

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Mary Olson, first being duly sworn, deposes and says:

1. That she is the surviving spouse of Robert Ira Olson who died on March 10, 1989, at Caliente, Nevada
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All of Lot numbered six (6) in Block "A" of the West End Addition to the said City of Caliente, as said lot and block are delineated on the official plat of said addition, now on file and of record in the office of the County Recorder of said Lincoln County, and to which said plat and the records thereof reference is hereby made for further particular description.

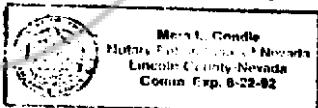
Together with any and all buildings and improvements situate thereon.

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).

Mary Olson
Affiant Mary Olson

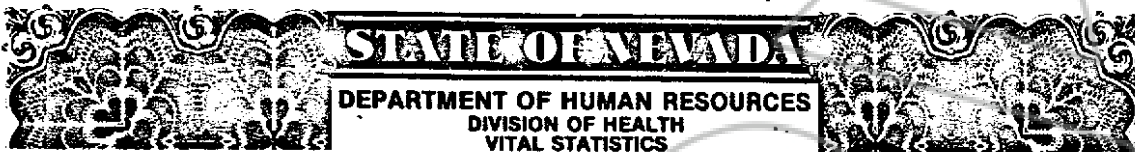
Subscribed and sworn to before me
this 4th day of April 1989.

Maria L. Condie
Notary Public



No. 90948
FILED AND RECORDED AT REQUEST OF
Mary Olson
April 4, 1989
A. 5 SPACES EAST 2 CORNER
P. 84 OF 381
C. 381 LINCOLN
COUNTY, NEVADA.

FRANK C. HULSE
COUNTY RECORDER
By Maria L. Condie Deputy



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

89 001583

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME		First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH		
			Robert		Ira		OLSON	March 10, 1989	89 001583	Lincoln		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)			If Hosp. or Inst. include DOA, OPV, P, etc. (Specify)		SEX				
	Caliente		790 Front Street			7		Male				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM	RACE—(No G., White, Black, American Indian, etc. (Specify))		Was Decedent of Hispanic Origin? Specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)				
	White				7a. 94	MO. : 7	HOURS : 7	Apr. 7, 1904				
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		COUNTRY OF BIRTH (Specify)		Decedent's Education, Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)			
	Idaho		U.S.A.		12		Married		Mary Mark			
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during last of previous 12 months)		KIND OF BUSINESS OR INDUSTRY							
			Mechanic X		Automotive Repair 757							
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
	Nevada		Lincoln		Caliente		790 Front St.		Yes			
CAUSE OF DEATH	FATHER—NAME		MOTHER—MAIDEN NAME		INFORMANT—NAME (Type or Title)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
	Hels		Chris Olson		Rhoda Bertha Neaf		Marry N. Olson, P.O. Box 36 Caliente, Nevada 89008					
CAUSE OF DEATH	BURIAL, CREMATION, REGIONAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		FURNERAL DIRECTOR—SIGNATURE (If funeral home or agency)		FURNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	Burial		I.O.O.F. Cemetery		[Signature]		15		Lincoln County Mortuary P.O. Box 236 Caliente, Nv.			
CAUSE OF DEATH	21a. To the best of my knowledge, when obtained at the time, date and place and due to the stated cause		22a. On the basis of examination and/or investigation, as my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	[Signature]		[Signature]		Mar 13, 89		12:15 A.M.					
CAUSE OF DEATH	21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. ON		22d. AT		23a. NAME AND ADDRESS OF REGISTRAR (Type or Print)		LICENSE NUMBER			
	Andrew S. Lubas M.D., Caliente, Nevada 89008		ON		AT		Andrew S. Lubas M.D., Caliente, Nevada 89008		5411			
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE							
	[Signature]		Mar 13, 1989		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR LINE FOR (a), (b), AND (c))		PART 1		PART 2		PART 3					
	Cardiomyopathy Arrest		476 (a)		Pneumonia		(b)					
CAUSE OF DEATH	26. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
CAUSE OF DEATH	27. INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(If home, farm, street, factory, office building, etc. (Specify))		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	

STATE REGISTRAR

[Signature] No. 983188

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

MAR 28 1989

Date issued:

Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT