

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
                          ) ss.  
COUNTY OF LINCOLN )

Elizabeth L. Beck, first being duly sworn, deposes and says:

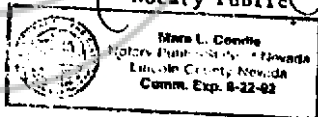
1. That she is the surviving spouse of Arthur Rohr Beck who died on January 18, 1988, at Panaca, Nevada
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

1/2 of Lot Numbered Three (3) in Block Numbered Forty-five (45) in the Town of Panaca, County of Lincoln, State of Nevada, commencing on the Northwest corner of Lot Three (3) thence running East 264 feet thence running South 132 feet thence running West 264 feet thence running North 132 feet to the place of beginning.

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).

Elizabeth L. Beck  
Affiant Elizabeth L. Beck

Subscribed and sworn to before me  
this 13 day of March 1989.

Mara L. Condie  
Notary Public  


No. 90846  
FILED AND RECORDED AT REQUEST OF  
Elizabeth L. Beck  
March 13, 1989  
AT 25 MINUTES PAST 2 O'CLOCK  
PM IN BOOK 84 OF OFFICIAL  
RECORDS, PAGE 243 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 OR PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last <b>Arthur Rohr</b>		DATE OF DEATH (Month, Day, Year) <b>2 Jan. 18, 1988</b>	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		COUNTY OF DEATH <b>Lincoln</b>	
	HOSPITAL OR OTHER INSTITUTION—Name of institution, give street and number <b>(Residence) 6th. &amp; F. St.</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
IF BORN OUTSIDE U.S. INDICATE RESIDENCE AT BIRTH	RACE—e.g. White, Black, American Indian, and Alaska Native <b>White</b>	ETHNIC GROUP <b></b>	AGE—Last Birthday (Month) Day <b>73</b>	DATE OF BIRTH (Month, Day, Year) <b>June 13, 1909</b>
	STATE OF BIRTH (If not U.S.A., name country) <b>Calif.</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, DIVORCED, SEPARATED <b>Married</b>	SEX <b>Male</b>
PARENTS	SOCIAL SECURITY NUMBER <b></b>		LEGAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) <b>Carpenter</b>	
	RESIDENCE—STATE <b>Nevada</b>		KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
PARENTS	FATHER—NAME First Middle Last <b>August Beck</b>	MOTHER—MARRIED NAME First Middle Last <b>Berry Fearson</b>	CITY, TOWN, OR LOCATION <b>Panaca</b>	
	MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>F.O. Box 469 Panaca, Nevada 89042</b>		STREET AND NUMBER <b>6th. &amp; F. St.</b>	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CITY, TOWN, OR LOCATION <b>Panaca Nevada</b>	
	CITY, TOWN, OR LOCATION <b>Panaca Nevada</b>		STREET AND NUMBER <b></b>	
CERTIFIER	21a. SIGNATURE OF CERTIFYING PHYSICIAN <i>[Signature]</i>		22a. On the basis of examination and/or investigation, is my opinion that death was due to the cause stated? <b>Yes</b>	
	DATE SIGNED (Month, Day, Year) <b>Jan. 19, 1988</b>		HOUR OF DEATH <b>Prior to 6:55 A.M.</b>	
CAUSE OF DEATH	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>R. F. Zimmerman P.O. Box 32 Pioche, Nevada 89043</b>		22b. ON (Month, Day, Year) AT (Month, Day, Year) <b>Jan. 18, 1988 at 6:55 A.M.</b>	
	23. IMMEDIATE CAUSE <b>Cardio-Pulmonary Arrest</b>		24. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	PART I DUE TO, OR AS A CONSEQUENCE OF: <b>Congestive Obstructive Pulmonary Disease</b>		Interval between onset and death	
	PART II DUE TO, OR AS A CONSEQUENCE OF: <b>Pulmonary Edema Congestive Heart Failure</b>		Interval between onset and death	
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b></b>		AUTOPSY (Specify Yes or No) <b>NO</b>	
	26. DATE OF INJURY (Month, Day, Year) HOUR OF INJURY <b></b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
CAUSE OF DEATH	28. PLACE OF INJURY—(e.g. home, farm, street, factory, office building, etc. Specify) <b></b>		29. STREET OR R.F.D. NO. <b></b>	
	30. CITY OR TOWN <b></b>		31. STATE <b></b>	



VITAL RECORDS  
 This is to certify that the above is a true and correct copy of the certificate on file in this office.  
 Date Issued: **JAN 26 1988**

By: *Laurence P. [Signature]*  
 Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT