

Affidavit-Death of Joint Tenant

A-1

9 2032 NV 12-021

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln } ss.

FERNE I. CARTER

That RAYMOND BRYAN CARTER, 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 RAYMOND B. CARTER named as one of the parties in that certain DEED dated OCTOBER 4, 1985 executed by KERR-MCGEE CORPORATION, a Delaware Corporation, to RAYMOND B. CARTER AND FERNE I. CARTER, husband and wife as joint tenants, recorded as Instrument No. 84500 on January 21, 1986 in book 69 page 408, of Official Records of LINCOLN County, Nevada, covering the following described property situated in the _____ County of _____ State of Nevada:

BEGINNING at the Northwest corner of the Southwest Quarter (SW $\frac{1}{4}$) of the Southwest Quarter (SW $\frac{1}{4}$) of Section 5, Township 2 South, Range 68 East, M.D.B. & M., and running thence East 447 feet, more or less, to the East right-of-way line of U. S. Highway 93, which point is the TRUE POINT OF BEGINNING; thence running due East a distance of 133.10 feet; thence South 2°30' West a distance of 166.37 feet; thence North 87°30' West a distance of 133 feet to the East right-of-way line of said U. S. Highway 93; running thence North 2°30' East along said right-of-way line a distance of 161.15 feet to the TRUE POINT OF BEGINNING.

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 February 23, 1996

Ferne I. Carter

SUBSCRIBED AND SWORN TO before me

Ferne I. Carter

this 26 day of February 1996

Signature Frank L. Apodaca
Name (Typed or Printed)



FRANK L. APODACA
Notary Public - Nevada
Lincoln County
My appt. exp. Apr. 27, 1998

(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

104834

Ferne Carter

February 26, 1996

55 MINUTES

P 117

422

STATE OF NEVADA

Yuriko Setzer

By Judith Boncher, deputy

BOOK **117** PAGE **422**

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

007969

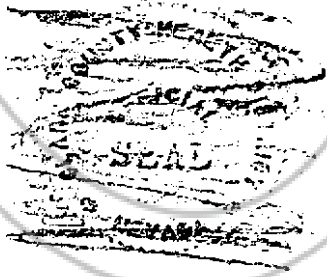
| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| LOCAL FILE NUMBER 007969 | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last Raymond Bryan CARTER | | DATE OF DEATH (Month, Day, Year) 2 December 10, 1995 | COUNTY OF DEATH Clark |
| CITY, TOWN, OR LOCATION OF DEATH Las Vegas | | HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Desert Springs Hospital | Place of Death (Specify) Inpatient |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) Caucasian | | Sex Male | DATE OF BIRTH (Mo., Day, Yr.) May 3, 1923 |
| STATE OF BIRTH (If not U.S.A., name country) Utah | | CITIZENSHIP USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married |
| SOCIAL SECURITY NUMBER [REDACTED] | | USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Operating Engineer | KIND OF BUSINESS OR INDUSTRY Heavy Equipment |
| RESIDENCE—STATE Nevada | | CITY, TOWN, OR LOCATION Lincoln Panaca | STREET AND NUMBER 300 North Hwy 93 |
| FATHER—NAME First Middle Last Bryan Carter | | MOTHER—Maiden Name First Middle Last Ferne I Sorensen | INVESTIGATION (Specify Yes or No) Yes |
| INFORMANT—NAME (Type or Print) Ferne I. Carter | | MAILING ADDRESS (Street or P.O. No., City or Town, State, Zip) Box 226, Panaca, Nevada 89042 | |
| BURNAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | CEMETERY OR CREMATORY—NAME Desert Crematory | |
| FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Agent) <i>[Signature]</i> | | FUNERAL DIRECTOR LICENSE NUMBER 64 | |
| DATE SIGNED (Mo., Day, Yr.) 12/11/95 | | NAME AND ADDRESS OF FACILITY Desert Memorial 1111 Las Vegas Blvd N., Las Vegas, Nevada 89101 | |
| HOUR OF DEATH 0512 | | DATE SIGNED (Mo., Day, Yr.) 12/11/95 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Maurice Pockey, 1090 E Desert Inn STE 200, LV, NV 89109 | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 12 1995 | |
| IMMEDIATE CAUSE POSSIBLE MASSIVE PULMONARY EMBOLUS - POST OPERATIVE | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| DUE TO, OR AS A CONSEQUENCE OF: ESOPHAGECTOMY/RECONSTRUCTION | | INTERVAL BETWEEN ONSET AND DEATH ? 6 mos. | |
| DUE TO, OR AS A CONSEQUENCE OF: CARCINOMA OF ESOPHAGUS | | OTHER IMPORTANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | |
| ADJ. BURIAL, HON. URN, OR FURNING INVEST. (Specify Yes or No) No | | DATE OF BURIAL (Mo., Day, Yr.) | |
| HOUR OF BURIAL | | DESCRIBE HOW INJURY OCCURRED | |
| INJURY AT WORK (Specify Yes or No) No | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | |
| LOCATION | | STREET OR R.F.D. No. | |
| CITY OR TOWN | | STATE | |

STATE REGISTRAR

No. 88040

"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



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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: DEC 26 1995

BOOK 117 PAGE 423

BOOK 117 PAGE 421