

Affidavit—Death of Joint Tenant

8 6889 BY (2-86)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln

Lee Wallace Morgan, of legal age, being first duly sworn, deposes and says that Judith T. Morgan the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Judith T. Morgan named as one of the parties in that certain Quitclaim Deed dated February 18, 1991 executed by Lee Wallace Morgan and Judith T. Morgan to Lee Wallace Morgan and Judith T. Morgan as joint tenants, recorded as Instrument No. 098319, on April 17, 1992, in book 100, page 663, of Official Records of Lincoln County, Nevada, covering the following described property situated in the Lincoln County County, Nevada, County of Lincoln, State of Nevada:

Lots 6 AND 7 of Block 50 AS said Lots AND Block ARE delineated on the Official Plat of the Northeast Addition of said town now on file AND of record in the office of the county Recorder of said Lincoln County, Nevada, and to which said Plat reference is hereby made for particular description

APN 01-045-06
 " 01-045-07

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 \$ 1.00

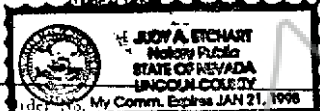
Dated April 22, 1994

Lee Wallace Morgan

SUBSCRIBED AND SWORN TO before me

this 22nd day of April 1994

Signature Judy A. Etchart
Judy A. Etchart



(This area for official notarial seal)

Title Quitclaim Deed, My Comm. Expires JAN 21, 1998

Escrow or Loan No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

101748

RECORDED BY

Lee Wallace Morgan

April 22, 1994

1. 20. 3

P. 109

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STATE OF NEVADA

Yuriko Setzer

By Judith Boucher

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Lincoln County

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		Judith T. MORGAN		August 20, 1993		Clark	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		If Hosp. or Inst. indicate OPAL OFFICER (M.D., Registrar) (Specify)		SEX	
Las Vegas		University Medical Center		Inpatient		Female	
RACE—in p. White, Black, American Indian, etc. (Specify)		First Ancestor of Hispanic Origin? Specify (D yes, N no) If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years) Months Days		DATE OF BIRTH (Mo., Day, Yr.)	
White		N		47		August 19, 1946	
STATE OF BIRTH (if not U.S.A., name country)		COUNTRY OF BIRTH		EDUCATION—Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
Ohio		U.S.A.		12		Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired)		SURNAMING SPOUSE (if wife, give maiden name)			
		Salesperson/Retired		Lee W. Morgan			
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER (Specify P.O. or Apt.)		INSIDE CITY LIMITS (Specify Yes or No)	
Nevada		Clark		Las Vegas 2295 Lincoln Road		No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
John E. Kozak		Veronica J. Wilkohlak					
INFORMANT—NAME (Type or Print)		MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
Lee Morgan -Husband		2295 Lincoln Road Las Vegas Nevada 89115					
BURIAL, CREMATION, REBURYAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
Cremation		Palm Crematory		Las Vegas Nevada			
FURNERAL DIRECTOR / SIGNATURE (Of Person, Copy or Print)		FURNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
[Signature]		43		Western Pacific Cremation Society 1330 North Main Street Las Vegas Nevada 89101			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
8/27/93		6:20 P.M.					
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print)		PREPARED BY (Name)		PREPARED BY (Name)		PREPARED BY (Name)	
Marianne Gregorian, M.D. 1800 West Charleston Boulevard Las Vegas Nevada 89102		[Signature]		[Signature]		[Signature]	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
[Signature]		AUG 30 1993		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death					
(a) Enalapril, lower potassium - congestive heart failure		Interval between onset and death					
(b) T.T.C.H. abn.		Interval between onset and death		26495. A.J. Dell No.			
(c) 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)			
		No		No			
ACC. SUICIDE FROM UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—If home, farm, school, factory, office, business, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

No.055718

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

[Signature]

Date Issued: AUG 30 1993

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

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