

WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO

Order No. 426717EY  
Escrow No. 426717EY  
Loan No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA  
County of LINCOLN } ss.

ROBIN JOHNSON, WHO ACQUIRED TITLE AS/ ROBIN ECCLES  
That ROBERT ALFRED JOHNSON, 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 ROBERT A. JOHNSON  
named as one of the parties in that certain JOINT TENANCY DEED dated APRIL 1, 1996  
executed by ROBERT A. JOHNSON

to ROBERT A. JOHNSON AND ROBIN ECCLES, FATHER AND DAUGHTER, AS JOINT TENANTS WITH FULL  
RIGHTS OF SURVIVORSHIP  
as joint tenants, recorded as Instrument No. 105024 on APRIL 1, 1996 in  
Book 118 Page 133 of Official Records of LINCOLN County,  
covering the following described property situated in the County of LINCOLN, State of

PARCEL NO. 31 AS SHOWN ON THAT PARCEL MAP OF THE E 1/2 OF THE NW 1/4 OF THE SE 1/4  
OF THE SW 1/4 OF SECTION 15, TOWNSHIP 1N, RANGE 67 EAST, M.D.B.&M. AS RECORDED IN THE  
OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, STATE OF NEVADA, AS DOCUMENT NO. 102100,  
IN BOOK FLAT A, PAGE 421.

APN 01-191-65

Dated: 2-14-97

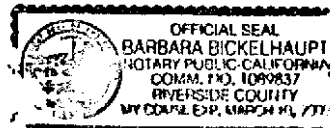
Robert Johnson  
ROBIN JOHNSON

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

this 14 day of Feb 1997  
WITNESS my hand and official seal.

Signature Barbara Bickelhaupf

BARBARA BICKELHAUPT  
Name (Typed or Printed)



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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

NAME OF DECEDENT FIRST Robert MIDDLE Alfred LAST Johnson SEX Male AGE DATE OF BIRTH (MM/DD/YY) May 17, 1918 TIME OF DEATH (MM/DD/YY) 1740

DATE OF BIRTH (MM/DD/YY) May 17, 1918 AGE 78 UNDER 1 YEAR  1-5 YEARS  5-10 YEARS  10-15 YEARS  15-20 YEARS  20-25 YEARS  25-30 YEARS  30-35 YEARS  35-40 YEARS  40-45 YEARS  45-50 YEARS  50-55 YEARS  55-60 YEARS  60-65 YEARS  65-70 YEARS  70-75 YEARS  75-80 YEARS  80-85 YEARS  85-90 YEARS  90-95 YEARS  95-100 YEARS  100+ YEARS

PLACE OF BIRTH (City & State or Foreign Country) Baltimore, Maryland SOCIAL SECURITY NUMBER

NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If other than home and street address of decedent) Red Cliffs Regional Rehabilitation & Convalescent Center

RESIDENTIAL:  Hospital  Convalescent  Other  Home  Nursing Home  Prison  Other

CITY, TOWN OR LOCATION OF DEATH St. George COUNTY OF DEATH Washington SURVIVING SPOUSE (If other than mother)

DECEDENT'S MARITAL STATUS:  Never Married  Married  Widowed  Divorced

DECEDENT'S USUAL OCCUPATION (Give time of day when working, unless otherwise stated) Assistant Supervisor Parole KIND OF BUSINESS OR INDUSTRY State Government

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

ZIP CODE 84770 RACE White EDUCATION (Specify highest grade completed, University or Secondary) 16

FATHER'S NAME (Full Name, Last) Alfred Johnson MOTHER'S NAME (Full Name, Last) Ida Norwood

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

METHOD OF DISPOSITION:  Burial  Cremation  Other

DATE OF DISPOSITION May 28, 1996 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Riverside Natl Cemetery Riverside, California LOCATION - City or State

EXHIBIT OF FUNERAL SERVICE LICENSES: Richard A Spillbury 112551 Spillbury - Desert Rose Mortuary 102834 58 N. 100 E. St. George, Utah 84770

DATE DECEASED WAS LAST INTERNED BY (Physician) 5/17/96 (If not certified by physician, was death reported to M.D.?)  Yes  No

CERTIFIER:  LEADING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the causes and manner as stated.  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 causes and manner as stated.

SIGNATURE AND TITLE OF CERTIFIER Dr. Philip C. McMahon M.D. LICENSE NUMBER 169880 DATE EXPIRES (MM/DD/YY) 6/3/96

NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (If other than certifier) Dr. Philip C. McMahon M.D. 544 South 400 East St. George, Utah 84770

REGISTRAR'S SIGNATURE [Signature] DATE REGISTRATION NOT FILED OF DEATH (MM/DD/YY) May 27, 1996 DATE FILED (MM/DD/YY) MAY 04 1996

PART I - ENTER THE REASONS, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY FAILURE, SHOCK, OR HEART FAILURE, UNLESS ONLY ONE CAUSE OF DEATH.

IMMEDIATE CAUSE (and mode of death) COLON CANCER APPROXIMATE PERIOD BETWEEN CAUSE AND DEATH 2 YEARS

REASON FOR CERTIFYING:  Due to OR as a consequence OF:  Due to OR as a consequence OF:  Due to OR as a consequence OF:

PART II - Check Significant Conditions contributing to which was recorded on the underlying cause on Page 1:

IN YOUR OPINION, TOBACCO USE BY THE DECEDENT:  Necessary to the cause of death  Contributed to the cause of death  Did not contribute to the cause of death

IN YOUR OPINION, ALCOHOL CONSUMPTION BY THE DECEDENT:  Necessary to the cause of death  Contributed to the cause of death  Did not contribute to the cause of death

IN YOUR OPINION, USE OF DRUGS BY THE DECEDENT:  Necessary to the cause of death  Contributed to the cause of death  Did not contribute to the cause of death

IN YOUR OPINION, WHETHER ANY OTHER FACTORS CONTRIBUTED TO THE CAUSE OF DEATH:  Yes  No

NUMBER OF DEATHS:  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100

DATE OF PLURALITY (MM/DD/YY) May 27, 1996 TIME OF PLURALITY (If other than County) 1740 PLACE OF PLURALITY (If other than County) St. George, Utah

LOCATION OF PLURALITY (If other than County) St. George, Utah PLACE OF PLURALITY (If other than County) St. George, Utah

DESCRIBE HOW PLURALITY OCCURRED (enter sequence of events which resulted in plural, NATURE OF PLURALITY SHOULD BE ENTERED IN ITEM 21)

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: MAY 04 1996  
County Washington  
Registrar John E Brockert  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS

SL 710679

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COPY

NO. **108264**  
Filed And Recorded At Request Of  
**FIRST AMERICAN TITLE**  
**FEBRUARY 25, 1997**  
At 30 Minutes Past 10 O'Clock  
A M In Book 126 Of Official Records  
Page 136 Lincoln County Nevada.  
**YURIKO SETZER**  
County Recorder  
BY Jessie Boulder, DEPUTY