

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
                          )ss.  
COUNTY OF LINCOLN )

Helen J. Barton, first being duly sworn, deposes and says;

1. That she is the surviving spouse of John G. Barton, who died on October 9, 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:

Lots numbered 15, 16 and 17 in Block C of the West End Addition to the City of Caliente, Nevada, and

Also Lots numbered 1, 2 and 3 in Block 37 in what is known as the Alice Culverwell Addition to the City of Caliente, Nevada.

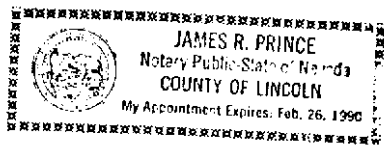
3. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above described property as her sole and separate property pursuant to Nevada Revised Statutes 40.470 (5).

Dated: October 27<sup>th</sup>, 1989.

  
Helen J. Barton  
Affiant

Subscribed and sworn to before me this 27<sup>th</sup> day of October, A.D. 1989.

  
Notary Public



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 1 John Gilbert BARTON			DATE OF DEATH (Month, Day, Year) 2 October 9, 1989		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH 3a Caliente			HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3b Residence 357 No. Spring Street		
	RACE—(a) g. White, Black, American Indian, etc. (Specify) 5 White			SEX 4 Male		
# DEATH OCCURRED IN INSTITUTION OR HOMEBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	CITIZEN OF WHAT COUNTRY? (If not U.S.A., name country) 6a U.S.A.			DATE OF BIRTH (Mo., Day, Yr.) 8 March 14, 192		
	SOCIAL SECURITY NUMBER 13			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married		
PARENTS	FATHER—NAME First Middle Last 16 Gilbert Mansel Gilbert			MOTHER—MAIDEN NAME First Middle Last 17 Rachel Beard		
	INFORMANT—NAME (Type or Print) 18a Helen Merrico Barton (Widow)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b P.O. Box 116 Caliente, Nevada 89008		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial			CEMETERY OR CREMATORY—NAME 19b Conaway Memorial Park		
	FUNERAL DIRECTOR—SIGNATURE (If Foreign, Name, City) 20a			FUNERAL DIRECTOR LICENSE NUMBER 20b 15		
CERTIFIER	21a To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b Oct 11, 1989			21c On the basis of a examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21d 9:05 A.M.		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a Joseph D. Wilkin M.D. Panaca, Nevada 89042			LICENSE NUMBER 23b 3849		
CAUSE OF DEATH	REGISTRAR (Signature) 24a			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b Oct. 11, 1989		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiorespiratory arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Vascular dis. DUE TO, OR AS A CONSEQUENCE OF: (c) Tobacco smoking			26. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No) 26 NO		
	27. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 YES		
CAUSE OF DEATH	ADD, SUICIDE, HOMICIDE, PENDING INVEST. (Specify) 28a			DATE OF INJURY (Mo., Day, Yr.) 28b		
	HOUR OF INJURY 28c			DESCRIBE HOW INJURY OCCURRED 28d		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No) 29a			PLACE OF INJURY—(In home, farm, school, factory, office building, etc. (Specify)) 29b		
	STREET OR R.F.D. No. 29c			CITY OR TOWN STATE 29d		

STATE REGISTRAR

No. 906198

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

Date issued: OCT 16 1989

Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

No. 92673  
FILED AND RECORDED AT REQUEST OF  
Helen A. Barton  
11/14/89  
AT 50 MINUTES PAST 1 O'CLOCK  
11 A.M. IN BOOK 88 OF OFFICIAL  
RECORDS, PAGE 59, 58 LINCOLN  
COUNTY, NEVADA.

No. 92602  
FILED AND RECORDED AT REQUEST OF  
Helen A. Barton  
30 October 1989  
AT 50 5 11 P.M.  
A 87 GRI 1  
RECO. 666 LINCOLN  
CO. N. NEVADA

FRANK C. HULSE  
COUNTY RECORDER  
By: Blonda Greer, Deputy

FRANK C. HULSE  
COUNTY RECORDER

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