

Lincoln County

1 AFFIDAVIT IN RE BUSTER E. CRANE, DECEASED
2 TERMINATION OF JOINT TENANCY (N.R.S. 111.365)

3 STATE OF NEVADA,)
4 County of Lincoln) ss.

5 MARGARET CRANE, being first duly sworn, deposes and
6 says:
7 That affiant is the widow of BUSTER E. CRANE, Deceased.
8 That decedent died on the 8th day of December, 1979. That a
9 certified copy of the Death Certificate is attached hereto as
10 Exhibit "A".

11 That during the lifetime of said Decedent, certain real
12 property was acquired in joint tenancy wherein BUSTER E. CRANE
13 and MARGARET CRANE were Grantees. That under the laws of the
14 State of Nevada, upon the death of BUSTER E. CRANE, the title
15 and ownership of said real property became vested in MARGARET
16 CRANE as the surviving joint tenant. That said real property
17 was acquired by a Deed dated September 25, 1964, wherein BETTY
18 RAUNIO was the Grantor, and BUSTER E. CRANE and MARGARET CRANE,
19 husband and wife, were the Grantees.

20 That said Deed was recorded in Book M1, Page 323, Lincoln
21 County Records.

22 That the real property conveyed therein, in joint
23 tenancy, is more particularly described as follows, to-wit:
24 One acre of land, more or less, South of Dow Spring
25 on the West side of the Caliente to Pioche State
26 Highway, and now known as the "COVE", and being in
27 the Northwest Quarter (NW 1/4) of the Southwest
28 Quarter (SW 1/4) of Section 28, Township 3-South,
29 Range 67 East, N.D.M.

30 Excepting and reserving a one-half interest in
31 and to all crude oil, petroleum, gas, brea,
32 asphaltum and all kindred substances, and other-
minerals under and in said land, as reserved in
the deed recorded September 18, 1952 in Book
"J-1" of Real Estate Deeds, Page 280, Lincoln
County, Nevada records.

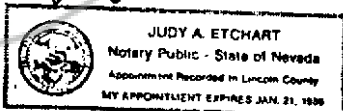
That by reason of the foregoing, affiant hereby
declares that the title and interest of BUSTER E. CRANE,
Deceased, in the above described real property has vested in
MARGARET CRANE, in fee simple, and that she is the sole and
absolute owner thereof, together with the tenements,
hereditaments, and appurtenances, thereunto belonging or
appertaining, and the reversion and reversions, remainder and
remainders, rents, issues and profits thereof.

Margaret Crane
MARGARET CRANE

77306

Subscribed and sworn to before me
this 11th day of March,
1983.

Judy A. Etchart
Notary Public



FILED AND RECORDED AT REQUEST OF
MARGARET CRANE
MARCH 11, 1983
AT 55 MINUTES PAST 2 O'CLOCK
P. M. IN BOOK 53 OF OFFICIAL
RECORDS, PAGE 643 LINCOLN
COUNTY, NEVADA.

Guilford A. Jones
COUNTY RECORDER

Lincoln County

STATE OF NEVADA
 DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH
 VITAL STATISTICS

DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1	LOCAL FILE NUMBER DECEASED—NAME First Middle Last Buster Everett Crane	DATE OF DEATH (Month, Day, Year) Dec. 8 1979	STATE FILE NUMBER COUNTY OF DEATH Lincoln
2	CITY, TOWN, OR LOCATION OF DEATH Caliente	HOSPITAL OR OTHER INSTITUTION—Name (if not a doctor, give street and number) Lincoln County Hospital	If Made in the Private Home of Deceased (Specify) Inpatient
3	RACE—(i.e. White, Black, American Indian, etc.) (Specify) White	ETHNIC 99	AGE—Last Birthday (Years, Months, Days) 74
4	STATE OF BIRTH (If not U.S.A., name country) Kentucky	CITIZEN OF WHAT COUNTRY U.S.A.	DATE OF BIRTH (Mo., Day, Yr.) Nov. 22, 1905
5	SOCIAL SECURITY NUMBER [REDACTED]	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married	SEX Male
6	RESIDENCE—STATE Nevada	COUNTY Lincoln	SURVIVING SPOUSE (if wife, give maiden name) Margaret Schoenber
7	FATHER—NAME First Middle Last Arthur Crane	MOTHER—MAIDEN NAME First Middle Last [REDACTED]	INDUSTRIAL OCCUPATION (Give kind of Work Done During Most of Working Life) (Specify) Motion Picture
8	INFORMANT—NAME (Type of Person) Margaret G. Crane (Widow)	MAILING ADDRESS (Based on R.F.D. No., City or Town, State, Zip) Box 421 Indian Cove, Caliente, Nevada 89008	INDUSTRIAL CITY LABELS (Specify) 112-807
9	SURVIVAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—NAME New Caliente Cemetery	LOCATION Caliente Nevada
10	FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such) [Signature]	NAME AND ADDRESS OF FACILITY Lincoln County Mortuary Box 236 Caliente, Nevada	
11	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause stated hereon. (Signature and Title) Matthew McMahon D.O.	DATE SIGNED (Mo., Day, Yr.) Dec 10, 79	21b. HOUR OF DEATH 7:30 AM
12	21c. NAME OF ATTENDING PHYSICIAN (Type or Print) Matthew McMahon D.O.	21d. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Matthew McMahon D.O. Caliente, Nevada 89008	21e. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Dec 10, 1979
13	22. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) CARDIOVASCULAR COLLAPSE	22a. Interval between onset and death 8 HRS	22b. INTERVAL BETWEEN ONSET AND DEATH (Specify)
14	22c. DUE TO OR AS A CONSEQUENCE OF METASTATIC OBT CELL CARCINOMA	22d. INTERVAL BETWEEN ONSET AND DEATH (Specify)	22e. INTERVAL BETWEEN ONSET AND DEATH (Specify)
15	23. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 11(b) [REDACTED]	23a. AUTOPSY (Specify Yes or No) No	23b. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) No
16	ACC. SURGE, INJURY OR POISONING (Specify) [REDACTED]	DATE OF INJURY (Mo., Day, Yr.) [REDACTED]	HOUR OF INJURY [REDACTED]
17	INJURY AT WORK (Specify Yes or No) [REDACTED]	PLACE OF INJURY (In Home, School, Street, Factory, Office, etc.) (Specify) [REDACTED]	LOCATION [REDACTED]

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **DEC 28 1979**

John H. Carr, M.D. No. 00232
STATE REGISTRAR

021709

BOOK 30 1979