

AFFIDAVIT IN PURSUANCE OF THE PROVISIONS OF SECTION
40.525, OF NEVADA REVISED STATUTES,
REGARDING JUDICIAL SALE

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

ELEANOR M. FOSTER, being of legal age, and being first duly sworn,
deposes and says:

I am the widow of CHARLES FOSTER. That CHARLES FOSTER decedent
mentioned in the attached, certified copy of the certificate of death, is the
same person as CHARLES FOSTER named as one of the parties on that certificate
executed to CHARLES FOSTER and ELEANOR M. FOSTER, recorded in the Official
Records of the Court of the Recorder of Lincoln County, Nevada as Instrument
No. 57345, Book No. 15, a copy of which is attached hereto as Exhibit 3 and by
this reference made a part hereof, and relating to that certain real property
more particularly described as:

Lot One Hundred Thirty-One (131) of SUN GOLD
MINOR ADDITION TO THE TOWN OF BAXTER, according to the
Plat of record in Book 3 of Plats, page 191, Lincoln
County, Nevada records.

That as appears from the death certificate attached hereto, the said
decedent, CHARLES FOSTER, died in the County of Clark, State of Nevada on the
21st day of April, 1950.

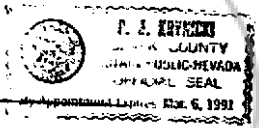
JAMES E. GUESNIN
1788 E. Sahara # 355
Las Vegas, Nevada 89104
(702) 794-2573

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1 That I make this Affidavit pursuant to the provisions of N.R.C.
2 40.525 (5) and 111.365 for the purpose of establishing death of joint tenant,
3 terminating the interest of the deceased joint tenant in and to the afore-
4 described real property vesting solely in petitioner, as the surviving joint
5 tenant, title to the afore-described real property.
6

Eleanor M. Foster
ELEANOR H. FOSTER

7
8
9 SUBSCRIBED and SWORN to before me
10 this 15 day of June, 1990



Phynich
NOTARY

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12
13 When recorded mail to:
14 JAMES E. GUESMAN, 1785 E. Sahara # 355 Las Vegas, Nevada 89104
15
16 Mail the statements to:
17 Eleanor Foster 1531 Equestrian Drive, Henderson, Nevada 89015
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JAMES E. GUESMAN
1785 E. Sahara # 355
Las Vegas, Nevada 89104
(702) 734-2573

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FILED A. GUESMAN
James E. Guesman
19 June 1990
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RECD 658 UNCLIN
CO NV. NEVADA
Frank C. Hulse
FRANK C. HULSE COUNTY REC.

Lincoln County

ATTACHMENT

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	DECEASED—NAME First Middle Last Charles Wesley FOSTER		DATE OF DEATH (Month, Day, Year) April 21, 1990	STATE FILE NUMBER
	1	CITY, TOWN, OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Valley Hospital	COUNTY OF DEATH Clark
DECEDENT	2	RACE—(If of White, Black, American specify Mexican, Cuban, Puerto Rican, etc.) White		3	4
	5	6	7a	7b	7c
IF DEATH OCCURRED BY INSTIGATION SEE INVERSE REGARDING COMPLETION OF RESIDENCE FORM	8	9	10	11	12
	13	14a	14b	15a	15b
PARENTS	16	17	18	19	20
	21a	21b	21c	21d	21e
DISPOSITION	22	23	24	25	26
	27	28	29	30	31
CERTIFIER	32	33	34	35	36
	37	38	39	40	41
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	42	43	44	45	46
	47	48	49	50	51
CAUSE OF DEATH	52	53	54	55	56
	57	58	59	60	61

STATE REGISTRAR

No. 015736

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: APR 24 1990



CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

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[Handwritten initials]