

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
                          ) ss.  
COUNTY OF LINCOLN )

Florence T. Foster, first being duly sworn, deposes and says:

1. That she is the surviving spouse of James G. Foster who died on December 19, 1984, at Valley Hospital
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All of Lot numbered Sixty-one (61) in Sun Gold Manor, Unit No. 1, in the Town of Panaca, County of Lincoln, State of Nevada, together with any and all improvements situate Thereon.

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 sole and separate property pursuant to Nevada Revised Statutes 40.470 (5).

Florence T. Foster  
Affiant

Subscribed and sworn to before me  
this 20 day of February 1985.

Mara L. Condie  
Notary Public



No. 82146  
FILED AND RECORDED AT REQUEST OF  
Florence T. Foster  
February 20, 1985  
AT 45 MINUTES PAST 2 O'CLOCK  
P. M. IN BOOK 64 OF OFFICIAL  
RECORDS, PAGE 465 LINCOLN  
COUNTY, NEVADA.

Yvonne Setzer  
COUNTY RECORDER

Lincoln County

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		Male		Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1 James Goodrich FOSTER		2 December 19, 1984		3 Clark					
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not author, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		IF HEAVY OR INPATIENT INDICATE DOA, OP, EMP, Rm, Inpatient (Specify)			
2 Las Vegas		3 Valley Hospital		3a Yes		3b Inpatient			
RACE—(a) W, White; (b) B, Black; (c) A, American Indian; (d) O, Other (Specify)		ETHNIC		AGE—Last Birthday (Years)		UNDER 1 YEAR		UNDER 1 DAY	
4a White		4b American		5a 72		5b MO : DAYS		5c HOURS : MINUTES	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Kentucky		9 U.S.A.		10 Married		11 Florence Compton		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Last one of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
12		13a Salesman		14a Heavy equipment rental company					
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Nevada		15b Lincoln		15c Panaca		15d		15e Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last							
16 James Foster		17 Anna Goodrich							
INFORMANT—NAME (Type or Print)		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a Florence Foster (wife)		18b P. O. Box 191 Panaca, Nevada 89042							
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State					
19a Entombment		19b Memory Gardens		19c Las Vegas, Nevada					
FUNERAL DIRECTOR (Specify Person Acting as Such)		NAME AND ADDRESS OF FACILITY							
20a Bunker Mortuary		20b 925 Las Vegas Blvd. No. Las Vegas, Nevada							
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		21c HOURS OF DEATH		22a On the basis of examination and/or investigation, at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		22b HOURS OF DEATH		22c	
21a Dipak Desai, M.D. 12/19/84		21c 4:05am		22a Dipak Desai, M.D. 12/19/84		22b		22c	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a		22b		22c		22d	
21a		22a		22b		22c		22d	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		22a		22b		22c		22d	
22 Dipak Desai, M.D. 650 Shadow Ln., Las Vegas, Nv. 89106		22a		22b		22c		22d	
REGISTRAR (Signature) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		24a YES <input type="checkbox"/> NO <input type="checkbox"/>					
24a (Signature) DEC 20 1984		24b							
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death							
(a) CEREBROVASCULAR ACCIDENT -									
(b) CORONARY ARTERY DISEASE & BYPASS SURGERY									
(c) RESPIRATORY FAILURE -									
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		26 No		27. No			
26		26		27					
DATE OF INJURY (Mo., Day, Yr.)		HOURS OF INJURY		DESCRIBE HOW INJURY OCCURRED					
28		29		30					
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—As home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	
31		32		33		34		35	

No 43897

VITAL RECORDS

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

Date Issued:

DEC 21 1984

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89127  
702-383-1223

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