

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss.
County of Lincoln)

Lillian B. Kelley, first being duly sworn, deposes and says:

1. That she is the surviving spouse of Jewel C. Kelley who died on November 12, 1994, at Las Vegas, Nevada.
2. That at the time of death of the decedent, affiant and decedent owned property in joint tenancy as follow:

APN 1-831-09 Roll - 01898 All of Lot no. 15, in Block No. 43, as delineated on Supplement "A" to the Official Plat of said Town, now on file in the office of the County Recorder of said County, to which plat reference is hereby made for further particulars, together with all improvements on said Lot and the contents thereof.

Also, beginning at a point which is the Northwest Corner of this parcel, from which the North One-quarter Corner of said Section 22 bears N 89° 53' 32" W a distance of 215.22 feet more or less; thence S 89° 53' 32" E a distance of 119.97 feet more or less, to the Northeast Corner; thence S 34° 00' 36" W a distance of 48.19 feet more or less to the Southeast Corner; thence N 89° 53' 32" W a distance of 119.97 feet more or less, to the Southwest Corner; thence N 34° 00' 36" E a distance of 48.19 feet more or less, to the point of beginning. Said parcel contains .11 acres, more or less.

APN 1-095-02 Roll - 01891 All of Lots Eleven (11), Twelve (12), Thirteen (13) and the North two (2) feet of Lot Fourteen (14) in Block Twenty-Five (25) as shown on the Official Plat of the Town of Pioche on file in the office of the County Recorder of Lincoln County at Pioche, Nevada. Said plot of ground being approximately 81 feet fronting on Meadow Valley Street and approximately 100 feet deep.

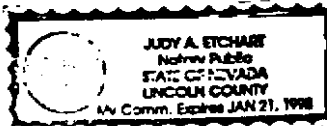
Also all improvements situated on the above described land consisting of a stone house and any additions thereto and all of the furniture and fixtures contained therein.

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 Statues 40.470 (5).

Lillian B. Kelley
Affiant Lillian B. Kelley

Subscribed and sworn to before me
this 21st day of January, 1997

Judy A. Etchart



NO. **107960**
Filed And Recorded At Request Of
Lillian Kelley
January 21, 1997
At 10 Minutes Past 11 O'Clock
AM In Book 125 Of Official Records
Page 310 Lincoln County Nevada.

Yuriko Setzer
County Recorder
by Lillian Boucher, deputy

Lincoln County

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

007038

TYPE OR FRONT OF PRESENTMENT SLACK HOLE	DECEASED—NAME First Middle Last	Jewel C. KELLEY	DATE OF DEATH (Month, Day, Year)	November 12, 1994	COUNTY OF DEATH	Clark
OCCIDENT	CITY, TOWN, OR LOCATION OF DEATH	Las Vegas	HOSPITAL OR OTHER INSTITUTION—Name if not other, give street and number	2712 Bayo Court	SEX Male	
	RACE—All, White, Black, American Indian, Neg. (Specify)	White	Year Occurred of Hispanic Origin? Specify if not other, give street and number		AGE—Last Birthday (Month, Day, Year)	
IF BORN OUTSIDE U.S. OR IF BORN IN U.S. OF PARENTS BORN OUTSIDE U.S.	STATE OF BIRTH (If not U.S.A., name country)	Texas	CITIZENSHIP (Specify if not U.S.A.)	U.S.A.	EDUCATION—Specify highest grade completed	12
	SOCIAL SECURITY NUMBER		CITIZENSHIP (Specify if not U.S.A.)	U.S.A.	MARRIAGE—NEVER MARRIED, MARRIED, SEPARATED, DIVORCED, WIDOWED	Married
PARENTS	RESIDENCE—STATE	Nevada	CITY, TOWN, OR LOCATION	Lincoln	STREET AND NUMBER	17 Silver St., Pioche
	FATHER—Name First Middle Last	Patrick Kelley	MOTHER—Name First Middle Last	Lillian Kelley	RESIDENCE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Creation	CEREMONY OR CREMATION—Name	NV Cremation or Burial Soc.	LOCATION	Las Vegas, Nevada
	Funeral Home (Name, Address, Phone)		Funeral Home (Name, Address, Phone)		Funeral Home (Name, Address, Phone)	
CERTIFIER	DATE OF DEATH (Month, Day, Year)	11/14/94	TIME OF DEATH	8:10 AM	DATE RECEIVED BY REGISTRAR (Month, Day, Year)	NOV 16 1994
	NAME AND ADDRESS OF PHYSICIAN (If other than certifier, type or print)	Steven Miller, M.D., 2020 Goldring #206, Las Vegas, NV 89106	DATE RECEIVED BY REGISTRAR (Month, Day, Year)	NOV 16 1994	DEATH DUE TO COMMUNICABLE DISEASE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CAUSE OF DEATH	IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (1) (2) (3))	respiratory arrest	INTERVAL BETWEEN GREAT AND DEATH			
	OTHER SPECIFIC CONDITIONS—(Specify contributing to death but not resulting in the underlying cause given in Part I)	Silicosis	INTERVAL BETWEEN GREAT AND DEATH			
CALUSE OF DEATH	OTHER SPECIFIC CONDITIONS—(Specify contributing to death but not resulting in the underlying cause given in Part I)	Pulmonary hypertension	INTERVAL BETWEEN GREAT AND DEATH			
	ACC., SUICIDE, HON. URGEY., OR PENDING INVEST. (Specify)		DATE OF INJURY (Month, Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
CALUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(In home, farm, street, factory, office, building, etc. (Specify))	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(In home, farm, street, factory, office, building, etc. (Specify))	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

No. 81129

"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 records 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

By: 

Date Issued: NOV 17 1994

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

BOOK 125 PAGE 312