

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO
Connie J. Wright
Hiko, NV. 89017

Order No. _____
Escrow No. 426276
Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF _____
County of _____ } ss.

CONNIE J. WRIGHT, of legal age, being first duly sworn, deposes and says:
That JOHN KAY WRIGHT, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as KAY WRIGHT
named as one of the parties in that certain Joint Tenancy Deed dated March 1, 1993
executed by LOIS POTTER
to KAY WRIGHT AND CONNIE J. WRIGHT, husband and wife
as joint tenants, recorded as Instrument No. 100032 on _____ in
Book 105, Page 122 of Official Records of LINCOLN County,
covering the following described property situated in the County of LINCOLN, State of NEVADA
SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF

Dated: November 18, 1996

Connie J. Wright
CONNIE J. WRIGHT

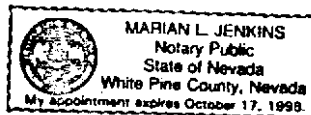
SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,

this 3rd day of December, 1996

WITNESS my hand and official seal.

Signature: Marian L. Jenkins

MARIAN L. JENKINS
Name (Typed or Printed)



BOOK 123 PAGE 14

(This area for official notarial seal)

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

94 003625

TYPE OR PRINT OR PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
			John Kay WRIGHT		April 8, 1994	94 003625
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		IF HUSBAND OR WIFE, INDICATE ODA, OP-EMER (See Instructions) (Specify)	SEX
	Hiko		State Route 318 LN 1.9		7	Male
RACE—Indicate if other than White	RACE—Indicate if other than White		Who Decedent of Hispanic Origin? (Specify)		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
	White				70	5-4-1923
200% DECLARATION BY NEXT OF KIN REQUIRED TO REGISTER THIS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education (Specify highest grade completed)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	Nevada		U.S.A.		12	Married
FATHER—NAME First Middle Last	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during year of 1993)		SURVIVING SPOUSE of wife (give maiden name)	
			Rancher		Connie Christensen	
PARENTS	RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER	RESIDE CITY LIMITS (Specify Yes or No)
	Nevada		Lincoln	Hiko	SR 318 LN 1.9	Yes
DISPOSITION	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)	
	John Peter Wright		Eloise Favorite Schofield		Connie J. Wright	
CERTIFIER	BURNING, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION—City or Town	
	Burial		Schofield Family Cemetery		Hiko, Nevada	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE OF Person Acting as Guide		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
	<i>[Signature]</i>		15		P.O. Box 236 Caliente, Nevada 89008 07	
CONDITIONS THAT WHICH SAVE THIS TO BE REGISTERED	21a (Signature and Title)		21b (Signature and Title)		21c (Signature and Title)	
	<i>[Signature]</i>		<i>[Signature]</i>		<i>[Signature]</i>	
21c	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
	4-10-94				4-10-94	
21d	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
	Doug Lamoreaux		4-10-94		0001	
21e	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER		21f	
	Doug Lamoreaux PO Box 390 Alamo, Nevada 89001		270			
22a	REGISTRAR (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	<i>[Signature]</i>		4-11-94		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER PART 1 OR 2)		PART 1		PART 2	
	Cardio-pulmonary Arrest		Minutes		Lymphatic Cancer	
24	DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
			1 Year			
25	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1		AUTOPSY (Specify Yes or No)		WAS CAUSE REFERRED TO CORONER (Specify Yes or No)	
			No		Yes	
26	ACC. BURIAL, HOW UNDER OR PENDING INVEST (Specify)		DATE OF BURIAL (Mo., Day, Yr.)		HOUR OF BURIAL	
27	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, work, school, other (Specify)		LOCATION	
					STREET OR R.F.D. No. CITY OR TOWN STATE	

No. 064165
 1st Cert. #23-000506

This is to certify that the above is a true and correct copy By: *[Signature]*
 of the certificate on file in this office.
 Date issued: FEB 14 1996
 Deputy Registrar

DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Lincoln, State of Nevada, described as follows:

PARCEL I:

All of the $W\frac{1}{2}SW\frac{1}{4}$ of Section 14, Township 4 South, Range 60 East, MDB&M, which lies on the West side of the State Highway.

EXCEPTING THEREFROM, the following property, being more particularly described as follows:

A parcel of land 220 feet, more or less, wide, North and South and 300 feet, more or less, East and West, being the garden and graveyard situate on the West side of the Nevada State Highway (Hiko Valley Highway), and being in the $NW\frac{1}{2}SW\frac{1}{4}$ of said Section 14.

ALSO EXCEPTING THEREFROM, all those parcels lying Southerly of the following described line:

Beginning at a point from which the Southwest corner of Section 14, Township 4 South, Range 60 East, MDB&M, bears due South a distance of 843.55 feet;

thence North $83^{\circ}40'$ East, for a distance of 1007.68 feet to a point on the West right of way line on Nevada State Highway.

PARCEL II:

A parcel of land situate in the $S\frac{1}{2}NW\frac{1}{4}$ of Section 23, Township 4 South, Range 60 East, MDB&M, and described as follows:

Beginning at the Northeast corner of the $S\frac{1}{2}NW\frac{1}{4}$ of said Section 23 and running thence South a distance of 459 feet;

thence running West a distance 2640 feet more or less to the West line of said Section 23;

thence running North a distance of 459 feet;

thence running East a distance of 2640 feet more or less to the place of beginning.

NO. **106622**
Filed And Recorded At Request Of
First American Title
December 17, 1996
At 13 Minutes Past 10 O'Clock
AM In Book 123 Of Official Records
Page 14 Lincoln County Nevada.

Yuriko Setzer 426276WP
County Recorder

By Leshie Boucher, deputy