

Affidavit—Death of Joint Tenant

TO 2226 NY (9-66)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY of Nevada

} ss.

Donna Rose Garrison, of legal age, being first duly sworn, deposes and says:
 That Oscar Cunningham, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as Oscar Cunningham
 named as one of the parties in that certain Joint Tenancy Deed dated 3 November 1964
 executed by Myrtle Marie Bonnow and Robert S. Carmen
 to Oscar Cunningham and Donna Rose Garrison
 as joint tenants, recorded as Instrument No. 45502, on 16 September 1966, in
 book "N-1", page 132, of Official Records of Real Estate Deeds, Lincoln
 County, Nevada, covering the following described property situated in the Town of Pioche
 County of Lincoln, State of Nevada:

All of lots numbered 4, 5 and 6 in Bloch numbered 20 on Davis Street
 near the East boundary of said Town of Pioche,

That the value of all real and personal property owned by said decedent at date of death, including the full value of
 the property above described, did not then exceed the sum of \$ 5,000.00

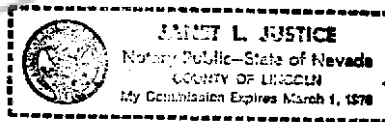
Dated March 7, 1973

Donna Rose Garrison
 Donna Rose Garrison

SUBSCRIBED AND SWORN TO before me

this 7th day of March, 1973

Signature: Janet L. Justice
Janet L. Justice
 Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Name
 Street
 Address
 City &
 State

EXHIBIT "A"

STATE OF NEVADA—DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

REGISTRAR'S No. 87 CERTIFICATE OF DEATH STATE FILE No. 7322

1. PLACE OF DEATH: STATE OF NEVADA, COUNTY: LINCOLN

2. USUAL RESIDENCE: (When deceased lived in institution, Residence before admission) A. STATE: NEVADA, B. COUNTY: LINCOLN

3. CITY, TOWN, OR LOCATION: C. Length of stay in this place: 10. D. STREET ADDRESS: 1500 E. 2nd St.

4. NAME OF HOSPITAL OR INSTITUTION: (If not in hospital, give street address) E. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [] F. IS RESIDENCE ON A FARM? YES [] NO [X]

5. NAME OF DECEASED: (Type or Print) (Last) (First) (Middle) (Initial) A. DATE OF DEATH: Month: 11, Day: 1, Year: 1964

6. SEX: Male, 7. MARRIED: [] WIDOWED: [] DIVORCED: [X] 8. DATE OF BIRTH: 07-27-1900 9. AGE: 64 years, 5 months, 5 days

10. USUAL OCCUPATION: (This kind of work done during most of working life, even if retired) 10a. Miner 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE: (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) 16. SOCIAL SEC. NO.: 17. INFORMANT: Hospital Records, Caliente

18. CAUSE OF DEATH: (Excludes only immediate cause for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Chronic Myocarditis. (Internal between onset and death)

19. DUE TO (b): (c): PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE: CONDITION GIVEN IN PART I (a): 18. WAS AUTOPSY PERFORMED? YES [] NO [X]

20a. ACCIDENT: [] SUICIDE: [] 20b. DESCRIBE HOW INJURY OCCURRED: (Excludes nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY: Hour: n.m., Month: Day, Year: 20d. INJURY OCCURRED WHILE AT WORK: [] NOT WHILE AT WORK: [] 20e. PLACE OF INJURY: (If in or about home) 20f. CITY, TOWN, OR LOCATION: Dec 19-64

21. I attended the decedent from NOV 5 to Dec 10 64, and last saw (him) (her) alive on Dec 19-64. Death occurred at 7:20 a.m. on the date stated above, and in the best of my knowledge, from the causes stated.

21a. SIGNATURE: [Signature] (Doctor or Title) 21b. ADDRESS: Caliente 21c. DATE: Dec 25 1964

22. MUNICIPAL, CIVIL, OR FUNERAL DIRECTOR: (Name, Address, Office) 22a. NAME OF CEMETERY OR BURIAL PLACE: Lincoln County Mortuary, Caliente 22b. LOCATION (City, town, or county): Pioche, Lincoln Nevada (State)

23. DATE REC'D BY: DEC 20 1964 24. REGISTRAR'S SIGNATURE: [Signature]

I hereby certify that this is a true and correct copy of the original record which is on file in the office of the Section of Vital Statistics of the Nevada State Division of Health at Carson City, Nevada.

Date Issued
March 17, 1971

[Signature]
CHIEF, SECTION OF VITAL STATISTICS

No. 52682
FILED AND RECORDED AT REQUEST OF
NEW YORK NATIONAL BANK
MARCH 14 1971
AT 42 MINUTES PAST 11 O'CLOCK
P.M. IN BOOK 7 OF OFFICIAL
RECORDS, PAGE 37 LINCOLN
COUNTY, NEVADA
[Signature]
COUNTY RECORDER