

Lincoln County

1 AFFIDAVIT IN RE CHARLES LYNCH CONNOR, also known as CHARLES L.
2 CONNOR, also known as CHARLES CONNOR, DECEASED
TERMINATION OF JOINT TENANCY (N.R.S. 111.365)

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

5 MARIE M. CONNOR, being first duly sworn, deposes and
6 says:

7 That affiant is the wife of CHARLES LYNCH CONNOR, also
8 known as CHARLES L. CONNOR, also known as CHARLES CONNOR,
9 Deceased. That Decedent died on the 29th day of May, 1987. That
10 a certified copy of the Death Certificate is attached hereto as
11 Exhibit "A".

12 That during the lifetime of said Decedent, certain real
13 property was acquired in joint tenancy wherein CHARLES L. CONNOR
14 and MARIE M. CONNOR were Grantees. That under the laws of the
15 State of Nevada, upon the death of CHARLES LYNCH CONNOR, also
16 known as CHARLES L. CONNOR, also known as CHARLES CONNOR, the
17 title and ownership of said real property became vested in MARIE
18 M. CONNOR as the surviving joint tenant. That said real property
19 was acquired by a Deed dated January 27, 1964, wherein RALPH H.
20 OLINGHOUSE and ALICE L. OLINGHOUSE were the Grantors, and CHARLES
21 L. CONNOR and MARIE M. CONNOR were the Grantees.

22 That said Deed was recorded in Book M-1, Page 369,
23 Lincoln County Records.

24 That the real property conveyed therein, in joint
25 tenancy, is more particularly described as follows, to-wit:

26 640 Acres of Land- Patent Numbers 1031084 and
27 1035052 being the SouthWest One Fourth (SW¼) of
28 Section Twenty Eight (28), and the South One Half
29 of the SE One Fourth (S½ SE¼) of Section Twenty
30 Nine (29), and the North one half of the NorthEast
31 One Fourth (N½ NE¼) of Section Thirty One (31), and
32 the North One Half of the North West One Fourth
(N½ NW¼), the North One Half of the North East One
Fourth (N½ NE¼) of Section Thirty Two (32), and the
North West One Fourth (NW¼) of Section Thirty Three
(33), Township Four North (T4N), Range Sixty Eight
East (R68E), Mount Diablo Base and Meridian (MDB&M)
in Lincoln County, Nevada.

LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
737 AVENUE G. P. O. BOX 8
ELY, NEVADA 89301
(702) 289-4422

Lincoln County


1 That by reason of the foregoing, affiant hereby
2 declares that the title and interest of CHARLES LYNCH CONNOR,
3 also known as CHARLES L. CONNOR, also known as CHARLES CONNOR,
4 Deceased, in the above described real property has vested in
5 MARIE M. CONNOR, in fee simple, and that MARIE M. CONNOR is the
6 sole and absolute owner thereof, together with the tenements,
7 hereditaments, and appurtenances, thereunto belonging or
8 appertaining, and the reversion and reversions, remainder and
9 remainders, rents, issues and profits thereof.

10 Marie M. Connor
11 MARIE M. CONNOR

12 Subscribed and sworn to before me
13 this 22 day of September, 1987.

14 Marie L. Condie
15 NOTARY PUBLIC

LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
737 AVENUE B - P. O. BOX 8
ELY, NEVADA 89301
(702) 289-1422

16  Marie L. Condie
17 Notary Public - State of Nevada
18 Lincoln County, Nevada
Appointment Expires Aug 22, 1990

21 88154
22 FILED AND RECORDED AT REQUEST OF
23 Gary D. Fairman
24 Dec. 21, 1987
25 A. L. HULSE, 12 OCTOBER
26 P. M. 1987, 78 CLERICAL
27 93 LINCOLN
28 COUNTY RECORDER
29 FRANK C. HULSE
30 COUNTY RECORDER

31 By Marie Condie, Deputy
32

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

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME	First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
		1 CHARLES LYNCH CONNOR				May 29-1987	Lincoln
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name of institution, give street and number	INSIDE CITY LIMITS (Specify Yes or No)	If filed at this address DOA, DP/Enter (in Insurance Society)			
	3a Pioche	42 Main	Yes	7			
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	RACE—(a) White, (b) Black, American Indian, (c) Other (Specify)	ETHNIC	AGE—Last Birthday (Years, Months, Days)	UNDER 1 YEAR (MOSE - DAYS)	UNDER 1 DAY (HOURS - MINS)	DATE OF BIRTH (Mo., Day, Yr.)	SEX
	3b White		80			August 13-1906	Male
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE OF wife, give maiden name (was decedent ever in U.S. Armed Forces? Specify Yes or No)			
	4 Massachusetts	U.S.A.	Married	11 Marie-Turnbull No			
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired)	IND OF BUSINESS OR INDUSTRY				
	13	14a Post Master Retired	14b U.S. Post Office		42		
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
	15a Nevada	15b Lincoln	15c Pioche	15d 42 Main		15e Yes	
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	FATHER—NAME (First, Middle, Last)	MOTHER—Maiden Name (First, Middle, Last)					
	16 William Joseph Connor	17 Elizabeth Jane O'Rourke					
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	INFORMANT—NAME (Type of Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
	18a Bill Connor	18b P.O. Box 384, Pioche, Nevada 89043					
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION (City or Town, State, Zip)				
	19a Burial	19b St. Lawrence Cemetery	19c Pioche, Nevada				
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	BURIAL DIRECTOR—(Signature of Person Acting as Such)	NAME AND ADDRESS OF FACILITY					
	20a <i>Doc Kelly</i>	20b Lincoln County Mortuary, P.O. Box 236, Caliente, Nevada					
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	21a In the case of my informant, death occurred on the time, date and place and due to the cause(s) stated.	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.	
	21b	21c		21d		22b June 1, 1987 22c 1230 A.M.	
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	23a		23b		23c	
	23a	23b		23c		23d On May 29, 1987 at 1:50 A.M.	
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)	24 REGISTERAR (Date Received by Registrar (Mo., Day, Yr.))					
	23 Richard Triplett Deputy Coroner, P.O. Box 570, Pioche, Nevada 89043	24 June 1, 1987 24a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	25a (Signature) <i>Theresa Brundage</i>	25b IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, b AND c.)		25c Interval between onset and death			
	25a	25b Advanced Mixed Cell Non Hodgkins Lymphoma		25c 2 Years			
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	PART 1	26a DUE TO, OR AS A CONSEQUENCE OF		26b Interval between onset and death			
	200f	26a		26b			
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	PART 2	27a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)		27b AUTOPSY (Specify Yes or No)		27c (Specify) WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	27a	27b		27c NO		27d Yes	
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	ALL SUICIDE, HOMICIDE, OR POISONING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
	28a	28b	28c	28d			
P BIRTH RECORDS IN INSTITUTION SEE NUMBER REGARDING QUALITY OF RESIDENCE ITEMS	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—(All homes, farms, streets, factories, office building, etc. (Specify))	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
	28a	28b	28c	28d	28e	28f	

VITAL RECORDS
 By: *Theresa Brundage*
 N9 61940
 Deputy Registrar

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

Date issued: **JUN 23 1987**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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