

Affidavit—Death of Joint Tenant

© 2000 NV (10-00)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF LINCOLN

VIRGINIA SUMERLIN

That ELEN SUMERLIN, of legal age, being first duly sworn, deposes and says: the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELEN SUMERLIN named as one of the parties in that certain JOINT TENANCY executed by DOMINICK BELINGERI in ELEN SUMERLIN AND VIRGINIA SUMERLIN as joint tenants, recorded as Instrument No. 57171 on SEPT 3 - 1975 book 15 page 296, of Official Records of LINCOLN COUNTY RECORDER/AUDITOR in LINCOLN County, Nevada, covering the following described property situated in the TOWN OF HICK County of LINCOLN, State of Nevada:

THE EAST HALF OF THE NORTH HALF OF THE SOUTH HALF OF THE NORTH-WEST QUARTER OF THE SOUTHEAST QUARTER (E 1/2 N 1/2 S 1/2 NW 1/4 SE 1/4) IN SECTION 10, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B.+M., IN THE COUNTY OF LINCOLN, STATE OF NEVADA CONSISTING OF 3 1/2 ACRES, MORE OR LESS, TOGETHER WITH ANY AND ALL IMPROVEMENTS SITUATE THEREON.

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 \$ _____

Dated Dec 27, 1993

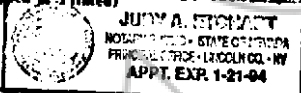
Virginia Sumerlin

SUBSCRIBED AND SWORN TO before me

this 27th day of December

Signature Judy A. Etchart
Judy A. Etchart

Name of Notary Public



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. _____

RECORDING REQUESTED BY _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO _____

101277

FILED AND RECORDED AT REQUEST OF Virginia Sumerlin

Dec. 27, 1993

1:35 MINUTES PAST 11 O'CLOCK

AM IN BOOK 108 OF OFFICIAL

RECORDS, PAGE 217 LINCOLN

COUNTY, NEVADA.

Judy A. Etchart
COUNTY RECORDER

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 007135

TYPE ON PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER		
				1 <u>Glen</u>	2 <u>Delmar</u>	3 <u>SUMERLIN</u>	4 <u>September 6, 1991</u>	5 <u>Lincoln</u>	6 <u>Lincoln</u>	
DECEDENT	CITY TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if for other, give street and number)			If Hosp. or Inst. indicate DCA, OP, ER, or Em. Inpatient (Specify)		SEX		
	<u>Caliente</u>		<u>Grover C. Dills Medical Center</u>			<u>ER 2</u>		<u>Male</u>		
DEATH OCCURRED IN STRUCTURE SEE INSTRUCTIONS REGARDING COMPLETION OF RECORDING ITEMS	RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify Yes or No if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR		DATE OF BIRTH (Mo., Day, Yr.)	
	<u>White</u>		<u>No</u>		<u>76</u>		<u>76</u>		<u>11-28-1914</u>	
PARENTS	STATE OF BIRTH—18 (not U.S.A.—Name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (if wife, give maiden name)	
	<u>Washington</u>		<u>USA</u>		<u>14</u>		<u>Married</u>		<u>Virginia Lane</u>	
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY					
			<u>Design Engineer</u>		<u>Electronics</u>					
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
	<u>Nevada</u>		<u>Lincoln</u>		<u>Pioche</u>		<u>PO Box 157</u>		<u>Yes</u>	
CONDITIONS IF ANY WHICH GAVE RISE TO MIMED DATE CAUSE STATING THE UNDERLYING CAUSE LAST	FATHER—NAME		MOTHER—MAIDEN NAME		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	<u>George</u>		<u>Mabel</u>		<u>Virginia Sumerlin</u>		<u>PO Box 157 Pioche, Nevada 89043</u>			
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION					
	<u>Cremation</u>		<u>Paradise Valley</u>		<u>Las Vegas, Nevada</u>					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY					
	<u>[Signature]</u>		<u>15</u>		<u>PO Box 236 Caliente, Nevada 89008</u>					
ACC. SOURCE (HOSP. UNDET. (Specify)) INVEST.	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
	<u>9/9/91</u>		<u>1448</u>		<u>[Signature]</u>		<u>[Signature]</u>			
PLACE OF INJURY	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d ON		22e AT					
	<u>P.O. Box 472, PANACA, NV 89042</u>		<u>3849</u>							
DATE RECEIVED BY REGISTRAR	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
	<u>[Signature]</u>		<u>September 9, 1991</u>		<u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>					
IMMEDIATE CAUSE	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART		INTERNAL BETWEEN ORGANS AND DEATH					
	<u>Cardio-pulmonary arrest</u>		<u>(a)</u>		<u>Minutes</u>					
OTHER SIGNIFICANT CONDITIONS	DUE TO OR AS A CONSEQUENCE OF		PART		INTERNAL BETWEEN ORGANS AND DEATH					
	<u>acute myocardial infarct</u>		<u>(b)</u>		<u>hours</u>					
OTHER SIGNIFICANT CONDITIONS	DUE TO OR AS A CONSEQUENCE OF		PART		INTERNAL BETWEEN ORGANS AND DEATH					
	<u>Atherosclerotic Vascular disease</u>		<u>(c)</u>		<u>years</u>					
AUTOPSY	26. <u>No</u>		27. <u>No</u>		28a					
DATE OF INJURY	28a		28b		28c					
PLACE OF INJURY	28d		28e		28f					



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

Date Issued: NOV 22 1991

No. 027853
 By [Signature]
 Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT