

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That **William Udall Schofield, Jr.**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **WM. U. SCHOFIELD** named as one of the parties in that certain **DEED OF TRUST** dated **September 07, 1976**, executed by **RICHARD C. LEWIS, MELANIE LEWIS, PAUL C. LEWIS AND LOU JEANNE LEWIS**, as Trustor to **WM. U. SCHOFIELD AND FREEDA M. SCHOFIELD**, husband and wife as Joint Tenants as Beneficiary recorded as File No. **58702-05** on **October 29, 1976**, in **Book 18**, page **509-515** of Official Records of **LINCOLN** County, Nevada, covering the following described property situate in the County of **LINCOLN** State of Nevada:

APN: 11-090-11

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE INCORPORATED HEREWITH AND MADE A PART HEREOF FOR COMPLETE LEGAL DESCRIPTION.

- **Book 18, page 509 as File No. 58702
- Book 18, page 511 as File No. 58703
- Book 18, page 513 as File No. 58704
- Book 18, page 515 as File No. 58705

Freeda M. Schofield
FREEDA M. SCHOFIELD

STATE OF NEVADA

County of **Lincoln**

On Nov. 18, 1996 personally appeared before me, a Notary Public, Freeda M. Schofield

personally known or proved to me to be the person whose name appears subscribed to the above instrument, who acknowledged that he/she/they executed the above instrument.

JoAnn Clay
Notary Public
My Commission expires: 6-13-00



JoAnn Clay
Notary Public - Nevada
My appt. exp. June 13, 2000
No. 92-1138-11

RECORDING REQUESTED BY:
COW COUNTY TITLE CO.
Order No.: **19013943**
WHEN RECORDED MAIL TO:

FREEDA M. SCHOFIELD
Box 24
Hiko, Nevada 89017

SPACE BELOW THIS LINE FOR RECORDER'S USE

BOOK 132 PAGE 366

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

001810

LOCAL FILE NUMBER 001810		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1 William Udall SCHOFIELD, Jr.		DATE OF DEATH (Month, Day, Year) April 8, 1991	
CITY, TOWN, OR LOCATION OF DEATH 2a Las Vegas		COUNTRY OF DEATH 2b Clark	
HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3a University Medical Center		SEX 4 Male	
RACE—(If D, White, Black, American Indian, etc.) (Specify) 5 White		DATE OF BIRTH (Mo., Day, Yr.) 6 March 29, 1913	
STATE OF BIRTH (If not U.S.A., name country) 7a Nevada		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8 Married	
CITIZEN OF WHAT COUNTRY 9b U.S.A.		SURVIVING SPOUSE (If wife, give maiden name) 12 Freeda Mathews	
SOCIAL SECURITY NUMBER 13		KIND OF BUSINESS OR INDUSTRY 14a Agriculture	
RESIDENCE—STATE 15a Nevada		CITY, TOWN, OR LOCATION 15c Hiko	
CITY, TOWN, OR LOCATION 15b Lincoln		STREET AND NUMBER 15d Quail Hollow	
FATHER—NAME First Middle Last 16 William Udall Schofield		MOTHER—MAIDEN NAME First Middle Last 17 Josephine Olive Bean	
INFORMANT—NAME (Type or Print) 18a Freeda M. Schofield		MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b Box 24, Hiko, Nevada 89017	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Hiko-Schofield Cemetery	
FURNERAL DIRECTOR—(Specify Full Name) 20a		LOCATION City or Town State 19c Hiko Nevada	
FURNERAL DIRECTOR LICENSE NUMBER 20b		NAME AND ADDRESS OF FACILITY 20c Bunker Mortuary 925 Las Vegas Blvd. N., Las Vegas, Nevada 89101	
21a On the basis of my knowledge, death occurred as stated and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b 4-9-91		21a On the basis of examination and/or investigation, in my opinion death occurred as stated, date and place and due to the cause(s) one member stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b	
21c HOUR OF DEATH 3:30am		21c HOUR OF DEATH 21c	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d		21d ON 21d AT	
21e NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 21e William J. Schofield, M.D. 1701 W. Charleston Bl., Las Vegas, Nv. 89102		21e LICENSE NUMBER 21e 5891	
REGISTRAR 24a (Signature) 24a		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 10 1991	
24b IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 24b, 24c, AND 25) PART I 1a Cardiac arrest 1b Supraventricular tachycardia 1c *COPD *(Chronic Obstructive Pulmonary Disease)		24c YES <input type="checkbox"/> NO <input type="checkbox"/>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. 25a		DATE OF INJURY (Mo., Day, Yr.) 25b	
INJURY AT WORK (Specify Yes or No) 25c		HOUR OF INJURY 25c	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25d		DESCRIBE HOW INJURY OCCURRED 25d	
25e		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 25e	

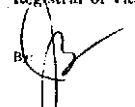
STATE REGISTRAR

No. 026419

"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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: 

Date Issued: APR 16 1991

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

BOOK 132 PAGE 367

COPY

NO. 110387

FILED AND RECORDED AT REQUEST OF
COW COUNTY TITLE

JANUARY 28, 1998

AT 30 MINUTES PAST 3 O'CLOCK

PM IN BOOK 132 OF OFFICIAL

RECORDS PAGE 366 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

COUNTY RECORDER

BY Luli Boucher, DEPUTY