

C. # 11531

AFFIDAVIT—DEATH OF JOINT TENANT OR SPOUSE

STATE OF NEVADA }
COUNTY OF LINCOLN } ss

GLADYS STEWART, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is one and the same as the person named as GLADYS STEWART, one of the grantees in that certain deed recorded JUNE 5, 1980 as Document No. 68711 in Book 37 Page 505 of OFFICIAL RECORDS in the office of the County Recorder of LINCOLN County, State of Nevada.

That CYRIL DAVID STEWART was one of the grantees named in said deed and was the identical person named as C.D. STEWART, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

Description of real property:

LEGAL DESCRIPTION ATTACHED MARKED EXHIBIT "A" AND BY THIS REFERENCE MADE A PART-HEREOF.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 23 DAY OF Jan, 1991

Gladys Stewart
GLADYS STEWART (Signature)

Bonnie J. Zeisler
Notary Public

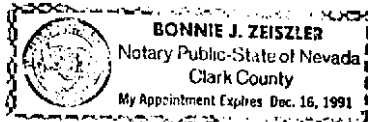


Exhibit "A"

That parcel of land situate, lying and being in the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section 5, Township 7 South, Range 61 East, M.D.B. & M. County of Lincoln, State of Nevada, and bounded and particularly described as follows:

Beginning at a point 613 feet West of the Northwest corner of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section 5, Township 7 South, Range 61 East, M.D.B. & M. Thence East 613 feet; thence South 982 feet, thence West 350 Feet to Pahrangat Creek or Channel; thence Northwesterly along East bank of Channel to place of beginning. Containing in all eleven acres, more or less, and in the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section 5, Township 7 South, Range 61 East, as recorded in Book E-1 of Real Estate Deeds, page 59, Lincoln County, Nevada.

095974

No. _____
FILED AND RECORDED AT _____
Lawyers Title of Nev. _____
Mar. 6, 1991
BY _____
REC. _____ 94 OFFICE
CO. N.Y. NEVADA

James Setzer
COUNTY REC. OFF.

BOOK 94 PAGE 595

BOOK 37 PAGE 536

000609

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

LOCAL FILE NUMBER DECEASED—NAME 1st Middle Last Cyril David STEWART		DATE OF DEATH (Month, Day, Year) 2 February 14, 1986		STATE FILE NUMBER
CITY, TOWN, OR LOCATION OF DEATH 2a Las Vegas		HOSPITAL OF OTHER INSTITUTION—Name (If not either, give street and number) 2c Valley Hospital		INSIDE CITY LIMITS (Specify Yes or No) 3a Yes
RACE—(e.g. White, Black, American Indian, and (Specify) 4a White		ETHNIC 4b American	AGE—Last Birthday (Years) 5a 74	UNDER 1 YEAR MOS. DAYS 5b
STATE OF BIRTH (If not U.S.A., name country) 6 Nevada		CITIZEN OF WHAT COUNTRY 7 U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	DATE OF BIRTH (Mo., Day, Yr.) 8 December 13, 1911
SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired) 14a Road Construction	KIND OF BUSINESS OR INDUSTRY 14b Owner	
RESIDENCE—STATE 15a Nevada		COUNTY 15b Clark	CITY, TOWN, OR LOCATION 15c Las Vegas	STREET AND NUMBER 15d 4209 Jadestone
FATHER—NAME First Middle Last 16a David Levi Stewart		MOTHER—Maiden Name First Middle Last 16b Jesse Lamb		INSIDE CITY LIMITS (Specify Yes or No) 18a No
INFORMANT—NAME (Type or Print) 18a Gladys H. Stewart		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 4209 Jadestone, Las Vegas, Nevada 89108		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Alamo Cemetery		LOCATION City or Town State 19c Alamo Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting for Such) 20a <i>Dorinda Stala</i>		NAME AND ADDRESS OF FACILITY 20b Bunker Mortuary 925 Las Vegas Blvd., North Las Vegas Nevada 89101		
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) 21a Paul A. Stewart, M.D.		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) stated. (Signature and Title) 22a		
DATE SIGNED (Mo., Day, Yr.) 21b February 15, 1986		HOUR OF DEATH 21c 5:30 p.m.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d		PRONOUNCED DEAD (Mo., Day, Yr.) 22b		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23 Paul A. Stewart, M.D., 2000 Goldring Avenue, Las Vegas Nevada 89106		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b FEB 18 1986		
24a. (Signature) <i>W. R. ...</i>		DEATH DUE TO COMMUNICABLE DISEASE 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b AND 1c) 25a Respiratory failure - 2 - Cor Pulmonale		Interval between onset and death 25b 2-3 yrs.		
PART I 26. DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
PART II 27. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 28. No		
29. INJURY AT WORK (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		
29a. DATE OF INJURY (Mo., Day, Yr.) 29b		HOUR OF INJURY 29c		
29d. DESCRIBE HOW INJURY OCCURRED. 29e		LOCATION 29f		
29g. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		STREET OR R.F.D. No. 29h		
29i. CITY OR TOWN 29j		STATE 29k		

Nº 57785

VITAL RECORDS

"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

94-596

Date Issued: FEB 21 1986

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 7426
Las Vegas, Nevada 89127

702-867-1252