

# Affidavit—Death of Joint Tenant

TO BE FILED BY 6-47

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln

DOROTHY A. NOTLEY, of legal age, being first duly sworn, deposes and says:

That Howard P. Notley, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Howard P. Notley named as one of the parties in that certain Deed of Trust dated February 8, 1974 executed by Harold L. Brown, a single man to See Exhibit "A" attached hereto and made a part hereof for beneficiaries names ~~in~~ recorded as Instrument No. 54279 on April 26, 1974 in book 10, page 87-88, of Official Records of Lincoln County, Nevada, covering the following described property situated in the County of Lincoln, State of Nevada:

The Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of Section 32, Township 6 South, Range 61 East, N.D.M.

EXCEPT the interest in a portion of said land as conveyed to the State of Nevada by deed recorded July 24, 1969, in Book "N-1" Real Estate Deeds, Page 423, Official Records.

~~That this affidavit is true and correct to the best of my knowledge and belief and that I am a Notary Public in and for the State of Nevada, my commission expires June 4, 1987.~~

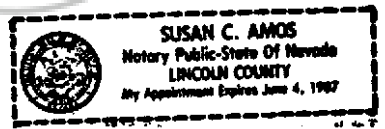
Dated AUGUST 25, 1983

Dorothy A. Notley  
Dorothy A. Notley

SUBSCRIBED AND SWORN TO before me

this 6<sup>th</sup> day of September

Signature Susan C. Amos  
SUSAN C. AMOS  
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. LV-212705-Fc1

Easement or Lien No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECEIVED MAIL TO

Ticor Title Insurance Company  
333 South Sixth Street  
Las Vegas, Nevada 89101

No. 78771  
FILED AND RECORDED AT REGISTER OF  
Ticor Title Insurance Co  
September 28, 1983  
AT 11 MINUTES PAST 2 O'CLOCK  
P.M. IN BOOK 57 OF OFFICIAL  
RECORDS, PAGE 118 LINCOLN  
COUNTY, NEVADA.  
Yvonne Adams  
COUNTY RECORDER  
BOOK 57 PAGE 118,

EXHIBIT "A"

**BENEFICIARIES**

HOWARD P. NOTLEY and DOROTHY A. NOTLEY, husband and wife as joint tenants, as to an undivided one quarter (1/4) interest.

SERENA E. PARKER, a Widow, and WILLIAM H. NOTLEY, a married man, as joint tenants, as to an undivided one-half (1/2) interest.

THELMA ZUBER, a married woman and WILLIAM H. NOTLEY, a married man and JANICE LEE ST. LOUIS, a married woman all as Joint Tenants as to an undivided one-quarter (1/4) interest.

Lincoln County

STATE OF UTAH  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH  
STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 18-1497 STATE FILE NUMBER

NAME OF DECEASED FIRST MIDDLE LAST SEX RACE (White, Black, Am. Indian, etc.) DATE OF BIRTH (Month, Day, Year)

HOWARD NOTLEY MALE WHITE MAY 7, 1983

WAS DECEASED BY EPIDEMIC DROUGHT YES  NO  If yes, indicate type: \_\_\_\_\_

DATE OF BIRTH (Month, Day, Year) AGE (Last birthday) IF UNDER 1 year IF UNDER 25 YEARS

OCTOBER 23, 1918 64

BIRTHPLACE (State or foreign country) CITIZENSHIP (of what country)  Never Married  Married  Widowed  Divorced

CALIFORNIA U.S.A.

EDUCATION (Country only highest grade completed) (Elementary or Secondary) (College (13-16 or 17+)) SOCIAL SECURITY NUMBER

66 YEARS

OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY NAME OF CERTIFYING PHYSICIAN (If, wife, state resident listed)

SECURITY OFFICER DRIVER LICENSE DIVISION DOROTHY CHERBONNO

NAME OF FATHER MARRIAGE NAME OF MOTHER (This depends on U.S. Armed Forces)

WILLIAM NOTLEY RUTH FLORENCE NOTLEY

USUAL RESIDENCE - (Given address or location) (This depends on U.S. Armed Forces)

GENERAL DELIVERY DOROTHY NOTLEY \* WIFE GENERAL DELIVERY ENTERPRISE, UTAH 81725

CITY OR TOWN COUNTY STATE AND ZIP CODE

ENTERPRISE WASHINGTON UTAH 81725

CITY OR TOWN COUNTY STATE AND ZIP CODE

SALT LAKE CITY SALT LAKE

PHYSICIAN OR OTHER EXAMINER SIGNATURE (If none, state resident listed)

0435

PHYSICIAN (I hereby certify that to the best of my knowledge the death occurred at the time, date and place stated above from the disease stated below. What I intended the date and place stated above from the cause stated below based on examination of the body and/or investigation of the circumstances. (The formal cause pronounced dead in: HOUR DATE)

DATE

5/8/83

PHYSICIAN (I hereby certify that to the best of my knowledge the death occurred at the time, date and place stated above from the disease stated below. What I intended the date and place stated above from the cause stated below based on examination of the body and/or investigation of the circumstances. (The formal cause pronounced dead in: HOUR DATE)

DATE

5/10/83

PHYSICIAN (I hereby certify that to the best of my knowledge the death occurred at the time, date and place stated above from the disease stated below. What I intended the date and place stated above from the cause stated below based on examination of the body and/or investigation of the circumstances. (The formal cause pronounced dead in: HOUR DATE)

DATE

5/8/83

NAME AND LOCATION OF CEMETERY OR BURIAL PLACE LOCAL MEMBER - Sign (This depends on U.S. Armed Forces)

SERRA-MTN. CEMETERY, TRUCKEE, CALIF. INTERMOUNTAIN PROFESSIONAL SERVICE 2108 So. State St. SIG. Utah #00

DATE OF BURIAL (Month, Day, Year)

MAY 8, 1983

CAUSE OF DEATH (This only one cause per line for A, B, and C; Internal between chest and death)

IMMEDIATE CAUSE: Congestive Heart Failure

CONDITIONS IF ANY WHICH BARE UP TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B), OR AS A CONSEQUENCE OF (C)

Chronic Lung Disease

PART B SHOULD SHOW CAUSE CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART C.

Rheumatoid Arthritis

APPROVE YES  NO  IF YES, state initials and name of approving official (This depends on U.S. Armed Forces)

PLACE OF BURIAL (Cemetery name, town, factory, factory, house, coast, other burials, etc.)

LOCAL MEMBER - Sign (This depends on U.S. Armed Forces)

DATE OF BURIAL (Month, Day, Year)

5/8/83

LOCATION OF BURIAL - STREET AND NUMBER OR LOCATION AND CITY OR TOWN.

2108 So. State St.

LOCAL MEMBER - Sign (This depends on U.S. Armed Forces)

DATE OF BURIAL (Month, Day, Year)

5/8/83

REMARKS (If any, state date and hour reported. (24 hour clock)

REMARKS (If any, state date and hour reported. (24 hour clock)

SDH-BHS 904-02

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of prior 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date issued: MAY 11 1983

County SALT LAKE

John E. Bruckert  
John E. Bruckert  
DIRECTOR OF VITAL STATISTICS

Registrar *Mary Kay Mackay*



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.

BOOK 57 PAGE 120