

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

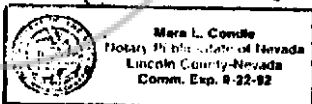
Yuriko Setzer, first being duly sworn, deposes and says:

1. That she is the surviving spouse of Julius Edward Setzer who died on December 31, 1987, at Panaca, Nevada
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:
Beginning at the northwest corner of the Southwest Quarter (SW4) of Section 5, Township 2 South, Range 68 East, M.D.B. & M., running thence North along the section line a distance of 236 feet, 8 inches; thence southeasterly along the south boundary of the Cathedral Gorge Road a distance of 388 Feet; thence South along the westerly boundary of Highway 93 a distance of 352; thence northwesterly 377 feet, 6 inches to a point; thence North along the section line 77 feet, 9 inches to the place of beginning; all being situated in the Northwest Quarter of the Southwest Quarter (NW4 SW4) and the Southwest Quarter of the Northwest Quarter (SW4 NW4) of said Section 5, Township 2 South, Range 68 East, M.D.B. & M., together with any and all improvements situated thereon.
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 her sole and separate property pursuant to Nevada Revised Statutes 40.470 (5).

Yuriko Setzer
Affiant Yuriko Setzer

Subscribed and sworn to before me
this 10th day of March 1989

Mara L. Condie
Notary Public



No. 90844
FILED AND RECORDED AT REQUEST OF
Yuriko Setzer
March 10, 1989
At 25 MINUTES PAST 1 O'CLOCK
P. M. IN BOOK 84 OF OFFICIAL
RECORDS, PAGE 239 LINCOLN
COUNTY, NEVADA.
FRANK C. HULSE
COUNTY RECORDER
By *Mara L. Condie*, 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	OCCASION—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. Julius Edward SETZER			2. Dec. 31, 1987	3. Lincoln
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name if not within five miles and number		INSIDE CITY LIMITS (County Yes or No)	4. Outside City Limits (Specify)
	4. Panaca		5. Hwy #93 at Park Entrance		6. No	7. 7
IF BIRTH RECORDS BE KEPT IN THIS COUNTY, COMPLETE THIS SECTION	RACE—In U.S. White, Black, American Indian, and Specify	ETHNIC	AGE—Last Birthday (Years Mo. Da.)	LENGTH OF YEAR (MO. - DAYS)	UNDER 1 DAY (HOURS - MIN. - SEC.)	DATE OF BIRTH (Month, Day, Year)
	8. White		9. 75			10. Sept. 1, 1914
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, REMARRIED, DIVORCED (Specify)	SPOUSE (If with, give maiden name)		11. More Decedent Ever in U.S. Armed Forces? (Specify Year or No)
	12. Penn.	13. U.S.A.	14. Married	15. Yuriko Odaka		16. Yes
PARENTS	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (County Yes or No)	
	17a. Nevada	17b. Lincoln	17c. Panaca	17d. Hwy 93 at Park Entrance	17e. No	
DISPOSITION	FATHER—NAME First Middle Last	MOTHER—Maiden Name First Middle Last	INFORMANT—NAME (Type or Print)			
	18a. Julius Edward Setzer	18b. Elise Sias	18c. Yuriko Odaka Setzer			
DISPOSITION	BURIAL CREMATOR, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORIUM—NAME		LOCATION	State
	19a. Burial		19b. Conaway Memorial Park		19c. Caliente	19d. Nevada
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such)		NAME AND ADDRESS OF FACILITY			
	20a. [Signature]		20b. Lincoln County Mortuary Box 236 Caliente, Nevada 89008 07			
CAUSE OF DEATH	21a. To the best of my knowledge and belief, I certify that the facts stated are true and correct.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, place and place and due to the causes stated.			
	21b. [Signature] DATE SIGNED (Month, Day, Year)		22b. [Signature and Title] DATE SIGNED (Month, Day, Year)			
CAUSE OF DEATH	21c. 21d.		21e. 21f.		22c. 22d.	
	21c. 21d.		21e. 21f.		22c. 22d.	
CAUSE OF DEATH	21g. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)		21h. NAME AND ADDRESS OF REGISTRAR (Type or Print)			
	21g. Joseph D. Wilkin M.D. Panaca, Nevada 89042		21h. [Signature] DATE RECEIVED BY REGISTRAR (Month, Day, Year)			
CAUSE OF DEATH	21i. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 21i-21k, AND 21l)		21j. DEATH DUE TO COMMUNICABLE DISEASE		21k. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21i. 1629 Cardiac Pulmonary arrest		21j.		21k.	
CAUSE OF DEATH	21l. DUE TO, OR AS A CONSEQUENCE OF		21m. INTERVAL BETWEEN ONSET AND DEATH		21n. INTERVAL BETWEEN ONSET AND DEATH	
	21l. Lung Ca		21m.		21n.	
CAUSE OF DEATH	21o. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		21p. AUTOPSY		21q. HAS CASE REFERRED TO CORONER (Specify Year or No)	
	21o.		21p. NO		21q. NO	
CAUSE OF DEATH	AGE, SOURCE, NON-ACCIDENT, OR PERSONAL INJURY (Specify)	DATE OF INJURY (Month, Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	22a.	22b.	22c.	22d.		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At Home, Farm, Street, Highway, Office Building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE
	23a.	23b.	23c.	23d.	23e.	23f.

VITAL RECORDS

N^o 71991 73
 By: *Laurence P. Mathias*
 Deputy Registrar

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

Date issued: **JAN 19 1988**



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT