

AFFIDAVIT _ DEATH OF JOINT TENANT

STATE OF NEVADA)
)SS.
COUNTY OF LINCOLN)

Ruth L. Belingheri, first being duly sworn, deposes and says:

1. That she is the surviving spouse of Dominick Belingheri, Jr., who died on September 13, 1995 at St. George Utah.
2. That at the time of death of decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All of lots numbered 6, 7, 8, 9, and 10 in Block 14 as shown on the Pioche Mines Consolidated Supplement Addition, Supplement B to the town of Pioche, Nevada, which said plat is of record in the office of the County recorder of said Lincoln County, Nevada, and to which plat and the records thereof reference is here by made for further particular description.

Together with any and all buildings and improvements situate thereon and the contents therein.

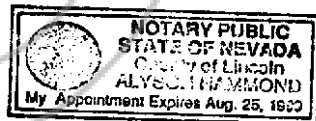
3. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above described property as her sole and separate property pursuant to Nevada Revised Statutes 40.470(5).

Dated: *January 2, 1996*

Ruth L. Belingheri
Ruth L. Belingheri
Affiant

SUBSCRIBED AND SWORN TO before me, a Notary Public this 2nd day of January A.D. 1996

Alyson Hammond
Notary Public



104430

FILED AND RECORDED AT REQUEST OF
Ruth Belingheri
Jan. 2, 1996
OF 1 MINUTES PAST 10 O'CLOCK
P. M. IN BOOK 116 OF OFFICIAL
RECORDS, PAGE 480 LINCOLN
COUNTY, NEVADA.

Yvonne Selzer
COUNTY RECORDER

Exhibit A

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-419 STATE FILE NUMBER

1. NAME OF DECEDENT: **DOMINICK MIDDLE LAST** Bellingheri, Jr. 2. SEX: Male 3. DATE OF BIRTH (Mo., Day, Yr.): September 15, 1925 4. TIME OF DEATH (Mo., Day, Yr.): 955

5. DATE OF DEATH (Mo., Day, Yr.): June 27, 1995 6. AGE (Year, Month, Day): 77 7. PLACE OF BIRTH (City, State, Country): Bingham, Utah 8. SOCIAL SECURITY NUMBER: [REDACTED]

9. PLACE OF DEATH (Check only one):
 Residential Other: Dixie Regional Medical Center
 Hospice Nursing Home Prison Other

10. CITY, TOWN OR LOCATION OF DEATH: St. George 11. COUNTY OF DEATH: Washington 12. SURVIVING SPOUSE (or wife, give maiden name): Ruth L. Bracken

13. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No 14. MARITAL STATUS: Never Married Married Widowed Divorced 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT list retired): Recorder/Auditor 16. KIND OF BUSINESS OR INDUSTRY: County Government

17. RESIDENCE: STREET AND NUMBER: P.O. Box 539 18. CITY, TOWN OR COMMUNITY: Pioche 19. COUNTY: Lincoln 20. STATE: Nevada

21. MARRIAGE CITY: Las Vegas 22. WAS DECEDENT OF HISPANIC ORIGIN? Yes No 23. RACE: White 24. EDUCATION (Specify only highest grade completed. Elementary or Secondary (9-12); College (13-16 or 17+): 14

25. FATHER'S NAME (Last, First, Middle, Last): Dominick Bellingheri 26. MOTHER'S NAME (Last, First, Middle, Last): Minnie Massatto

27. NAME, RELATIONSHIP AND ADDRESS OF WITNESS: Ruth L. Bellingheri (spouse) P.O. Box 539 Pioche, Nevada 89043

28. METHOD OF DISPOSITION: Entombment Cremation Other 29. DATE OF DISPOSITION: Sept. 16, 1995 30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Pioche Cemetery 31. LOCATION - City or Town, State: Pioche, Nevada

32. SIGNATURE OF FUNERAL SERVICE LICENSEE: [Signature] 33. LICENSE NUMBER: 110462 34. FUNERAL HOME (Name, address and home number): Spilsbury-Desert Rose Mortuary 102834 58 North 100 East St. George, Utah 84770

35. DATE DECEDENT WAS ATTENDED BY CERTIFYING PHYSICIAN: 9-13-95 36. If not certified by medical examiner, was death reported to M.E.? Yes No 37. If yes, enter the date and hour reported: M.E. Case No.:

38. CERTIFYING PHYSICIAN: Certifying Physician Medical Examiner (Law Enforcement Official)
 To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
 On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.

39. SIGNATURE AND TITLE OF PHYSICIAN: [Signature] 40. LICENSE NUMBER: 165327 41. DATE SIGNED (Mo., Day, Yr.): 9-14-95

42. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (If physician): Dr. Keat: B. McDonald, M.D. 575 South 300 East St. George, Utah 84770

43. REGISTRAR'S SIGNATURE: [Signature] 44. DATE FILED (Month, Day, Year): SEP 18 1995

45. PART I: ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE.
 IMMEDIATE CAUSE (Final disease or condition resulting in death): Invasive Pulmonary Aspergillosis 2 weeks
 Sequence(s) of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated process resulting in death) LAST: Wegener's Granulomatosis 5 years

46. PART II: Other Significant Conditions Contributing to Death but not resulting in the underlying cause(s) listed in Part I: Pulmonary Fibrosis, Pneumo-Thorax, Renal Failure

47. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: Probably contributed to the cause of death Was the underlying cause of death Did not contribute to the cause of death Is unknown in relation to the cause of death NON-USER

48. HAD AN AUTOPSY PERFORMED? Yes No 49. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

50. MANNER OF DEATH: Natural Accidental Suicide Homicide Undetermined Pending Investigation

51. DATE OF INJURY (Month, Day, Year): 52. TIME OF INJURY (24 Hour Clock): 53. INJURY AT WORK? Yes No 54. PLACE OF INJURY (Home, farm, street, factory, shop, building, etc. (Specify):

55. LOCATION (Street or rural route number, city or town, county and state): 56. I motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

57. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: SEP 21 1995
County: Washington
Registrar: [Signature]
John E. Brockert
DIRECTOR OF VITAL STATISTICS
By [Signature]

LL 362838

