

AFFIDAVIT IN RE FRANCISCO ESCOBEDO, DECEASED
TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA)
) SS
COUNTY OF LINCOLN)

NANCY ESCOBEDO, being first duly sworn, deposes and says:

That affiant is the wife of FRANCISCO ESCOBEDO, Deceased.
That Decedent died on the 27th day of March, 1993. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein FRANCISCO ESCOBEDO and NANCY ESCOBEDO were Grantees. That under the laws of the State of Nevada, upon the death of FRANCISCO ESCOBEDO, the title and ownership of said real property became vested in NANCY ESCOBEDO as the surviving joint tenant. That said real property was acquired by a Deed dated January 29, 1988, wherein LESTER C. MATHEWS and LORENE W. MATHEWS were the Grantors, and FRANCISCO ESCOBEDO and NANCY ESCOBEDO were the Grantees.

That said Deed was recorded in Book 79, Page 79, Lincoln County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

That certain parcel of land situate in the Southeast quarter of the Northeast quarter (SE1/4 NE1/4) of Section 7, Township 2 South, Range 68 East, M.D.B. & M., designated as Parcel No. 2 as shown on that certain parcel map showing a portion of the SE1/4 NE1/4 of said Sec. 7, T.2 S., R.68 E., M.D.B. & M., Lincoln County, Nevada for Lester C. and Lorene W. Mathews, which parcel map was filed for record in the office of the County Recorder of Lincoln County, Nevada on October 5, 1987 in Book A of Plats at page 277, and to which map reference is hereby made for further particular description thereon.

That by reason of the foregoing, affiant hereby declares that the title and interest of FRANCISCO ESCOBEDO, Deceased in the

GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
488 FIFTH STREET - P.O. BOX 5
ELY, NEVADA 89301
(702) 289-4422

1 above-described real property has vested in NANCY ESCOBEDO, in fee
2 simple, and that NANCY ESCOBEDO is the sole and absolute owner
3 thereof, together with the tenements, hereditaments, and
4 appurtenances, thereunto belonging or appertaining, and the
5 reversion and reversions, remainder and remainders, rents, issues
6 and profits thereof.

7 Nancy Escobedo
8 NANCY ESCOBEDO

9 Subscribed and sworn to before me
10 this 13 day of August, 1993.

11 [Signature]
12 NOTARY PUBLIC



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JAMES W. FAIRMAN
A PROFESSIONAL CORPORATION
482 FIFTH STREET - P. O. BOX 8
ELY, NEVADA 89301
(702) 289-4422

100995
INDEXED AND RECORDED AT REQUEST OF
Gary D. Fairman
October 4, 1993
11 MINUTES PAST 3 O'CLOCK
P.M. IN BOOK 107 OF OFFICIAL
RECORDS, PAGE 371 LINCOLN
COUNTY, NEVADA.

Yuriko Setzer
COUNTY RECORDER
By [Signature] Deputy

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 **93 002887**
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME		First		Last	
1. Francisco		ESCOBEDO, Jr.		DATE OF DEATH (Month, Day, Year) 2 March 27, 1993	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		COUNTY OF DEATH	
Caliente		*Grover C Dils Medical Center		Lincoln	
2b. Caliente		3b. Inpatient		SEX Male	
RACE—e.g. White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Orig? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. Hispanic		Mexican		7a. 51	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
Mexico		U.S.A.		12-10-1941	
8a. Mexico		10. 6		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
SOCIAL SECURITY NUMBER		11. Married		SURVIVING SPOUSE (If wife, give maiden name)	
13. [Redacted]		14a. Carpenter		17. Nancy Pearson	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
Nevada		Lincoln		Construction	
15a. Nevada		15b. Lincoln		15c. Pioche	
FATHER—NAME		MOTHER—MAIDEN NAME		15d. PO Box 553	
Francisco Escobedo, Sr.		Concepcion Coca		15e. Yes	
16. Francisco Escobedo, Sr.		17. Concepcion Coca			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Nancy Escobedo		18b. P.O. Box 553 Pioche, Nevada 89043			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION	
19a. Burial		19b. Pioche Cemetery		19c. Pioche, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
<i>[Signature]</i>		20b. 15		20c. P.O. Box 236 Caliente, Nevada 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
<i>[Signature]</i>		3-29-93		2200	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. HOUR OF DEATH		21f. DATE SIGNED (Mo., Day, Yr.)	
21d. Joseph D. Wilkin, MD		21e. 2200		21f. 3-29-93	
21g. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER (Type or Print)		21h. LICENSE NUMBER		21i. DATE SIGNED (Mo., Day, Yr.)	
21g. Joseph D. Wilkin, MD, P.O. Box 472, Reno, Nevada 89042		21h. 3849		21i. 3-29-93	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>		3-29-93		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), OR (c))		26. INTERVAL BETWEEN ONSET AND DEATH		27. INTERVAL BETWEEN ONSET AND DEATH	
PART I (a) Cardio pulmonary Arrest.		minutes		minutes	
(b) End Stage Ca of Stomach		years		years	
(c) End Stage Ca of Stomach		years		years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. No		27. No	
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. No		28b. No		28c. No	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		28c. DESCRIBE HOW INJURY OCCURRED	
28a. No		28b. No		28c. No	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED	
28d. No		28e. No		28f. No	

No. 040681

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

Date issued: **SEP 21 1993**

[Signature] Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.