

No. 87140

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME Jack B. Clifton
 STREET ADDRESS P.O. Box 565
 CITY Panaca, NV. 89042
 STATE NV.

FILED AND RECORDED AT REQUEST OF
Jack L. Clifton
 June 22, 1987
 AT 35 MINUTES PAST 1 O'CLOCK
 P.M. IN BOOK 75 OF OFFICIAL
 RECORDS, PAGE 564 LINCOLN
 COUNTY, NEVADA.

FRANK C. HULSE
 COUNTY RECORDER
 By M. K. Cordie, Deputy

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ Nevada
 COUNTY OF Lincoln } ss.

Jack B. Clifton
 That Kathleen Bleak Clifton of legal age, being first duly sworn, deposes and says:
 copy of Certificate of Death, is the same person as Kathleen B. Clifton the decedent mentioned in the attached certified
 named as one of the parties in that certain Trust Deed dated February 28 1986
 executed by Jack L. Clifton and Kathleen B. Clifton
 to _____
 as joint tenants, recorded as Instrument No. 84684 on March 13, 1986, 19____, in
 Book 70 Page 48 of the Official Records in the Office of the County Recorder of Lincoln
 County, State of California, concerning the following described real property situated in the
 City of Panaca County of Lincoln State of ~~California~~ Nevada.

Lot Two (2) Block Thirty-eight (38), (S) Lot #2, Block #38, Town of Panaca
 per plat thereof recorded in Lincoln County Recorders Office, Pioche, Nevada.

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

Dated June 17, 1987 15 _____
Jack L. Clifton
 Jack L. Clifton (Joint Tenant)
 (Type or Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of June 1987.

 (Signature of Joint Tenant)

 (Type or Print Full Name of Joint Tenant)

Cue
 My Appointment Expires
 November 18, 1990

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

DECLAID - NAME Kathleen Bleak CLIFTON		DATE OF DEATH (Month, Day, Year) June 13, 1987		STATE FILE NUMBER Clark
CITY, TOWN, OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION - (Name if not better, give street and number) Humana Sunrise Hospital		INSIDE CITY LIMITS (Specify Yes or No) No
DECEASED RACE - (In U.S., White, Black, American Indian, etc.) (Specify) White	ETHNIC ORIGIN English/German	AGE - Last birthday (Years) 48	UNDECEASED MOS : DAYS : HOURS : MINS : SEC. March 4, 1939	SEX Female
STATE OF BIRTH (If not U.S.A., name country) California	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED OR EVER MARRIED, DIVORCED OR ANNULLED Married	SURVIVING SPOUSE (If wife, give maiden name) Jack L. Clifton	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (Give kind of work done during hour of Working 1 Mo. Even if Retired) Revenue Accounting Clerk	IND OF BUSINESS OR INDUSTRY Telephone		
RESIDENCE - STATE Nevada	COUNTY Lincoln	CITY, TOWN, OR LOCATION Panaca	STREET AND NUMBER North 5th Street	INSIDE CITY LIMITS (Specify Yes or No) Yes
FATHER - NAME (Type or Print) Frank C. Bleak		MOTHER - NAME (Type or Print) Kathryn Heaps		
MARRIAGE ADDRESS Jack L. Clifton		MARRIAGE ADDRESS P.O. Box 565, Panaca, Nevada 89042		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY - NAME Memory Gardens Cemetery	LOCATION Las Vegas Nevada	
FURNERAL HOME (Type or Print) P. Tolsonette		NAME AND ADDRESS OF FACILITY 925 N. Las Vegas Blvd., Las Vegas, Nevada 89101		
21a To the best of my knowledge, death occurred at the time and place and due to the cause(s) stated. (Signature and Title) M. Nagy, M.D. DATE (Include time, Day, M., Y.) 6-13-87		21b On the basis of examination and/or investigation, in my opinion death occurred at the time, place and cause(s) stated. (Signature and Title) DATE (Include time, Day, M., Y.) 12:20 P.M.		
21c NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) M. N. Nagy, M.D.		21d NAME AND ADDRESS OF CERTIFIER PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 3196 S. Maryland Pkwy. #311A Las Vegas, Nevada 89106		
22 REGISTRAR (Signature) Jan Bush		DATE RECEIVED BY REGISTRAR (Month, Day, Year) JUN 16 1987		
23 IMMEDIATE CAUSE Carcinoma of the breast, metastatic		24a YES <input type="checkbox"/> NO <input type="checkbox"/>		
25 DOOR TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
26 DOOR TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
27 DOOR TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
28 SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)		29 AUTOPSY (Specify Yes or No) No		
30 DATE OF INJURY (Month, Day, Year) [REDACTED]		31 HOURS OF INJURY [REDACTED]		
32 PLACE OF INJURY - (At home, farm, street, factory, office, building, etc.) (Specify) [REDACTED]		33 LOCATION [REDACTED]		
34 STREET OR R.F.D. No.		35 CITY OR TOWN		
36 STATE		37		

N#65350

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

By: *[Signature]*

Date issued: JUN 17 1987

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