

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
                          )ss.  
COUNTY OF LINCOLN )

Shirley Ann Davis, of legal age, being first duly sworn, deposes and says:

That Mary C. Frehner , the decedent mentioned in the attached copy of a certified copy of the certificate of Death, is the same person as Mary C. Frehner named as one of the parties in that certain Joint Tenancy Deed dated November 11, 1980, executed by Lee Frehner and Mary C. Frehner to Lee Frehner and Mary C. Frehner, husband and wife and Eldon Lee and Barbara L. Lee, husband and wife and Shirley Ann Davis and Lemoine Davis, husband and wife, as joint tenants, recorded as instrument No. 70274 on November 17, 1980 in Book 40, page 421, of Official Records of Lincoln County, Nevada, covering the following described property situate in the town of Alamo, County of Lincoln, State of Nevada:

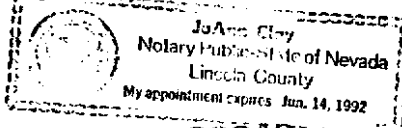
Commencing at the Southeast corner of the Northwest Quarter of the Northeast quarter of Section 8, T7S., R61E., MDB&M., thence westerly along the section line, 444 feet to the point of beginning; thence West 655 feet; thence in a northerly direction 150 degrees 15 minutes East 940 feet; thence North 89°50'11" East, 34 feet; thence North 10°28'6" East 585.82 feet; thence S. 89°50'56" E., 215 feet; thence South 370 degrees; thence East 222 feet to the center of the drain ditch; thence southerly along the drain ditch S.30°W., 183.5 feet; thence South 1,165 feet to the true point of beginning.

DATED 11-14-88

Shirley Ann Davis  
Shirley Ann Davis

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of January, A.D. 1988.

Jo Ann Clay  
Notary Public



No. 90342  
FILED AND RECORDED AT REQUEST OF  
Dominick Belingheri  
November 17, 1988  
AT 46 MINUTES PAST 9 O'CLOCK  
A M IN BOOK 83 OF OFFICIAL  
RECORDS, PAGE 240 LINCOLN  
COUNTY, NEVADA.  
FRANK C. HULSE  
COUNTY RECORDER

By Mare Conain Deputy  
BOOK **83** PAGE **240**

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89106

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

CERTIFICATE OF DEATH 21608

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1 Mary C. FREHNER		DATE OF DEATH (Month, Day, Year) 2 February 20, 1981	
COUNTY OF DEATH 3a Clark		HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) 3c Sunrise Hospital	
CITY, TOWN, OR LOCATION OF DEATH 3b Las Vegas		H. Hosp. or Inst. Indicate DOA of Emer. Res. Instances (Specify) 3d Inpatient	
RACE—If G. White, Black, American Indian, etc. (Specify) 4a White		ETHNIC 4b American	
AGE—Last Birthday (Years) 5a 70		UNDECEASED YEAR MOOS : DAYS 5b	
DATE OF BIRTH (Mo., Day, Yr.) 6 October 16, 1910		SEX 7 Female	
STATE OF BIRTH (if not U.S.A. name country) 8 Utah		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) 10 Married		SURVIVING SPOUSE (if wife, give maiden name) 11 Lee Frehner	
SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Homemaker	
RESIDENCE—STATE COUNTY 15a Nevada Lincoln		CITY, TOWN, OR LOCATION 15c Alamo	
FATHER—NAME First Middle Last 16 John Lewis Chadburn		MOTHER—MAIDEN NAME First Middle Last 17 Mabel Knell	
INFORMANT—NAME (Type or Print) 18a Lee Frehner (husband)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b Box 282 Alamo, Nevada 89001	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORIUM—NAME 19b Alamo Cemetery	
FUNERAL DIRECTOR—SIGNATURE (If Foreign Acting as Such) 20a David S. Bunker		NAME AND ADDRESS OF FACILITY 20b Bunker Mortuary 925 Las Vegas Blvd. No. Las Vegas, Nevada	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) David Christensen MD DATE SIGNED (Mo., Day, Yr.) 2/23/81		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. (Signature and Title) Otto Ravenholt M.D. DATE SIGNED (Mo., Day, Yr.)	
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d David Christensen, M.D. 3196 So. Maryland Pkwy, Las Vegas, Nevada		22b HOUR OF DEATH 22c PRONOUNCED DEAD (Mo., Day, Yr.) 22d PRONOUNCED DEAD (hour)	
REGISTRAR 24a (Signature) Wanda Turpin Stout		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b FEB 23 1981	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE 1 OR 2, (1), (2), AND (3)) PART I (a) Respiratory failure (b) Emphysema (c) Cerebral Vascular Accident		Interval between onset and death 3 days years 3 weeks	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 26 No	
ACC. SURFACE HON. UNDER OR PENDING INVEST. (Specify) 28a		DATE OF INJURY (Mo., Day, Yr.) 28b	
INJURY AT WORK (Specify Yes or No) 28a		HOUR OF INJURY 28c	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f		DESCRIBE HOW INJURY OCCURRED 28d	
LOCATION 28g		STREET OR R.F.D. No. CITY OR TOWN STATE	

No. 22993

"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.

Date Issued: FEB 24 1981

NOT VALID WITHOUT THE  
RAISED SEAL OF THE CLARK  
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

By: [Signature] BOOK 83 PAGE 241