

Affidavit-Death of Joint Tenant

THIS FORM FURNISHED BY TICOR TITLE INSURANCE

TS 6028 NV (11-84)

STATE OF NEVADA

County of CLARK } ss.

ADDIE PRICE BACHMAN of legal age, being first duly sworn, deposes and says:
 That EARL WILLIAM BACHMAN, the decedent mentioned in the attached certified
 copy of Certificate of Death, is the same person as EARL WILLIAM BACHMAN
 named as one of the parties in that certain Joint Tenancy Deed
 Dated March 14th, 1961, executed by PRESTON R. PRICE and LUCILLE
B. PRICE
 to EARL WILLIAM BACHMAN and ADDIE PRICE BACHMAN
 as joint tenants, recorded as Instrument No. 37984, on March 15th, 1961, in
 book 1 of Real Deeds, page 344, of Official Records of Lincoln, in
 County, Nevada, covering the following described property situated in the Town of Panaca
 County of Lincoln, State of Nevada:

All that portion of the West Half of Lot numbered 1 in Block
 numbered 35 commencing at the Northwest Corner of said Lot numbered
 1 and running thence South, along the West side of said Lot numbered
 1, along 4th Street 94 feet; thence at a right angle East 100 feet;
 thence at a right angle South 48 feet; thence at a right angle
 East 7 feet; thence at a right angle North 142 feet to the North
 line of said Lot numbered 1 on the South side of "F" Street; and
 thence at a right angle West along the North side of said Lot
 numbered 1, 107 feet to the point of beginning, together with all
 improvements thereon; as said Lot and Block are delineated on the
 official plat of said Panaca Townsite now on file in the Office of
 the County Recorder of said County of Lincoln, to which plat
 reference is hereby made for further particulars.

~~When the value of all real and personal property owned by said decedent at date of death is less than \$100,000, the property is exempt from the tax imposed by NRS 392.015.~~

Dated JANUARY 29, 1985

Addie Price Bachman
 ADDIE PRICE BACHMAN

SUBSCRIBED AND SWORN TO before me

this 29 day of JANUARY

Signature *Anthony M. Earl*

ANTHONY M. EARL
 Notary Public - State of Nevada
 CLARK COUNTY
 My Appointment Expires Oct. 18, 1988

(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 Addie Bachman
 Street Address 6501 Dinning
 City & State Las Vegas, Nev. 89103

No. 82117

FILED AND RECORDED AT REQUEST OF Earl & Earl

February 6, 1985

AT 1 HOURS PAST 1 O'CLOCK

P. M. BOOK 64 OF OFFICIAL

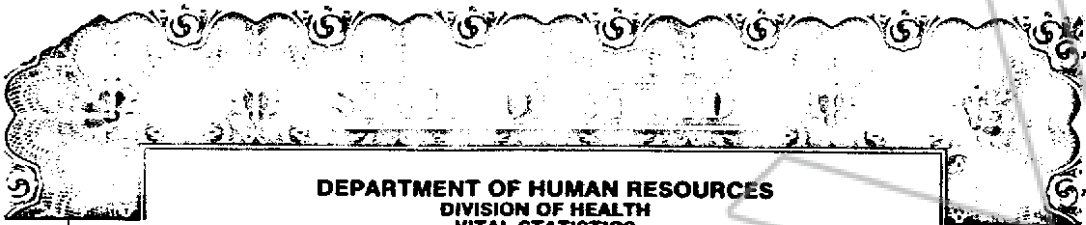
RECORDS, PAGE 404 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

COUNTY RECORDER

By *Mala Condie* Deputy
 BOOK 64 PAGE 404



DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS - DEATH

LOCAL FILE NUMBER		DECEASED - NAME		DATE OF DEATH		STATE FILE NUMBER	
1 Earl William SACKMAN		2 Oct. 27, 1983		3 Lincoln			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION		INSIDE CITY LIMITS		IF DEPT. OR INST. NUMBER DOA, CP/Emr.	
4 Caliente		5 Grover J. Lils Med. Ctr.		6 Yes		7 Inpatient	
RACE - In p. White, Black, American Indian, and Chinese		ETHNIC		AGE - Last Birthday (Month, Day, Year)		SEX	
8 White		9		10 75		11 Male	
STATE OF BIRTH		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, DIVORCED, OR SEPARATED		SURVIVING SPOUSE (if wife, give maiden name)	
12 Missouri		13 U.S.A.		14 Married		15 Addie Price	
SOCIAL SECURITY NUMBER		LOCAL OCCUPATION (Give kind of work done during year of reporting; List Even if Retired)		INDUSTRY OR BUSINESS		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
16		17 Miner		18 Silver Mine		19 No	
RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
20 Nevada		21 Lincoln		22 Panaca		23 154 4th. & P. St.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER - NAME		MOTHER - MARRIED NAME		SEX	
24 Yes		25 Charles Sackman		26 Lellie Butler		27	
PARENTS		MARRIAGE ADDRESS		CITY OF BIRTH		STATE	
28 Mrs. Addie P. Sackman		29 P.O. Box 103 Panaca, Nevada 89062		30 Panaca		31 Nevada	
BIRTH DATE		BIRTH PLACE		CENSITORY OR CREMATORY - NAME		LOCATION	
32		33		34 Panaca Cemetery		35 Panaca, Nevada	
36		37		38 Lincoln County Mortuary Box 256 Caliente, Nevada 89008		39	
HOUR OF DEATH		DATE RECEIVED BY REGISTRAR (M, D, Y)		DATE OF DEATH		SIGNATURE AND DATE SIGNED	
40 6:55 P.M.		41 Oct 28, 83		42 Oct 27, 83		43 Joseph D. Wilkin M.D.	
NAME OF ATTENDING PHYSICIAN (If more than one, list all)		DATE RECEIVED BY REGISTRAR (M, D, Y)		DATE OF DEATH		SIGNATURE AND DATE SIGNED	
44 Joseph D. Wilkin M.D.		45 Oct 28, 83		46 Oct 27, 83		47	
IMMEDIATE CAUSE		PART		OTHER SIGNIFICANT CONDITIONS		ALWAYS? (Yes or No)	
48		49		50		51	
52		53		54		55	
56		57		58		59	
60		61		62		63	
64		65		66		67	
68		69		70		71	
72		73		74		75	
76		77		78		79	
80		81		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	
96		97		98		99	
100		101		102		103	

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

William [Signature] 28742
Deputy Registrar



Date issued: NOV 4 1983

VITAL RECORDS