

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Waldine Sorenson
P.O. Box 153
Alamo, NV 89001

Order No. _____
Escrow No. 313122.Lin
Loan No. _____

89857

FILED IN THE OFFICE OF THE CLERK OF
First American Title Co.
September 15, 1988
A 15 3
P 82
R 236
CLERK OF NEVADA

FRANK C. HULSE
COUNTY RECORDER

By Mara Corrie, Deputy
SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

NEVADA
STATE OF ~~XXXXXX~~
County of Lincoln ss.

Waldine Sorenson of legal age, being first duly sworn, deposes and says:
That Harold A. Sorenson, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as Harold A. Sorenson
named as one of the parties in that certain Deed dated March 7, 1966
executed by HERBERT C. FLINT and BARBARA FLINT, his wife
to HAROLD A. SORENSON and WALDINE SORENSON, his wife
as joint tenants, recorded as Instrument No. 43841 on April 5, 1966 in
Book N-1, Page 79 of Real Estate Deeds of Lincoln County, Nevada
covering the following described property situated in the County of Lincoln, State of Nevada.

All that certain real property situate in the County of Lincoln, State
of Nevada, described as follows:

A portion of that real property described as Lot one (1) covered by a
deed filed and recorded under the recording number 19253 in the Lincoln County
Recorder's office, Pioche, Nevada.

Commencing at a point 160 feet South of the Northeast corner of Section
One (1), Township Six (6) South, Range Sixty (60) East, Mount Diablo Base and
Meridian, and running West 275 feet to East Right of Way of Highway, thence
Southerly along Highway right of way 900 feet, thence East to East boundary
line of said lot one (1), thence Northerly 900 feet to point of beginning, making
approximately six and one half acres in lot two (2) in the Southeast Quarter
(SE1/4) of the Northeast Quarter (NE1/4) of Section One (1), Township Six (6)
South, Range Sixty (60) East, Mount Diablo Base and Meridian.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances
thereunto belonging, or in anywise appertaining, and the reversion and reversions,
remainder and remainders, rents, issues and profits thereof.

Dated: August 8, 1988

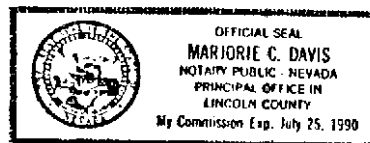
Waldine Sorenson
WALDINE SORENSON

SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,

this 8 day of August 1988.
WITNESS my hand and official seal.

Signature Marjorie C. Davis

Marjorie C. Davis
Name (Type or Printed)



(This area for official notarial seal)

STATE OF UTAH
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE OF UTAH - DIVISION OF HEALTH

LOCAL FILE NUMBER		NAME OF DECEDENT FIRST MIDDLE LAST		SEX	RACE (White, Black, Am. Indian, etc. Specify)	DATE OF DEATH (Mo. Day, Year)	
		Harold Archie Sorensen		Male	White	March 19, 1981	
1 WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If yes, indicate type: Mexican, Puerto Rican, Cuban, Other, (If other, specify))		4 DATE OF BIRTH (Mo., Day, Year)		AGE (Last Birthday)		IF UNDER 1 YEAR	
		Oct. 26, 1910		70			
5 BIRTHPLACE (State or foreign country)		8 CITIZEN OF what country		10 MARRIED <input checked="" type="checkbox"/> <input type="checkbox"/> (Specify: Never, Married, Widowed, Other)		11 EDUCATION—Specify only highest grade completed (Elementary or Secondary (9-12), College (13-16 or 17+))	
Roosevelt, Utah		U.S.A.				12 12	
13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)		14 NAME OF surviving spouse (If wife, enter maiden name)		15 NAME OF FATHER		16 MAIDEN NAME OF MOTHER	
Rancher		Pansy Waldine Evans		Christian Sorensen		Christina Christensen	
17 USUAL RESIDENCE—Street and number or location and zip code		18 INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19 NAME & MAILING ADDRESS OF INFORMANT		20 (Was decedent ever in U.S. Armed Forces?) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
P. O. Box 153				Waldine Sorensen			
21 CITY OR TOWN		22 COUNTY		23 STATE		24 ZIP CODE	
Almo		Lincoln		Nevada		Almo, Nevada 89001	
25 NAME OF hospital, nursing home or other institution where death occurred (If outside an institution, give street address or location)		26 X In patient <input checked="" type="checkbox"/> E.D. patient <input type="checkbox"/> D.O.A. <input type="checkbox"/>		27 CITY OR TOWN		28 COUNTY	
Valley View Medical Center				Cedar City		Iron	
29 I hereby certify that to the best of my knowledge the death occurred at the hour and place stated above from the causes stated below based on examination of the body and investigation of the circumstances. Decedent was pronounced dead at HOUR 1930 DATE 3/19/81		30 PHYSICIAN'S NAME AND TITLE (If deceased, name and title of person who attended decedent, and I last saw the decedent arrive on the day)		31 PHYSICIAN'S SIGNATURE		32 TIME OF DEATH (24 Hr. Clock)	
		Roger F. Williams, M.D.—Pathologist		Roger F. Williams, M.D.		1930	
33 I am certified by medical examiner and death reported to me? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (Enter the date and hour reported (24-hour clock))		34 CERTIFY WHERE AND WHEN REPORTED (City, State, Zip Code)		35 UTAH PHYSICIAN LICENSE NUMBER		36 DATE SIGNED (Mo., Day, Year)	
		Valley View Medical Center 575 So. 75 E., Cedar City, Utah 84720		5442		3/20/81	
37 FUNERAL HOME—Name, address and phone number		38 LOCAL REGISTRAR—Signature		39 DATE ACCORD TO REGISTRATION BY		40	
Spillsbury & Graff #155 Cedar City, Utah 84720		[Signature]		MAR 23 1981			
41 NAME AND LOCATION OF CEMETERY OR CREMATORY		42 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE: (Enter only one cause for use for A, B and C)		43 CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		44	
Hiko Cemetery Hiko, Nevada		Acute Myocardial Infarction		Due to OR AS A CONSEQUENCE OF (B) Coronary Artery Insufficiency		~ 1/2 hr.	
				Due to OR AS A CONSEQUENCE OF (C) Atherosclerotic Heart Disease		Longstanding	
45 PART II OTHER SIGNIFICANT CONDITIONS—Contributing to death, but NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		46 ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Specify: Accidents, Suicide, Homicide)		47 DATE OF INJURY (24-Hour Clock)		48 INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Remote myocardial infarction - apical mural thrombus							
49 LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN		50 DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (Item 18)		51 WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		52 WERE LABORATORY TESTS DONE FOR OTHER REASONS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
53 DESCRIBE HOW INJURY OCCURRED WITH SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.		54 IF MOTOR VEHICLE ACCIDENT, SPECIFY IF DECEDENT WAS DRIVER, PASSENGER OR PEDESTRIAN		55		56	

5011-BIS 95 (12-79) 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 26-15-26 of the Utah Code Annotated, 1953 as Amended.
Date Issued **MAR 23 1981**
COUNTY **SOUTHWEST UTAH DISTRICT HEALTH DEPARTMENT**
BY **John E. Brockert** DIRECTOR OF VITAL STATISTICS
Barbara Desanti

