

AFFIDAVITT - DEATH OF JOINT TENANT

STATE OF NEVADA)  
                  )ss.  
COUNTY OF LINCOLN)

LORA B. FALLIS, being first duly sworn, deposes and says;

1. That she is the surviving spouse of Ermond L. Fallis, who died on  
NOVEMBER 30, 1984, at Rachel, Nevada.

2. That at the time of death of the decedent, affiant and decedent  
owned property in Joint Tenancy described as follows:

Lots number 5 and 6 of Blk. number 1 of  
Sunset Acres Tract number 1, a portion  
of the NW $\frac{1}{4}$  & SW $\frac{1}{4}$  NE $\frac{1}{4}$  of section  
36, Twp. 3 S, R55e., M.D.M. Penoyer Valley,  
Lincoln County, Nevada.

3. That proof of death is affixed hereto as Exhibit "A" in the form  
of Certified copy of the Death Certificate.

*Lora B. Fallis*

LORA B. FALLIS, Affiant

STATE OF NEVADA)  
                  )ss.  
COUNTY OF LINCOLN)

On this 17 day of November 1988 personally appeared before  
me, a Notary Public in and for said Lincoln County, LORA B. FALLIS known  
to me to be the person described in and who executed the foregoing  
instrument, who acknowledged to me that she executed the same freely and  
voluntarily and for the uses and purposes therein mentioned.

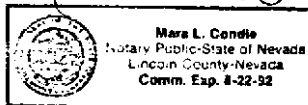
WITNESS my hand and official seal.

No. 90343  
FILED AND RECORDED AT REQUEST OF  
Lora B. Fallis  
November 17, 1988.  
AT 10 MINUTES PAST 11 O'CLOCK  
A M IN BOOK 83 OF OFFICIAL  
RECORDS, PAGE 242 LINCOLN  
COUNTY, NEVADA.

FRANK C. HULSE  
COUNTY RECORDER

By *Mara L. Condie*, Deputy

*Mara L. Condie*  
NOTARY PUBLIC





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

12

LOCAL FILE NUMBER DECEASED - NAME First Middle Last 1 Ermond Lawrence FALLIS			DATE OF DEATH (Month, Day, Year) 2 November 30, 1984		STATE FILE NUMBER COUNTY OF DEATH 3a Lincoln
CITY TOWN, OR LOCATION OF DEATH 3b Templute		HOSPITAL OR OTHER INSTITUTION - Name (If not other, give street and number) 3c		INSIDE CITY LIMITS (Specify Yes or No) 3d NO	IF HOUS. OR INST. INDICATE D.O.A. OP, Emer (Specify Yes or No) 3e
4a White	4b English	4c 59	4d 08	4e 59	4f 18
RACE - (1) White, (2) Black, American Indian, etc. (Specify)		ETHNIC		AGE - (1) Birth, (2) Years	DATE OF BIRTH (Mo., Day, Yr.)
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 10 Married	11 Lora Hansen
SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION - Give kind of work done during most of working life, even if retired 14a Welder		KIND OF BUSINESS OR INDUSTRY 14b Mining	
RESIDENCE - STATE 15a Nevada		COUNTY 15b Lincoln	CITY TOWN OR LOCATION 15c Rachel		STREET AND NUMBER 15d
FATHER - NAME First Middle Last 16 Lawrence Dewey Fallis		MOTHER - MAIDEN NAME First Middle Last 17 Josie Susanna Allen		18a Rachel Nevada 89001	
19a Bural		19b Rachel Cemetery		19c Rachel Nevada	
20a Bunkers Mortuary		20b 925 Las Vegas Blvd., No. 1		20c Las Vegas, Nevada	
21a		21b		21c	
22a R. F. Zimmerman		22b P. O. Box 32		22c Pioche, Nevada 89043	
23a		23b		23c	
24a		24b		24c	
25a		25b		25c	
26a		26b		26c	
27a		27b		27c	
28a		28b		28c	
29a		29b		29c	
30a		30b		30c	

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

Date issued: JAN 8 1985 VITAL RECORDS

By: Catherine S. Lowe  
Deputy Registrar No. 4382

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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