

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

George W. Bleak first being duly sworn, deposes and says;

1. That he is the surviving spouse of Thayle Bleak who died
on March 19, 1988, at St. George, Utah, Dixie Medical Center

2. That at the time of death of the decedent, affiant and decedent owned
property in Joint Tenancy described as follows: All of Lots
numbered 9 and 10, in Block numbered 52, as said Lots and Block are shown on
the Official map of the Town of Pioche, on file in the office of the County
Recorder of Lincoln County, at Pioche, Nevada.

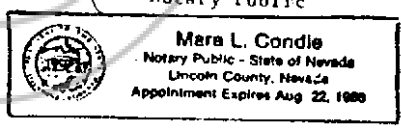
All of Lot numbered Ten (10), fronting Fifty (50) feet on Lillith Avenue, in
Henry Lee's Subdivision of the Town of Pioche, as said Lot is delineated and
described on the official plat of said Subdivision now on file and of record
in the office of the County Recorder of said Lincoln County, Nevada, and to
which plat and the records thereof reference is hereby made for a more
particular description.

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

George W. Bleak
Affiant George W. Bleak

Subscribed and sworn to before me
this 18th day of April 1988.

Mara L. Condie
Notary Public



No. 88644
FILED AND RECORDED AT REQUEST OF
George W. Bleak
April 18, 1988
AT 48 MINUTES PAST 11 O'CLOCK
A. M. IN BOOK 79 OF OFFICIAL
RECORDS, PAGE 416 LINCOLN
COUNTY, NEVADA.

FRANK C. HULSE
COUNTY RECORDER
By Mara Condie, Deputy

STATE OF UTAH—DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER **27-97**

NAME OF DECEDENT **Tharle Jones Bleak** SEX **female** RACE **white** DATE OF BIRTH **March 19, 1988**

WAS DECEDENT OF SPANISH ORIGIN? YES NO (If yes, indicate type: Mexican Puerto Rican Cuban Other)

DATE OF BIRTH (Month, Day, Year) **December 23, 1923** AGE **64** (If UNDER 1 year, specify Months, Days, Hours, Minutes)

BIRTHPLACE (State or foreign country) **Nevada** COUNTRY **U.S.A.** EDUCATION—Specify only highest grade completed (Elementary or Secondary or TV College (15-18 or 17+)) **Secondary** SOCIAL SECURITY NUMBER **[REDACTED]**

USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) **Housewife** KIND OF BUSINESS OR INDUSTRY **Homemaking** NAME of surviving spouse (if wife, give maiden name) **George W. Bleak**

NAME OF FATHER **Ervin Jones** MAIDEN NAME OF MOTHER **Leona Smith** THIS DECEDENT EVER IN U.S. ARMED FORCES? YES NO

USUAL RESIDENCE—(Street address of decedent) **P.O. Box 396** (Outside city limits?) YES NO NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT **George W. Bleak, Husband**

CITY OR TOWN **Pioche** COUNTY **Lincoln** STATE AND ZIP CODE **Nevada 89043** **P.O. Box 396**

NAME OF PLACE (Nursing home or other institution where death occurred (If outside of this state, give street address of institution)) **Dixie Medical Center** CITY OR TOWN **St. George** COUNTY **Washington**

MEDICAL EXAMINER (Specify exactly that to the best of his knowledge the death occurred at the hour, date and place stated above from the cause stated below based on examination of the body and/or investigation of the circumstances) **Philip C. McMahon, M.D.** PHYSICIAN OR MEDICAL EXAMINER'S SIGNATURE **[Signature]** TIME OF DEATH (24 hr. Clock) **1515**

PHYSICIAN (Specify exactly that to the best of his knowledge the death occurred at the hour, date and place stated above from the cause stated below, after I attended the decedent, and I met with the decedent's family on **19** year **88**) CERTIFIER'S name and title (Type in print) **Philip C. McMahon, M.D.** DATE SIGNED (Month, Day, Year) **3/24/88**

(If not certified by medical examiner, see item reported to him? YES NO) CERTIFIER'S address and zip code **544 So. 400 East St. George, Utah 84770** UTAH PHYSICIAN LICENSE NUMBER **7448**

DATE **March 23, 1988** SIGNATURE OF FUNERAL HOME **[Signature]** FUNERAL HOME—name, address and license number **Spilsbury & Graff Mortuary * St. George, U**

NAME AND LOCATION OF CEMETERY OR CREMATORY **Pioche Cemetery * Pioche, Nevada** LOCAL REGISTRAR—Signature **William Coffman** Date accepted for registration by Registrar **MAR 21 1988**

PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (Enter only one cause per line, not A and C.) **Malignant Lymphoma - Advanced** (Indicate between onset and death) **3 MONTHS**

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE IMMEDIATE CAUSE LAST **DOE TO, OR AS A CONSEQUENCE OF** (Indicate between onset and death)

PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

Accidents: Suicide, Homicide, Poisoning investigation, Unintentional or injured, Absenteeism or Purposely, DATE of injury (Month, Day, Year), STATE of injury (US Near Cause), INJURY BY (OR) (Fire, Fall, Motor Vehicle, etc.), PLACE OF INJURY (Specify home, farm, factory, street, office buildings, etc.), DISTANCE from cause of injury to place residence (feet), Were laboratory tests done for drug or toxic substances?, Were laboratory tests done for alcohol?, If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.

DESCRIBE HOW INJURY OCCURRED (unless explanation of injury which resulted in report, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 2B)

SDH-RHS 95 (4-87)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-26 of the Utah Code Annotated, 1953 As Amended

Date Issued **MAR 22 1988**

County **Washington** Registrar **William Coffman** By **John E. Brockert** DIRECTOR OF VITAL STATISTICS

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