 2,406.12

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
892.25	1,160.00	0.00

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001872

FILE000336
P-KT-000337

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of March 31, 2014

Statement No. 213394

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Matter ID 103655-001

Estate Planning

Professional Services

			Hours	Rate	Amount
3/7/2014	KMT	Email and phone call from Susan Hoy re: questions about Theo.	0.20	315.00	63.00
Sub-Total Professional Services					63.00

Rate Summary

Kristin M. Tyler	0.20	hours at \$ 315.00/hr	63.00
Total hours:	0.20		

Expenses

	Scanning/Photocopy Charges	23.50
2/27/2014	Wiznet filing fee for request for special notice	3.50
	<i>American Express (Check No. 34719)</i>	
Sub-Total Expenses		27.00

AA001873

FILE000337

P-KT-000338

Gordon Silver

Attorneys and Counselors at Law

May 8, 2014

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Please Identify your check or wire transfer with the following numbers:

Invoice No. 214356

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through April 30, 2014
re: Estate Planning

Prior Balance 2,406.12

Current Activity

Total Professional Services	0.00
Total Expenses	0.00
Total Finance Charges	23.74
Total Current Charges	23.74

Total Balance Due 2,429.86

PLEASE PAY THIS AMOUNT 2,429.86

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
353.87	892.25	1,160.00

Offices in Las Vegas, Los Angeles (effective May 1, 2014), Phoenix and Washington, D.C.

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001874

FILE000338
P-KT-000339

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of April 30, 2014

Statement No. 214356

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Matter ID 103655-001

Estate Planning

AA001875

FILE000339
P-KT-000340

Gordon Silver

Attorneys and Counselors at Law

August 6, 2014

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Please Identify your check or wire transfer with the following numbers:

Invoice No. 217091

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through July 31, 2014

re: Estate Planning

Prior Balance 0.00

Current Activity

Total Professional Services	63.00
Total Expenses	0.50
Total Finance Charges	0.00
Total Current Charges	63.50

Total Balance Due 63.50

PLEASE PAY THIS AMOUNT 63.50

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.00	0.00	0.00

Offices in Las Vegas, Los Angeles, Phoenix, Reno and Washington, D.C.

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001876

FILE000340
P-KT-000341

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of July 31, 2014

Statement No. 217091

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Matter ID 103655-001

Estate Planning

Professional Services

			Hours	Rate	Amount
7/28/2014	KMT	Meet with Susan Hoy re: receipt and handover of Theo's gun	0.20	315.00	63.00
		Sub-Total Professional Services			<u>63.00</u>

Rate Summary

Kristin M. Tyler	0.20	hours at \$ 315.00/hr	63.00
Total hours:	<u>0.20</u>		

Expenses

Scanning/Photocopy Charges	0.50
Sub-Total Expenses	<u>0.50</u>

Payments

5/30/2014	Estate of Theodore Scheide	2,406.12
6/9/2014	Finance charge adjustment	23.74
	Sub-Total Payments	<u>2,429.86</u>

AA001877

FILE000341

P-KT-000342

Gordon Silver

Attorneys and Counselors at Law

November 7, 2014

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Please Identify your check or wire transfer with the following numbers:

Invoice No. 220043

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through October 31, 2014
re: Estate Planning

Prior Balance 63.50

Current Activity

Total Professional Services	0.00
Total Expenses	0.00
Total Finance Charges	0.64
Total Current Charges	0.64

Total Balance Due 64.14

PLEASE PAY THIS AMOUNT 64.14

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.00	0.00	63.50

Offices in Las Vegas, Los Angeles, Phoenix, Reno and Washington, D.C.

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001878

FILE000342
P-KT-000343

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of October 31, 2014

Statement No. 220043

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Matter ID 103655-001

Estate Planning

AA001879

FILE000343
P-KT-000344

Gordon Silver

Attorneys and Counselors at Law

December 5, 2014

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Please Identify your check or wire transfer with the following numbers:

Invoice No. 221006

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through November 30, 2014
re: Estate Planning

Prior Balance 64.14

Current Activity

Total Professional Services	0.00
Total Expenses	0.00
Total Finance Charges	0.64
Total Current Charges	0.64

Total Balance Due 64.78

PLEASE PAY THIS AMOUNT 64.78

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.00	0.00	63.50

Offices in Las Vegas, Los Angeles, Phoenix, Reno and Washington, D.C.

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001880

FILE000344
P-KT-000345

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of November 30, 2014

Statement No. 221006

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Matter ID 103655-001

Estate Planning

AA001881

FILE000345
P-KT-000346

Gordon Silver

Attorneys and Counselors at Law

January 13, 2015

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Please Identify your check or wire transfer with the following numbers:

Invoice No. 221937

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

For Professional Services Rendered Through December 31, 2014

re: Estate Planning

Prior Balance 64.78

Current Activity

Total Professional Services	0.00
Total Expenses	0.00
Total Finance Charges	0.64
Total Current Charges	0.64

Total Balance Due 65.42

PLEASE PAY THIS AMOUNT 65.42

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.64	0.64	63.50

Offices in Las Vegas, Los Angeles, Phoenix, Reno and Washington, D.C.

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER
DUE AND PAYABLE UPON RECEIPT
Please Contact Us If You Want To Pay By Credit Card

AA001882

FILE000346

P-KT-000347

Gordon Silver

3960 Howard Hughes Parkway, 9th Floor
Las Vegas, NV 89169-5978

(702) 796-5555

Statement as of December 31, 2014
Statement No. 221937

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Matter ID 103655-001
Estate Planning

AA001883

FILE000347
P-KT-000348

Gordon Silver

Attorneys and Counselors at Law

February 5, 2015

3960 Howard Hughes Parkway
Ninth Floor
Las Vegas, Nevada 89169-5978
Telephone (702) 796-5555
www.gordonsilver.com

Theodore E. Scheide
c/o Nevada Guardian Services, LLC
6625 S. Valley View Blvd., #216
Las Vegas, NV 89118

Please Identify your check or wire transfer with the following numbers:

Invoice No. 223086

File No. 103655-001

Tax Identification No. 88-0103861

REMITTANCE INSTRUCTIONS

WIRE TRANSFERS

Nevada State Bank
750 E. Warm Springs Rd.
Las Vegas, NV 89123
ABA: 122400779

CHECKS:

Gordon Silver
3960 Howard Hughes Pkwy
Ninth Floor
Las Vegas, NV 89169

SWIFT: ZFNBUS55

Account Name: Gordon Silver

Bank Account No. 0612004849

For Professional Services Rendered Through January 31, 2015
re: Estate Planning

Prior Balance 65.42

Current Activity

Total Professional Services	0.00
Total Expenses	0.00
Total Finance Charges	0.64
Total Current Charges	0.64

Total Balance Due 66.06

PLEASE PAY THIS AMOUNT 66.06

<u>A/R Over 30 Days</u>	<u>A/R Over 60 Days</u>	<u>A/R Over 90 Days</u>
0.00	1.28	63.50

Offices in Las Vegas, Los Angeles, Phoenix, Reno and Washington, D.C.

PLEASE MAKE CHECKS PAYABLE TO GORDON SILVER

DUE AND PAYABLE UPON RECEIPT

Please Contact Us If You Want To Pay By Credit Card

AA001884

FILE000348

P-KT-000349