

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS
County of Lincoln)

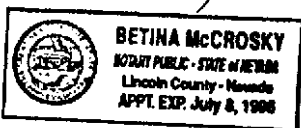
SANDRA SEARS, of legal age, being first duly sworn, deposes and says: That Jerome F. Sears Jr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jerome F. Sears Jr. named as one of the parties in that certain Joint Tenancy Deed dated September 12, 1991, executed by Jerome F. Sears Jr. to Jerome F. Sears Jr. and Sandra Sears, Husband and Wife as joint tenants with right of survivorship, recorded as Instrument No. 097358, on September 12, 1991, in book 98, page 162, 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 \$ N/A

Dated October 6, 1993 *Sandra Sears*

SUBSCRIBED AND SWORN to before me this 6th day of October, 1993
Signature *Betina M. McCrosky*
BETINA McCROSKY
name (typed or printed) 101004
No.



FILED AND RECORDED AT REQUEST OF
Sandra Sears
October 6, 1993
7 45 MINUTES PAST 3 O'CLOCK
P.M. IN BOOK 107 OF OFFICIAL
RECORDS, PAGE 391 LINCOLN
COUNTY, NEVADA
Yuriko Setzer
Sandra Boucher Deputy
COUNTY RECORDER

BOOK 107 PAGE 391

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

004336

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	DECEASED—NAME First Middle Last		July 28, 1993		Clark
DECEDENT	1. City, Town, or Location of Death		2. Hospital or Other Institution—Name (if not other, give street and number)		3. Inpatient
	Jerome Fargo SEARS Jr.		Sunrise Hospital		Male
IF DEATH OCCURRED IN HOME AND COMPLETION OF RESIDENCE (P. 14)	4. Race—(a) White, Black, American Indian, etc. (Specify)		5. Age—Last Birthday (Years) Mos. Days		6. Date of Birth (Mo., Day, Yr.)
	White		78		June 7, 1915
PARENTS	7. State of Birth (if not U.S.A., name country)		8. Citizen of What Country		9. Decedent's Education. Specify highest grade completed.
	Utah		U.S.A.		10. 14
DISPOSITION	11. Social Security Number		12. Usual Occupation (Give Kind of Work Done During Most of Working Life. Even if Retired)		13. Kind of Business or Industry
	[Redacted]		Administrator		Redevelopment
CERTIFIER	14. Residence—State		15. City, Town, or Location		16. Street and Number
	Nevada		Lincoln		Pioche
CAUSE OF DEATH	17. Father—Name First Middle Last		18. Mother— Maiden Name First Middle Last		19. Informant—Name (Type or Print)
	Jerome F. Sears Sr.		Louise Osbourne		Sandra Sears
CAUSE OF DEATH	20. Informant—Address (Street or R.F.D. No., City or Town, State, Zip)		21. Burial, Cremation, Removal, Other (Specify)		22. Cemetery or Crematory—Name
	HC 74, Box 186, Pioche, NV 89043		Cremation		NV Cremation or Burial Soc., Las Vegas, Nevada
CAUSE OF DEATH	23. Funeral Director (Name and Address of Facility)		24. License Number		25. Date Signed (Mo., Day, Yr.)
	NV Cremation or Burial Society		41		7/29/93
CAUSE OF DEATH	26. Name and Address of Certifier (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print)		27. License Number		28. Date Received by Registrar (Mo., Day, Yr.)
	Dr. Joseph M. Quagliana, M.D., 3380 S. Eastern Ave., Las Vegas, NV 89109		2881		JUL 29 1993
CAUSE OF DEATH	29. Immediate Cause (Enter only one cause per line for (a), (b), and (c))		30. Part (a) Due to, or as a consequence of:		31. Part (b) Due to, or as a consequence of:
	Respirator malfunction		[Redacted]		[Redacted]
CAUSE OF DEATH	32. Other Significant Conditions—Condition contributing to death but not resulting in the underlying cause given in Part I		33. Autopsy (Specify Yes or No)		34. Was Case Referred to Coroner (Specify Yes or No)
	Respiration, Renal Failure		No		No
CAUSE OF DEATH	35. Date of Injury (Mo., Day, Yr.)		36. Hour of Injury		37. Describe How Injury Occurred
	[Redacted]		[Redacted]		[Redacted]
CAUSE OF DEATH	38. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)		39. Location		40. Street or R.F.D. No.
	[Redacted]		[Redacted]		[Redacted]

No. 054232

"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]

JUL 30 1993

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

BOOK 107 PAGE 392