

Affidavit-Death of Joint Tenant

2028 NV (9-88)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln } ss.

Harriet W. Eastham, of legal age, being first duly sworn, deposes and says:
 That James E. Eastham, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as James E. Eastham
 named as one of the parties in that certain Joint Tenancy Deed dated September 21, 1981
 executed by Edward W. Arnold and Lenora Arnold
 to James E. Eastham and Harriet W. Eastham
 as joint tenants, recorded as Instrument No. 73606 on September 25, 1981 in
 book 46, page 520 of Official Records of Lincoln in
 County, Nevada, covering the following described property situated in the Pahransagar Valley Township
 County of Lincoln, State of Nevada:

A certain lot, piece, or parcel of land situate in the town of Alamo
 County of Lincoln, State of Nevada, and bounded and described as follows:

A parcel of land within the NE1/4 of Section 8, Township 7 South,
 Range 61 East, M.D.B.&M., described as follows, to-wit:

Commencing at the Northeast corner of Lot 1, Block 66, Alamo
 Townsite, thence running S. 0°09'04" W. along the East line
 thereof a distance of 200 feet to the point of beginning, thence
 running N 89°50'56" W., a distance of 247.5 feet; thence
 S. 0°09'04" W. a distance of 137.00 feet; thence S. 89°50'56" E.,
 a distance of 157.50 feet; thence N. 0°09'04" E., a distance of
 10 feet; thence S. 89°50'56" E. a distance of 90.00 feet;
 thence N. 0°09'04" E. a distance of 127.00 feet to the true
 point of beginning.

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 \$ _____

Dated June 26, 1991

Daniel W. Eastham

SUBSCRIBED AND SWORN TO before me

this 26th day of June, 1991

Signature Marjorie C. Watson

MARJORIE C. WATSON

MARJORIE C. WATSON
 Notary Public - Nevada
 Lincoln County
 My com. exp. July 25, 1994

Title Order No. _____

Escrow or Loan No. _____

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

No. **097039**

FILED AND RECORDED AT REQUEST OF Harriet W. Eastham

July 8, 1991

AT 5 MINUTES PAST 3 O'CLOCK

P. M. IN BOOK 97 OF OFFICIAL

RECORDS, PAGE 361 LINCOLN

COUNTY, NEVADA.

Genie A. [Signature]
COUNTY RECORDER

97 PAGE 361

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

002916

LOCAL FILE NUMBER 002916		STATE FILE NUMBER Clark	
DECEASED - NAME James E. EASTHAM		DATE OF DEATH (Month, Day, Year) June 8, 1991	
CITY, TOWN, OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION - Name (If not other, give street and number) Nathan Adelson Hospice	
SEX Male		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
RACE White		AGE - Last birthday (Years, Months, Days) 72	
DATE OF BIRTH (Mo., Day, Yr.) June 22, 1918		MARRIAGE Harriet Wild	
CITY, TOWN, OR LOCATION OF BIRTH W. Virginia		CITIZENSHIP U.S.A.	
EDUCATION Minor		INDUSTRY Mining Company	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Same kind of work done during most of working life, even if retired) Minor	
RESIDENCE - STATE Nevada		COUNTY Lincoln	
CITY, TOWN, OR LOCATION Alamo		STREET AND NUMBER 156 S. Main	
FATHER - NAME George W. Eastham		MOTHER - MAIDEN NAME Rebecca Brooks	
INFORMANT - NAME (Type or Print) Harriet Eastham		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 252, Alamo, Nevada 89001	
BURIAL, CREMATION, RESHAWL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY - NAME Society	
FURNERAL DIRECTOR - SIGNATURE [Signature]		FURNERAL DIRECTOR LICENSE NUMBER 41	
DATE SIGNED (Mo., Day, Yr.) 6/10/91		HOUR OF DEATH 4:50 P.M.	
NAME OF ATENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) Dr. Edwin Kingsley M.D., 3006 S. Maryland Pkwy., Las Vegas, NV 89109		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 10 1991	
IMMEDIATE CAUSE COLON CANCER		DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) No	
WAS CASE REFERRED TO CORONER (Specify Yes or No) No		DATE ISSUED JUL 03 1991	

STATE REGISTRAR No. 027271

"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

[Signature]
Date Issued: JUL 03 1991

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

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