

Affidavit—Death of Joint Tenant

TO 8028 NV (4-66)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln } ss

Patricia Jackson, of legal age, being first duly sworn, deposes and says:
 That Billy W. Jackson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Billy W. Jackson named as one of the parties in that certain Grant Bargain dated Sept. 7, 1983 executed by Gene & Janice Athalia Skousen to Billy W. Jackson & Patricia L. Jackson as joint tenants, recorded as Instrument No. 78822, on Oct. 13, 1983 in book 57, page 249, of Official Records of Lincoln County County, Nevada, covering the following described property situated in the Town of Panaca County of Lincoln, State of Nevada:

Lot Eighty-two (82) in SUN GOLD MANOR UNIT NO. 1, in the Town of Panaca, County of Lincoln, State of Nevada.

SUBJECT TO: 1. Taxes for the fiscal year —

- Reservations, restrictions and conditions, if any; rights of way and easements either of record or actually existing on said premises.

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

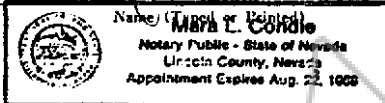
Dated MARCH 16, 1988

Patricia Jackson
Patricia Jackson

SUBSCRIBED AND SWORN TO before me

this 16th day of MARCH, 1988

Signature Mara S. Cordie
Mara S. Cordie



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. _____

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name _____
 Street Address _____
 City & State _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 88369
 FILED AND RECORDED AT REQUEST OF
Patricia Jackson
March 16, 1988
 A: 20 MINUTES PAST 2 O'CLOCK
 P. M. IN BOOK 79 OF OFFICIAL
 RECORDS, PAGE 65 LINCOLN
 COUNTY, NEVADA.

FRANK C. HULSE
 COUNTY RECORDER
 By Mara Cordie, Deputy

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 | | STATE FILE NUMBER | |
| | 1 DECEASED—NAME First Middle Last Billy Wray JACKSON | | 2 DATE OF DEATH Month, Day, Year February 23, 1988 | |
| DECEDENT | 3a CITY, TOWN, OR LOCATION OF DEATH Caliente | | 3b HOSPITAL OR OTHER INSTITUTION—Name of institution, give street and number Grover C. Dils Medical Center | |
| | 4a RACE—White, Black, American Indian, etc. (Specify) White | | 4b ETHNIC Inpatient | |
| IF DEATH OCCURRED IN INSTITUTION SET HANDS ON RECORDING COMPLETELY OF RECORDING ITEMS | 5a AGE—Last Birthday (Years) Months Days 58 | | 5b UNDER 1 YEAR UNDER 1 DAY HOURS : MINUTE 7 July 23, 1929 | |
| | 6 STATE OF BIRTH (If not U.S.A., name country) Texas | | 7 SEX Male | |
| PARENTS | 8 SOCIAL SECURITY NUMBER | | 9 U.S. ARMED FORCES? (Specify Yes or No) | |
| | 10 CITIZEN OF WHAT COUNTRY U.S.A. | | 11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| DISPOSITION | 12 RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION Nevada Lincoln Panaca | | 13 SURVIVING SPOUSE (If not, give maiden name) (HAS DECEDENT EVER IN U.S. ARMED FORCES?) (Specify Yes or No) Patricia Kilcrease Yes | |
| | 14a FATHER—NAME First Middle Last Allen Roy Jackson | | 14b MOTHER—MAIDEN NAME First Middle Last Frances Trotter | |
| CERTIFIER | 15a FATHER—NAME First Middle Last Allen Roy Jackson | | 15b MOTHER—MAIDEN NAME First Middle Last Frances Trotter | |
| | 16 INFORMANT—NAME (Type or Print) Patricia Jackson - Wife | | 17 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 556 Panaca, Nevada 89042 | |
| CAUSE OF DEATH | 18a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 18b CEMETERY OR CREMATORY—NAME Panaca Cemetery | |
| | 19a PLURAL, DIRECTOR—SIGNATURE (In Parenthesis as Such) <i>Joseph D. Wilkin</i> | | 19b NAME AND ADDRESS OF FACILITY Palm Mortuary 1325 North Main St. Las Vegas, Nevada 89101 | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST | 20 SIGNATURE AND TITLE <i>Joseph D. Wilkin M.D.</i> | | 21 DATE SIGNED (Mo., Day, Yr.) February 24, 1988 | |
| | 22a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Joseph D. Wilkin, M.D., Post Office Box 472, Panaca, Nevada 89042 | | 22b HOUR OF DEATH 0620 | |
| CAUSE OF DEATH | 23 REGISTRAR <i>Joseph D. Wilkin</i> | | 24 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) FEB 24 1988 | |
| | 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I(a), (b) AND (c)) Cardiopulmonary arrest | | 26 DEATH DUE TO COMMUNICABLE DISEASE NO | |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) | 27a DUE TO, OR AS A CONSEQUENCE OF 1629 Lung Cancer | | 27b INTERNAL BETWEEN ARREST AND DEATH minutes | |
| | 28a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) | | 28b INTERNAL BETWEEN ARREST AND DEATH | |
| AGE, SEX, RACE, HONORABLE OR PENDING INVEST. (Specify) | 29a DATE OF INJURY (Mo., Day, Yr.) | | 29b HOUR OF INJURY | |
| | 30a PLACE OF INJURY—At home, farm, school, office, building, etc. (Specify) | | 30b LOCATION | |
| INJURY AT WORK (Specify Yes or No) | 31a STREET OR R.F.D. No. | | 31b CITY OR TOWN | |
| | 32a STATE | | 32b | |

VITAL RECORDS

This is to certify that the above is a true and correct copy of the certificate on file in this office.
 Date issued: **1AR 11 1988**

N#74353-56
Laurence P. Mathis
 Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT