

### AFFIDAVIT—DEATH OF JOINT TENANT OR SPOUSE

STATE OF NEVADA }  
COUNTY OF CLARK } ss.  
LINCOLN

Katherine A. Beal, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is one and the same as the person named as Katherine A. Beal, one of the grantees in that certain deed recorded \_\_\_\_\_, as Document No. 87093 in Book 75, Page 486, of Official Records in the office of the County Recorder of Clark County, State of Nevada.

That Gerald G. Beal was one of the grantees named in said deed and was the identical person named as Gerald G. BEal, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

Description of real property: R61E, T6S, SEC. 32, 1.08 A.

Complete legal discription attached.

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
30th DAY OF NOVEMBER, 1993

Dana Darlene Idol  
Notary Public

Katherine Beal  
(Signature)



NOTARY PUBLIC  
STATE OF NEVADA  
County of Clark  
Dana Darlene Idol  
My Appointment Expires Jan. 10, 1996

Lincoln County

LEGAL DESCRIPTION

Situate in the County of Lincoln, State of Nevada, described as follows:

A parcel of land situate within the Northeast Quarter (NE 1/4) of the Northwest Quarter (NW 1/4) of Section 32, Township 6 South, Range 61 East, M.D.B. & M., more particularly described as follows:

COMMENCING at the North Quarter Corner (1/4) of Section 32, Township 6 South, Range 61 East, M.D.M.,

Thence South  $1^{\circ}30'13''$  East, a distance of 1065.28 feet to a point being on the Northeast right of way line of the frontage road (formerly Highway 93 before the realignment);

Thence North  $50^{\circ}41'00''$  West, a distance of 866.03 feet along the Northeast right of way line of the aforementioned frontage to the TRUE POINT OF BEGINNING:

Thence North  $39^{\circ}19'00''$  East, a distance of 175.00 feet to a point:

Thence North  $50^{\circ}41'00''$  West, a distance of 9.52 feet to a point:

Thence North  $51^{\circ}29'13''$  East, a distance of 174.33 feet to a point:

Thence South  $38^{\circ}30'47''$  East, a distance of 155.00 feet to a point:

Thence South  $51^{\circ}29'13''$  West, a distance of 140.90 feet to a point:

Thence North  $50^{\circ}41'00''$  West, a distance of 24.03 feet to a point:

Thence South  $39^{\circ}19'00''$  West, a distance of 175.00 feet to a point:

Thence North  $50^{\circ}41'00''$  West, a distance of 125.01 feet to the TRUE POINT OF BEGINNING.

Lincoln County

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last <b>Gerald Grant BEAL</b>		DATE OF DEATH (Month, Day, Year) <b>2 October 30, 1993</b>	STATE FILE NUMBER	COUNTY OF DEATH <b>Clark</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) <b>5012 Donnie Avenue</b>		SEX <b>Male</b>		
RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		Was Decedent of Hispanic Origin? Specify (if yes, no if no) <b>6. No</b>		AGE—Last Birthday (Years) <b>76 04</b>	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
STATE OF BIRTH (if not U.S.A., name country) <b>Utah</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		DECEDENT'S EDUCATION. Specify highest grade completed. <b>16</b>		MARRIED, NEVER MARRIED, (Specify) <b>Married</b>
SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) <b>14a. Contractor</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. Landscaping</b>		SURVIVING SPOUSE (if wife, give maiden name) <b>12. Katherine Akin</b>
RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Clark</b>		CITY, TOWN, OR LOCATION <b>15c. Las Vegas</b>		STREET AND NUMBER <b>5012 Donnie Avenue</b>
FATHER—NAME First Middle Last <b>Grant Beal</b>		MOTHER—MAIDEN NAME First Middle Last <b>Gertrude Erickson</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. Katherine Beal -Wife 18c. 5012 Donnie Avenue, Las Vegas, Nevada 89130</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. Palm Crematory</b>		LOCATION City or Town State <b>19c. Las Vegas Nevada</b>		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 27</b>		NAME AND ADDRESS OF FACILITY <b>20c. Palm Redrock Mort. 1600 So. Jones Blvd. Las Vegas NV 89102</b>		
To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. (Signature and Title) <b>21a. [Signature]</b>		DATE SIGNED (Mo., Day, Yr.) <b>21b. 10/31/93</b>		To the best of my 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) <b>22a. [Signature]</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b. [Signature]</b>
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d. Jeff Willoughby, M.D. 3101 South Maryland Parkway Las Vegas Nevada 89109</b>		HOUR OF DEATH <b>21c. Before 7:55 P.M.</b>		PROMOUNCED DEAD (Mo., Day, Yr.) <b>22c. [Signature]</b>		HOUR OF DEATH <b>22d. [Signature]</b>
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>23a. Jeff Willoughby, M.D. 3101 South Maryland Parkway Las Vegas Nevada 89109</b>		LICENSE NUMBER <b>23b. 4004</b>		DATE REGISTERED BY REGISTRAR (Mo., Day, Yr.) <b>NOV 08 1993</b>		
REGISTRAR <b>24a. [Signature]</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE <b>25. (a) Acute Respiratory Failure</b>		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>26. COPD</b>		AUTOPSY (Specify Yes or No) <b>26. No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. Yes</b>		
ACC., SUICIDE, HON. UNDET. OR PENNING INVEST. (Specify) <b>28a. [Signature]</b>		DATE OF INJURY (Mo., Day, Yr.) <b>28b. [Signature]</b>		HOUR OF INJURY <b>28c. M 28d. [Signature]</b>		DESCRIBE HOW INJURY OCCURRED <b>28e. [Signature]</b>
INJURY AT WORK (Specify Yes or No) <b>28a. [Signature]</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28b. [Signature]</b>		LOCATION <b>28g. [Signature]</b>		STREET OR R.F.D. No. CITY OR TOWN STATE

No. 057423

STATE REGISTRAR

"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

NOV 09 1993

Date Issued:

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 4426

Las Vegas, Nevada 89127

702-383-1223

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Lincoln County

**101199**

FILED AND RECORDED AT REQUEST OF  
**Katherine A. Beal**

**Dec. 1, 1993**

**35** MINUTES PAST **12** O'CLOCK

**am** IN BOOK **108** OF OFFICIAL

RECORDS, PAGE **80** LINCOLN

COUNTY, NEVADA.

*Gurko Setzer*  
COUNTY RECORDER



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