

Affidavit—Death of Joint Tenant

YO 5030 NV 10-66

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF LINCOLN

JEROME F. SEARS JR., of legal age, being first duly sworn, deposes and says:
 That GENEVEIVE SEARS, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as GENEVEIVE SEARS
 named as one of the parties in that certain Grant, Bargain & Sale Deed, dated May 6, 1968
 executed by HAROLD F. JACKSON and MARY K. JACKSON, husband and wife
 to JEROME F. SEARS JR. and GENEVEIVE SEARS, husband and wife
 as joint tenants, recorded as Instrument No. 54312, on May 8, 1974, in
 book 10, page 129, of Official Records of the office of the Recorder/Auditor Lincoln
 County, Nevada, covering the following described property situated in the town of Pioche
County of Lincoln, State of Nevada:

All of lots numbered Four (4), Five (5) and Six (6) in Block numbered Five (5),
 together with any and all improvements thereon, and the contents thereof,
 situated in the Town of Pioche, County of Lincoln, State of Nevada, as
 said lots 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,
 to which plat reference is hereby made for a more particular description.

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 \$ 1100

Dated July 31-91

SUBSCRIBED AND SWORN TO before me

this 31st day of July

Signature Judy A. Etchart

Name (Typed or Printed)
JUDY A. ETCHART
 NOTARY PUBLIC - STATE OF NEVADA
 PRINCIPAL OFFICE - LINCOLN CO - NV
 APPT. EXP. 1-21-94

(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name
 Street
 Address
 City &
 State

SPACE BELOW THIS LINE FOR RECORDER'S USE

097132

No. 097132
 FILED AND RECORDED AT REQUEST OF
Jerome Sears

July 31, 1991
 AT 40 MINUTES PAST 11 O'CLOCK
P. M. IN BOOK 97 OF OFFICIAL
 RECORDS, PAGE 529 LINCOLN
 COUNTY, NEVADA.

Jurick Setzer
 COUNTY RECORDER
 BOOK 97 PAGE 529

Lincoln County

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		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		COUNTY OF DEATH	
DECEASED	Genevieve K. SEARS		Clark	
	DATE OF DEATH (Month, Day, Year)		February 20, 1990	
IF DEATH OCCURRED IN INSTITUTION, SEE INSTRUCTIONS REGARDING COMPLETION OF REFERENCE ITEMS	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not enter, give street and number)	
	Las Vegas		Desert Springs Hospital	
PARENTS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
	Jerome F. Sears Jr.		Pearl Hamilton	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
	Cremation		Society Nevada Cremation or Burial	
CERTIFIER	FURNERIAL HOME OR SIGNATURE (If removed, specify)		FUNERAL DIRECTOR LICENSE NUMBER	
	Morrison O. J.		41	
CAUSE OF DEATH	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) listed (Signature and Title)		21b 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.)		DATE SIGNED (Mo., Day, Yr.)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21c HOUR OF DEATH		21d ON	
	4:35am		AT	
CAUSE OF DEATH	21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f LICENSE NUMBER	
	Arshad Iqbal M.D., 3006 S. Maryland Parkway, Las Vegas, NV 89101		3567	
CAUSE OF DEATH	22a REGISTAR (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	Julie Henderson		FEB 21 1990	
CAUSE OF DEATH	23a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FORM (a), (b), AND (c))		23b INTERVAL BETWEEN ONSET AND DEATH	
	Pneumonia			
CAUSE OF DEATH	23c DUE TO, OR AS A CONSEQUENCE OF		23d INTERVAL BETWEEN ONSET AND DEATH	
CAUSE OF DEATH	23e OTHER BRONCHIAL CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		23f AUTOPSY (Specify Yes or No)	
	Coronary artery disease		No	
CAUSE OF DEATH	23g ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify)		23h DESCRIBE HOW INJURY OCCURRED	
CAUSE OF DEATH	23i INJURY AT WORK (Specify Yes or No)		23j PLACE OF INJURY—At home, farm, school, factory, office building, etc. (Specify)	
CAUSE OF DEATH	23k LOCATION		23l STREET OR R.F.D. No.	
CAUSE OF DEATH	23m CITY OR TOWN		23n STATE	

STATE REGISTRAR

No.013250

"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

By: *JH*

Date Issued: FEB 21 1990

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

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