

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME  
STREET ADDRESS  
CITY  
STATE  
ZIP

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

No. **095821**

FILED AND RECORDED AT THE REQUEST OF  
**Lenard Thompson**  
Feb. 13, 1991

AT 30 \_\_\_\_\_ 12 \_\_\_\_\_  
P. \_\_\_\_\_ 94 \_\_\_\_\_ OFFICIAL

RECORDED \_\_\_\_\_ 384 \_\_\_\_\_ LINCOLN  
COUNTY, NEVADA.

*Judith A. Etchart*  
COUNTY RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF NEVADA }  
COUNTY OF LINCOLN } ss.

LEONARD M. THOMPSON

That JUNE B. THOMPSON of legal age, being first duly sworn, deposes and says: the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JUNE B. THOMPSON named as one of the parties in that certain JOINT TENANCY DEED dated September 3, 1987, executed by R.S. VAN KIRK and RUTH M. VAN KIRK to LEONARD M. THOMPSON and JUNE B. THOMPSON, Husband and Wife as joint tenants, recorded as instrument No. \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, in Book 76, Page 590, of the Official Records in the Office of the County Recorder of LINCOLN County, State of NEVADA, concerning the following described real property situated in the City of CALIENTE, County of LINCOLN, State of NEVADA.

A parcel of land fronting 100 feet on Ryan Street and being 165.43 feet in depth and being part of lot Three (3) and Lot One (1) in Block Forty-seven (47) of the Northside Addition to the City of Caliente, and bounded and described as follows, to-wit:

Beginning at a point 194.48 feet East of the Northwest corner of Lot 3 in said Block 47, said point being on the South side of Ryan Street and running thence East 100 feet to a point on said Street line, which point is 100 feet West of the Northeast corner of Lot 1 of said Block 47, thence at right angles South 165.43 feet, thence at right angles West 100 feet to a point on the dividing line between said Lot 3 and Lot 2 in said Block 47, thence North 165.43 feet to the point of beginning.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ \_\_\_\_\_

Dated February 13, 1991

*Leonard M. Thompson*  
(Signature of Joint Tenant)

**LEONARD M. THOMPSON**  
(Type or Print Full Name of Joint Tenant)

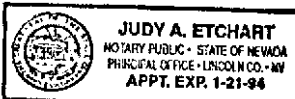
SUBSCRIBED AND SWORN TO BEFORE ME

this 13<sup>th</sup> day of February, 1991

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)

*Judith A. Etchart*  
(Signature of Notary)



**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**

LOCAL FILE NUMBER		DECEASED--NAME 1. <b>June B. THOMPSON</b>		DATE OF DEATH (Month, Day, Year) 2. <b>Jan. 12, 1991</b>	STATE FILE NUMBER	COUNTY OF DEATH 3a. <b>Lincoln</b>
CITY, TOWN, OR LOCATION OF DEATH 3b. <b>Caliente</b>		HOSPITAL OR OTHER INSTITUTION--Name (if not enter, give street and number) 3c. <b>(Residence) 541 Ryan St.</b>			If held, or lost, indicate D.O.A., C.P.E.M., Am. Impairment (Specify) 3d. <b>Per.</b>	
RACE--g. White, Black, American Indian, etc. (Specify) 4. <b>White</b>		Was Decedent of Hispanic Origin? Specify (Yes or No) if yes, specify Mexican, Cuban, Puerto Rican, etc. 5. <b>No</b>		AGE--Last Birthday (Years) 6. <b>69</b>	UNDECEASED YEAR 7a. <b>69</b>	UNDECEASED DAY 7b. <b>69</b>
STATE OF BIRTH (If not U.S., give country) 8. <b>Wyoming</b>		CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>		EDUCATION 10. <b>12</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	DATE OF BIRTH (Mo., Day, Yr.) 12. <b>June 17, 1921</b>
SOCIAL SECURITY NUMBER 13. <b>[REDACTED]</b>		USUAL OCCUPATION (Give kind of work done during most of Working Life, from 18 to 21) 14a. <b>Registered Nurse</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>Health Care</b>		
RESIDENCE--STATE 15a. <b>Nevada</b>		COUNTY 15b. <b>Lincoln</b>	CITY, TOWN, OR LOCATION 15c. <b>Caliente</b>	STREET AND NUMBER 15d. <b>541 Ryan St.</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>
FATHER--NAME 16. <b>John</b>		MOTHER--NAME 17. <b>Gale</b>	MOTHER--MAIDEN NAME 17. <b>Odetta Kelly</b>			
INFORMANT--NAME (Type or Print) 18a. <b>Leonard Thompson (Husband)</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>P.O. Box 234 Caliente, Nevada 89008</b>				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY--NAME 19b. <b>Caliente City Cemetery</b>		LOCATION City or Town State 19c. <b>Caliente Nevada</b>		
FUNERAL DIRECTOR--SIGNATURE (Of Person Addressed as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>5</b>	NAME AND ADDRESS OF FACILITY 20c. <b>Lincoln County Mortuary Box 236 Caliente Nv.</b>			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. <b>Jan 14, 1991</b>		21c. HOUR OF DEATH <b>9:45 P.M.</b>		22a. On the basis of 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. <b>Jan 14, 1991</b>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e. <b>Joseph D. Wilkin M.D. Panaca, Nevada 89042</b>		22c. ON		22d. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Joseph D. Wilkin M.D. Panaca, Nevada 89042</b>		LICENSE NUMBER 23b. <b>3849</b>				
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>Jan 14, 1991</b>		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE PART I (a) <b>Coronary Artery Arrest</b> (b) <b>Renal Failure</b> DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>weeks</b>		
PART II OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY 26. <b>NO</b>		WAS CASE REFERRED TO CORONER? 27. <b>NO</b>		
ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify) 28a. <b>NO</b>		DATE OF INJURY (Mo., Day, Yr.) 28b. <b>NO</b>	HOUR OF INJURY 28c. <b>NO</b>	DESCRIBE HOW INJURY OCCURRED 28d. <b>NO</b>		
INJURY AT WORK (Specify Yes or No) 29a. <b>NO</b>		PLACE OF INJURY--At home, farm, street, factory, office, building, etc. (Specify) 29b. <b>NO</b>	LOCATION 29c. <b>NO</b>	STREET OR R.F.D. No. 29d. <b>NO</b>	CITY OR TOWN STATE 29e. <b>NO</b>	

STATE REGISTRAR

No. 018865

*[Signature]*  
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 18 1991**



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT