

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED TO:

NAME ROBIN JOHNSON ECCLES  
STREET ADDRESS 7545 ORCHARD ST.  
CITY, STATE & ZIP CODE RIVERSIDE, CA 92504

TITLE ORDER NO. \_\_\_\_\_ ESCROW NO. \_\_\_\_\_

**105516**

RECORDED AT REQUEST OF

Robin Eccles

July 29, 1996

01 MINUTES

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RECORDS, PAGE 01

COUNTY, NEVADA

Yuriko Setzer

Susan Boucher, deputy

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

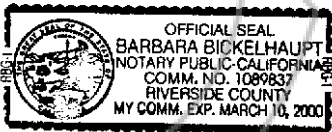
STATE OF NEVADA  
COUNTY OF LINCOLN

That ROBIN J. ECCLES, of legal age, being first duly sworn, deposes and says:  
That ROBERT A. JOHNSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT A. JOHNSON named as one of the parties in that certain JOINT TENANCY GRANT dated April 1, 1996, executed by GARY D. FAIRMAN, ATTORNEY AT LAW FOR ROBERT A. JOHNSON to ROBIN ECCLES as joint tenants, recorded as Instrument No. 102100 on APRIL 1, 1996 in Book PLATA, Page 421, of the Official Records in the Office of the County Recorder of LINCOLN County, State of NA, concerning the following described real property situated in the City of PLOCHE, County of LINCOLN, State of NEVADA:

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 100,000.  
Dated July 19, 1996.

Robin J. Eccles  
(SIGNATURE OF JOINT TENANT)  
ROBIN JOHNSON ECCLES  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

\_\_\_\_\_  
(SIGNATURE OF JOINT TENANT)  
\_\_\_\_\_  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)



(SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 19 day of July, 1996.  
Barbara Bickelhaupt  
(SIGNATURE OF NOTARY)

MAIL TAX STATEMENT TO: ROBIN JOHNSON ECCLES 7545 ORCHARD ST. RIVERSIDE CA 92504

WOLCOTT'S FORM 300 - Rev. 8-94  
AFFIDAVIT - DEATH OF JOINT TENANT  
(price class 3A)  
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STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-252 STATE FILE NUMBER

1. NAME OF DECEDENT: FIRST Robert MIDDLE Alfred LAST Johnson 2. SEX Male 3. DATE OF DEATH (Mo., Day, Yr.) May 27, 1996 12b. TIME OF DEATH (24-Hour Clock) 1740

4. DATE OF BIRTH (Mo., Day, Yr.) May 17, 1918 5. AGE (Class Interval) 78 6. UNDER 1 YEAR: Months 78 7. UNDER 24 HOURS: Hours 78 8. BIRTHPLACE (City & State or Foreign Country) Baltimore, Maryland 9. SOCIAL SECURITY NUMBER

10. PLACE OF DEATH (Check one):  Hospital  2. Infirmary  3. DCA  4. Nursing Home  5. Residence  6. Other Red Cliffs Regional Rehabilitation & Convalescent Center

11. CITY, TOWN OR LOCATION OF DEATH St. George 12. COUNTY OF DEATH Washington 13. SURVIVING SPOUSE (if wife give maiden name)

14. MARITAL STATUS:  1. Never Married  2. Married  3. Widowed  4. Divorced 15. DECEDENT'S USUAL OCCUPATION (Give title of each class during most of working life. Do NOT use "retired") Assistant Supervisor Parole 16. KIND OF BUSINESS OR INDUSTRY State Government

17a. RESIDENCE - STREET AND NUMBER 1745 East 280 North 17b. CITY, TOWN OR COMMUNITY St. George 17c. COUNTY Washington 17d. STATE Utah

18. ZIP CODE 84770 19. WAS DECEDENT OF HISPANIC ORIGIN?  1. Yes  2. No 20. RACE:  1. Mexican  2. Cuban  3. Puerto Rican  4. Other (Specify) White 21. EDUCATION (Specify any highest grade completed - Elementary or Secondary (10-12) College 11-16 or 17+ ) 16

22. FATHER'S NAME (First, Middle, Last) Alfred Johnson 23. MOTHER'S NAME (First, Middle, Last) Ida Norwood

24. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Robin A. Johnson (Daughter) 7545 Orchard Street Riverside, California 92504

25. METHOD OF DISPOSITION:  1. Entombment  2. Cremation  3. Other May 28, 1996 26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Riverside Natl Cemetery Riverside, California 27. LOCATION (City or Town, State)

28. SIGNATURE OF FUNERAL SERVICE LICENSEE Edward A. Spilbury 29. LICENSEE NUMBER 112551 30. FUNERAL HOME (Name, address and license number) Spilbury - Desert Rose Mortuary 102834 St. George, Utah 84770

31. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 5/17/96 32. HOURS 5:00 33. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 5/17/96 34. HOURS 5:00 35. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 5/17/96 36. HOURS 5:00

37. CERTIFYING PHYSICIAN:  1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.  2. MEDICAL EXAMINER - LAW ENFORCEMENT OFFICIAL 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.

38. SIGNATURE AND TITLE OF CERTIFIER Dr. Philip C. McMahon M.D. 39. LICENSE NUMBER 169880 40. DATE SIGNED (Mo., Day, Yr.) 6/3/96

41. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type Print) Dr. Philip C. McMahon M.D. 544 South 400 East St. George Utah 84770

42. REGISTRAR'S SIGNATURE Ray L. Edwards 43. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) May 27, 1996 44. DATE FILED (Mo., Day, Yr.) JUN 04 1996

45. PART 1: ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY FAILURE, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. COLON CANCER 46. DUE TO (OR AS A CONSEQUENCE OF) 2 YEARS

47. PART 2: Other Special Cause: Conditions contributing to death but not resulting in the underlying cause given in Part 1.

48. IN YOUR (PARENT'S) TOBACCO USE BY THE DECEDENT:  1. Probably contributed to the cause of death  2. Was the underlying cause of death  3. Did not contribute to the cause of death  4. Unknown in relation to the cause of death

49. WAS AN AUTOPSY PERFORMED PRIOR TO COMPLETION OF CAUSE OF DEATH?  1. Yes  2. No

50. WERE ANY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1. Yes  2. No

51. MANNER OF DEATH:  1. Natural  2. Accident  3. Suicide  4. Homicide  5. Undetermined if proved  6. Pending investigation

52. DATE OF INJURY (Mo., Day, Yr.) 53. TIME OF INJURY (24 Hour Clock) 54. INJURY AT WORK?  1. Yes  2. No 55. PLACE OF INJURY: At home, farm, street, factory, office, outdoors, etc. (Specify)

56. LOCATION (Street or rural route number, city or town, county and state) 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: JUN 04 1996  
County Washington  
Registrar Ray L. Edwards  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS

SL 710677

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