

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF CLARK)

Patty Ann Woodworth, first being duly sworn, deposes and

says:

1.

That she is the surviving daughter of Alexander Orr who died on November 10, 1971, at Las Vegas, Nevada.

2.

That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All of Lots Numbered 78,79,80, 81, 82 and 83 in Block Numbered 37 in the town of Pioche, Nevada, together with improvements and buildings situate thereon, as recorded in Book "N-1" of Real Estate Deeds at page 125 in the office of the County Recorder of Lincoln County, Nevada, and

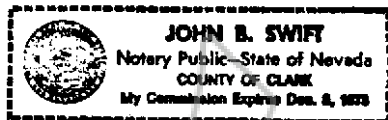
Also Lots numbered 32 and 33 in Block 37 in the said town of Pioche, Nevada, together with all improvements and building situate thereon, as recorded in book "N-1" of Real Estate Deeds at page 459 in the office of the County Recorder of said Lincoln County, Nevada.

3.

That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above-described property as her sole and separate property pursuant to Nevada Revised Statutes 40.470(5).

Dated December 12th Patty Ann Woodworth
November 1971. Affiant

Subscribed and sworn to before me this 12th day of December A.D. 19 71



John B. Swift
Notary Public

EXHIBIT "A"

STATE OF NEVADA DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION
DIVISION OF HEALTH SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 5435

TYPE OF PRINT IN PERMANENT FORM SEE HANDBOOK FOR INSTRUCTIONS

DECEASED - NAME Alexander		FIRST	MIDDLE	LAST	SEX male	DATE OF DEATH (MONTH, DAY, YEAR) November 10, 1971
RACE white		AGE - LAST BIRTHDAY (YEARS, MONTHS, DAYS) 69	UNITS - YEAR, MONTH, DAY, HOUR, MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 3, 1902	COUNTY OF DEATH Clark	
CITY, TOWN, OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION (NAME, CITY, STREET AND NUMBER) Sunrise Hospital	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR WIDOWED Widowed			
STATE OF BIRTH (IF NOT IN U.S.A.) Utah		CITIZEN OF WHAT COUNTRY U.S.A.	SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME) None			
RESIDENCE - STATE Nevada		COUNTY Clark	CITY, TOWN, OR LOCATION Las Vegas		KIND OF BUSINESS OR INDUSTRY Law enforcement	
FATHER - NAME Alexander		MOTHER - MAIDEN NAME Carolin Frances Price	STREET AND NUMBER 1401 Eastwood Dr.			
IMPORTANT - NAME Patty Ann Woodworth (dghter)		MAILING ADDRESS 1401 Eastwood Dr., Las Vegas, Nevada 89104				
PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
(a) Ruptured aortic aneurysm						
(b) _____						
(c) _____						
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)						AUTOPSY PERFORMED? Yes
IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)						
DATE OF INJURY (MONTH, DAY, YEAR) HOUR						
HOW INJURY OCCURRED (ENTER NUMBER OF INJURY IN PART I OR PART II, ITEM 12)						
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, SCHOOL, ETC. (SPECIFY)						
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)						
CERTIFICATION - PRESENTING PHYSICIAN: I ATTESTED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/her ALIVE ON MONTH DAY YEAR (DO NOT SIGN THIS SECTION UNLESS YOU WERE PRESENT AT THE PLACE OF DEATH AND TO THE BEST OF YOUR KNOWLEDGE THE DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED)						
CERTIFICATION - MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF THE INVESTIGATION, THE MANNER OF DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED						
CERTIFIER - NAME (TYPE OR PRINT) SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) J. Davidson M.D. 11-12-71						
CERTIFIER - ADDRESS (TYPE OR PRINT) CITY OR TOWN STATE ZIP 1006 E. Sahara Las Vegas Nevada 89105						
BURNING, CREMATION, REMOVAL, OR OTHER DISPOSITION (TYPE OR PRINT) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE Removal for burial Pioche Cemetery Pioche Nevada						
DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Nov. 13, 1971 BUNKER BROTHERS MORTUARY Las Vegas, Nevada 89101						

Las Vegas, Nevada 11-10-71

I hereby certify that this is a true and correct copy of the Vital Statistic record on file with the Clark County District Health Department.

OTTO RAVENHOLT, M.D., District Registrar
By Varian Dussant, Deputy

FILED AND RECORDED AT REQUEST OF John W. Christian
December 13, 1971 AT 10 MINUTES PAST 4 O'CLOCK P.M. IN BOOK #3 OF OFFICIAL RECORDS, PAGE 287-288 LINCOLN COUNTY, NEVADA