

Affidavit-Death of Joint Tenant

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln

Karl Hannig and Gerry Hannig of legal age, being first duly sworn, depose and say:
 That Mary Smith, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as Mary Smith
 named as one of the parties in that certain Joint Tenancy Deed dated June 12th, 1988
 executed by Mary Smith
 to Karl Hannig and Gerry Hannig and Mary Smith
 as joint tenants, recorded as Instrument No. 87054 on June 22, 1988 in
 book 80, page 333, of Official Records of Lincoln in
 County, Nevada, covering the following described property situated in the City of
Caliente, County of Lincoln, State of Nevada:

*all of lots 9 and 10, Block 33,
 is what is now in The city of Caliente*

That the value of all real and personal property owned by said decedent at date of death, including the full value of
 the property above described, did not then exceed the sum of \$ 10,000.00

Dated April 14, 1991

SUBSCRIBED AND SWORN TO before me

this 14th day of April

Signature Margaret H. Jones

Margaret H. Jones
 Name (Typed or Printed)

Gerry Hannig
Karl Hannig



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

SPACE BELOW THIS LINE FOR RECORDER'S USE

096501

No. 096501
 FILED AND RECORDED AT ST OF
Gerry Hannig

April 16, 1991

345

96 OFFICIAL

190 LINCOLN

COUNTY, NEVADA

Gerry Hannig
 COUNTY REC. OFF.

BOOK

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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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		MARY CORRELL SMITH	March 23, 1991	Lincoln
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)	if Hosp. or Inst. indicate DGA, OP/Emr Rm. # (Specify)	SEX
	Caliente	Prover C. Hills Medical Center	Department	Female
EYES SCULPTED IN REVISIONS SEE REVERSE REGARDING COMPLETION OF RESIDENCE FILE	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify (Year, mo if yes, specify Mexican, Cuban, Puerto Rican, etc.)	AGE—Last Birthday (Years) MOS : DAYS	UNDER 1 YEAR UNDER TODAY
	White		7a 81 7b	7c
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education, Specify highest grade completed	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	Virginia	U.S.A.	12	Widowed
CERTIFIER	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	DATE OF BIRTH (Mo., Day, Yr.)
		Reg. Nurse	Nursing	Oct. 4, 1909
DISPOSITION	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
	Nevada	Lincoln	Caliente	371 Main St.
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	INSIDE CITY LIMITS (Specify Type of Lot)	
	Louis Correll	Kate Jarwile	15b	
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)	MALING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	15c	
	Earl Hennig	(Friend) P.O. Box 201 Panaca, Nevada 89042	15d	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORIUM—NAME	LOCATION City or Town State	
	Burial	Pioche Masonic Cemetery	Pioche Nevada	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
	[Signature]	15	Lincoln County Mortuary Box 236 Caliente, Nv.	
DATE ISSUED BY REGISTRAR'S OFFICE	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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] DATE SIGNED (Mo., Day, Yr.)		[Signature and Title] DATE SIGNED (Mo., Day, Yr.)	
AUTOPSY (Specify Yes or No)	21b. DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH	22b. HOUR OF DEATH	
	Mar 29, 1991	5:07 P.M.	[Blank]	
WAS CASE REFERRED TO CORONER (Specify Yes or No)	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		22c. LICENSE NUMBER
	[Blank]	Joseph D. Wilkin M.D. Panaca, Nevada 89042		3849
IMMEDIATE CAUSE	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
	[Signature]	Mar 29, 1991	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF	25. IMMEDIATE CAUSE—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		Interval between onset and death	
	(a) Cardio Pulmonary Arrest		Minutes	
DUE TO, OR AS A CONSEQUENCE OF	(b) Cerebral Vascular Accident		Interval between onset and death	
			1 hr	
DUE TO, OR AS A CONSEQUENCE OF	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
	Adult Onset Diabetes Mellitus; Congestive Heart Fail		[Blank]	
ACC. SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
	[Blank]	[Blank]	[Blank]	
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—(Home, farm, street, factory, shop, building, etc.) (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE	
	[Blank]	[Blank]	[Blank]	

STATE REGISTRAR No. 018867

This is to certify that the above is a true and correct copy of the certificate on file in this office.
 Date Issued: APR 03 1991
 by: *[Signature]* Deputy Registrar
 WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT
 APR 03 1991