

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
COUNTY OF LINCOLN)

1 I, LYLE RICHARD STEVER, being first duly sworn, depose and say:

2 1. That MARGIE SPRAGUE STEVER died on 10 June 1991
3 1991, in Pioche, Lincoln County, Nevada.

4 2. That at the time of the death of the decedent, affiant
5 and decedent owned property in Joint Tenancy described as:

6 All of the real and personal property owned or claimed
7 by the Party of the first Part, whether by record title
8 or otherwise, in and to property situate in the Town of
9 Pioche, County of Lincoln, State of Nevada, including,
but not by way of limitation, the following:

10 All of Lots 6 (six) and 7 (seven) of Block three (3) and
11 buildings situate thereon.

12 Lots Twenty-one (21), Twenty-two (22), Twenty-three (23)
13 and the Southerly Ten (10) feet of Lot Twenty (20) in
14 Block Three (3) all in the Town of Pioche, County of
Lincoln, State of Nevada, together with any and all
improvements situate thereon.

15 TOGETHER WITH the tenements, hereditaments and appurtenances
16 thereunto belonging or in anywise appertaining, and the reversions,
remainders, rents, issues and profits thereof.

17 TO HAVE AND TO HOLD all and singular the said premises together
18 with the appurtenances unto the said Grantees as Joint Tenants
and to the survivor of them and the heirs and assigns of such
survivor forever.

19 3. That proof of death is affixed hereto as Exhibit "A" in
20 the form of a certified copy of the death certificate and
21 affiants claim the above described property as his own, pursuant
22 to Nevada Revised Statutes 40.525(5).

[Signature]
LYLE RICHARD STEVER

23
24
25
26 SUBSCRIBED and SWORN to before me
this 6th day of November, 1991.

27
28 [Signature]
NOTARY PUBLIC

Lincoln County

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 004700

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| LOCAL FILE NUMBER DECEASED—NAME | | LAST | | DATE OF DEATH (Month, Day, Year) | | COUNTY OF DEATH | |
| Margie | | STEVER | | June 10, 1991 | | Lincoln | |
| TYPE OF PRINT OR PERMANENT BLACK INK | | HOSPITAL OR OTHER INSTITUTION—Name if not other, give street and number | | HEAD OF H.O. (MARRIAGE, OCCUPATION, RES. IN NEVADA, SEX) | | SEX | |
| DECEDENT | | 21a Pioche | | 21b Main Street | | 21c Female | |
| RACE (Specify if other than White) | | AGE (Specify if under 1 year) | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | DATE OF BIRTH (M, D, Y) | |
| 5 White | | 64 | | Married | | May 22, 1927 | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | EDUCATION (Specify highest grade completed) | | SUPPORTING SPANSE (If not give reason) | |
| Utah | | U.S.A. | | 12 | | Lyle Richard Stever | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give kind of work done during last 12 months) | | INDUSTRY | | | |
| | | 14a Bank Teller/Retired | | 14b Banking | | | |
| RESIDENCE—STATE | | CITY, TOWN OR LOCATION | | STREET AND NUMBER | | RESID. CITY STATE (Specify Year of Res.) | |
| Nevada | | Lincoln | | Pioche | | Main Street Yes | |
| PARENTS | | FATHER—NAME (Type of Print) | | MOTHER—MAIDEN NAME | | | |
| | | Ela LeRoy Sprague | | Edna Minerva Barnum | | | |
| BIRTH | | 18a Gordon L. Sprague—Brother | | 18b 4976 Sawyer Avenue, Las Vegas Nevada 89108 | | | |
| DISPOSITION | | 19a Burial | | 19b Pioche Cemetery | | LOCATION City or Town State | |
| | | 20a | | 20b 27 | | 20c Palm Mortuary 1325 No. Main St. Las Vegas, Nevada | |
| CERTIFIER | | DATE SIGNED (M, D, Y) | | SIGNATURE AND TITLE | | DATE SIGNED (M, D, Y) | |
| | | 6-13-91 | | Before 10:15 A.M. | | | |
| REGISTRAR | | 23a Joseph D. Wilkin M.D. P O Box 472 Panaca Nevada 89045 | | LICENSE NUMBER | | 23b 3849 | |
| CAUSE OF DEATH | | 24a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b AND 2) | | 24b DEATH DUE TO COMMUNICABLE DISEASE | | 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| PART 1 | | 1a Sudden cardiac arrest | | 1b Minutes | | | |
| PART 2 | | 2a Unknown | | 2b Minutes | | | |
| PART 3 | | 3a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1 | | 3b | | | |
| ACC. INJURY | | DATE OF INJURY (M, D, Y) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| | | | | | | | |
| PLACE OF INJURY (If home, town, street, history office, building, or factory) | | LOCATION | | STREET OR R.F.D. NO. | | CITY OR TOWN STATE | |
| | | | | | | | |

STATE REGISTRAR

No. 027562

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: JUL 11 1991

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REC'D AND RECORDED AT REGISTRY OF
Lyle Stever

Nov. 6, 1991

At 55 MINUTES past 12 o'clock
of the 9th day of NOVEMBER 1991
of the County of LINCOLN
STATE OF NEVADA

James Stever
COUNTY CLERK