

Affidavit—Death of Joint Tenant

8020 NV 10-001

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF LINCOLN

} ss.

Margaret H. Jones, of legal age, being first duly sworn, deposes and says:
 That Charles Russell Jones, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles R. Jones named as one of the parties in that certain Joint Tenancy Deed dated September 1, 1961 executed by Lita S. Hears to Margaret H. Jones (her daughter) and Charles R. Jones, wife & husband, as joint tenants, recorded as Instrument No. on October 4, 1961 in book L-1, page 420, of Official Records of Lincoln County, Nevada, covering the following described property situated in the Town of Pargosa County of Lincoln, State of Nevada:

All of the North Half of the North Half of Lot numbered 3 of Block numbered 28, together with any and all improvements on said North Half of the North Half of said Lot, and together with any water rights appurtenant to said North Half of the North Half of said Lot; as said Lot and Block are delineated on the official plat of said Town now on file in the office of the County Recorder of said County of Lincoln.

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 \$

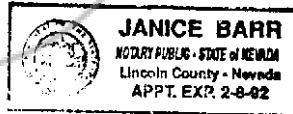
Dated July 18, 1991

Margaret H. Jones

SUBSCRIBED AND SWORN TO before me

this 18 day of July, 1991

Signature Janice Barr
Janice Barr
 Name (Typed or Printed)



(This area for official notarial use)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

and
 mail
 address
 to
 the

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

91 001273

Form with sections: DECEASED, PARENTS, DISPOSITION, CERTIFIER, CAUSE OF DEATH. Includes fields for name, date of death, hospital, residence, and cause of death.

STATE REGISTRAR No. 024064

Signature of J. C. Lawrence, 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 APR 18 1991



WARNING: THIS IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

FILED AND RECORDED IN WEST OF MARGARET H. JONES July 18, 1991

By Rhonda Zher Deputy