

WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO

First American Title Company  
P.O. Box 1048  
Ely, NV 89301

Order No. 429200WP  
Escrow No. 429200WP  
Loan No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

*BRANDI LEWIS*

CHARLES R. CORE, of legal age, being first duly sworn, deposes and says:  
That GARNET MAE CORE, the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as GARNET MAE CORE  
named as one of the parties in that certain JOINT TENANCY DEED dated FEBRUARY 22, 1991,  
executed by FRANK M. SCOTT, SAM R. SCOTT, AND MELVIN DENNIS MCCARTY  
to CHARLES R. CORE AND GARNET M. CORE, HUSBAND AND WIFE  
as joint tenants, recorded as Instrument No. 096009 on MARCH 14, 1991, in  
Book 94, Page 666 of Official Records of LINCOLN County,  
covering the following described property situated in the County of LINCOLN State of NEVADA.

ALL OF LOT NUMBERED ONE (1) IN BLOCK NUMBERED TWO (2) IN THE CITY OF CALIENTE,  
NEVADA, AS SAID LOT AND BLOCK ARE DELINEATED ON THE OFFICIAL MAP OF SAID CITY  
NOW ON FILE IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

Dated: \_\_\_\_\_

*Charles R. Core*  
CHARLES R. CORE

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

this 10 day of December

WITNESS my hand and official seal.

Signature *Brandi Lewis*

Brandi Lewis  
Name (Typed or Printed)



BRANDI LEWIS  
Notary Public Nevada  
Commission Expires 06/25/2000  
000009-11

BOOK 132 PAGE 412

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

007770

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER DECEASED—NAME First Middle Last Garnet Mae CORE			DATE OF DEATH (Month, Day, Year) November 12, 1996			STATE FILE NUMBER COUNTY OF DEATH Clark		
DECEASED'S SEX 3a Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c Valley Hospital		If Hosp. or Inst. indicate DOA, OPHEmer, etc. Inpatient (Specify) 3e Inpatient			SEX 4 Female		
5 Caucasian		Was Decedent of Hispanic Origin? Specify (U yes, S no, if yes, specify Mexican, Cuban, Puerto Rican, etc.) 6		AGE—Last Birthday (Years) 7a 75		UNDER 1 YEAR MOS : DAYS 7b		DATE OF BIRTH (Mo., Day, Yr.) 7c * March 20, 1921	
8 West Virginia		CITIZEN OF WHAT COUNTRY 9a USA		Decedent's Education Specify highest grade completed 10 16		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married		SURVIVING SPOUSE (if wife, give maiden name) 12 Charles Core	
13		USUAL OCCUPATION (Give kind of Work Done During Most of Working Yrs. Even if Retired) 14a Homemaker		KIND OF BUSINESS OR INDUSTRY 14b Own Home		RESIDENCE—STATE 15a Nevada		COUNTY 15b Lincoln	
15c Caliente		CITY, TOWN, OR LOCATION		STREET AND NUMBER 15d 187 Market St.		INSIDE CITY LIMITS (Specify Yes or No) 15e No		FATHER—NAME First Middle Last 16	
17		MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print) 18a Charles Core		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 187 Market Street, Caliente, NV 89008			
19a Cremation		BURNAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME 19b Desert Crematory		LOCATION City or Town State 19c Las Vegas, Nevada			
20a		FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20b		NAME AND ADDRESS OF FACILITY 20c 1111 Las Vegas Blvd. No., Las Vegas, NV 89101		LICENSE NUMBER 20d 64		20e	
21a		To the best of my knowledge, death occurred on the date, date and place and due to the cause(s) stated. (Signature and Title) 21b 11/14/96		21c 2240		21d		21e	
21f		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 21g Alan Stahl, M.D., 1090 E. Desert Inn Rd. #100, LV, NV 89102		LICENSE NUMBER 21h 6419		21i		21j	
22a		REGISTRAR (Signature) 22b		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22c NOV 14 1996		DEATH DUE TO COMMUNICABLE DISEASE 22d YES <input type="checkbox"/> NO <input type="checkbox"/>			
23a		IMMEDIATE CAUSE 23b Cardiogenic shock		Interval between onset and death 23c 5 days		23d		23e	
23f		DUE TO, OR AS A CONSEQUENCE OF 23g Ischemic heart disease		Interval between onset and death 23h 7 years		23i		23j	
23k		DUE TO, OR AS A CONSEQUENCE OF 23l Diabetes Mellitus		Interval between onset and death 23m 4 years		23n		23o	
23p		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause (even in Part I) 23q Status post coronary bypass surgery		AUTOPSY (Specify Yes or No) 23r NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 23s NO			
23t		ACC., SUICIDE, HOMICIDE, OR PENDING INVEST (Specify) 23u		DATE OF INJURY (Mo., Day, Yr.) 23v		HOUR OF INJURY 23w		DESCRIBE HOW INJURY OCCURRED 23x	
23y		PLACE OF INJURY—At home, farm, school, factory, office, building, etc. (Specify) 23z		LOCATION 23aa		STREET OR R.F.D. No. 23ab		CITY OR TOWN STATE 23ac	


STATE REGISTRAR

No. 101334

"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: NOV 21 1996

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

COPY

NO. **110404**

FILED AND RECORDED AT REQUEST OF:

1st American Title

Feb. 3, 1998

AT 55 MINUTES PAST 11 O'CLOCK

IN BOOK 132 OF OFFICIAL

RECORDS PAGE 412 LINCOLN

COUNTY, NEVADA.

*James Setzer*  
COUNTY RECORDER

FILED FEB 3 1998

BOOK **132** PAGE **414**