	WHEN	RECORDED,	
BIEACE	MAN T	HIS INSTRUMENT	10

Order No	430838WP	
Escrow No		
Loan No		

SPACE ABOVE THIS LINE FOR RECORDER'S USE-

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA County of WHITE PINE }	/ _	
J		
LAVERN MOFFITT	, of legal age, being first o	duly sworn, deposes and says:
That RAY B. MOFFITT	The state of the s	the attached certified copy of
Certificate of Death is the same pe	rson as RAY B. MOPPITT	
named as one of the parties in that of	ertain GRANT, BARGAIN, SALE DEED	dated AUGUST 15, 1992
executed by LLOYD B. VAN KII	RK, EDITH C. VAN KIRK, AND SUSAN	EDITH VAN KIRK
	ERN MOFFITT, HUSBAND AND WIFE, AS	
as joint tenants, recorded as instruc	ment No. 099691	on DECEMBER 2, 1992
Book_104Page_241	of Official Records of LINCOLN	County,
	roperty situated in the County of LINCOLN	L L
Beginning at the Northeast	corner of Lot 1, Block 47, runni	ng West 100'
along the South Side of R	yan Street, thence at right angle	s South 82.71
feet, thence East 100' and	the West line of Alice Street, t	hence North
along West line of Alcie S	treet 82.71 feet to the Point of	Beginning as said
	the official plat of the North S	ide Addition to
the Town of Caliente, Neva	da.	

Dated: Aune 24, 1998

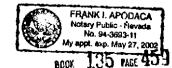
ENERN MOFFITT

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

witness my hand and official seal.

Signature.

FRANK T. HO Caces



(This area for official neterial seal)

		\ \				
16000	SAN CONTRACTE OF THE WAYDAY					
	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	95 001797				
TYPE OH PRINT	LOCAL FILE NUMBER DECEASED—WAME First Microth Day, Years) DECEASED—WAME First Microth Day, Years)	STATE FILE NUMBER COUNTY OF DEATH				
PERHANENT BLACK HIK	Ray Burrell MOFFITT 2February 19, 15 CITY TOWN. ON LOCATION OF DEATH HOSPITAL ON OTHER INSTITUTION—Name (If not eather; give attent and number) If Hosp, or inst, inspetting (Speedy,					
DECEDENT	HAGE—16-0, White, Busic, American are had a market and the second of the	AY DATE OF BIRTH (Ms., Day, Yr.)				
IF DEATH Coccurated on	STATE OF BIRTH GTIZZEN OF WHAT COLATIRY Discisions's Enucation. Specify highest MARRIED, NEVER MARRIED, WHOOWED, DIVORCED, WHOOWED, DIVORCED, DI	LaVerne Miles				
RISTRUTION SEE HANGEOIX REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Rand of Work Done During Most of Security Number Working Use, Even & Return) Working Use, Even & Return)					
NESTORACE PROME	RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER	SHSIDE CITY LIMITE (Specify Yes or Righ				
PARENTS	FATHER MAKE FIRE Middle Call MOTHER MADEN NAME FIRE	Midde Lest Blaine				
	Mack Baxchome Moffitt 117. Blancate MFOSMANT—NAME (Type of Pirm) MALING ADDRESS (Street of R.F.D. No. Cryo Town. 18a. LaVerne M. Moffitt 18b. P.O. Box 702 Caliente, No.	76.				
	BURIAL CREMATION REMOVAL OTHER (Speedy) CZMETERY OR CREMATORY—NAME LOCATION LOCATIO	iente, Nevada				
NOTTIZOPZIO	FUNERAL DIRECTOR SIGNATURE PLACEMENT NAME AND ADDRESS OF FACILITY Wiscombe F. DIRECTOR NAME F. DIRECTOR NAME F. DIRECTOR NAME F. DIRECTOR NAME F.	uneral Home <i>18</i> Nevada 89008				
	The first the best of my knowledge death occurrence has part, date and place and due to the causeos) states.	westgamon, in my opwion death docurred b the cause(s) and manner stated. HOUR OF DEATH				
Times	15 DATE SIGNED (Mo. Cay, Yz.) HOUR OF DEATH 15 DATE SIGNED (Mot. Cay, Yz.) HOUR OF DEATH 15 DATE SIGNED (Mot. Cay, Yz.) 15 DATE SIGNED (Mot. Cay, Yz.) 16 DATE SIGNED (Mot. Cay, Yz.) 17 DATE SIGNED (Mot. Cay, Yz.) 18 D	ZZC. PRONOUNCED DEAD (Hour)				
CERTIFIER	A NAME OF ATTENDING PHYSICIAN & UTBER HANG CERTIFICATION & PINA 22d, ON	22e AT				
	MAME AND ADDRESS OF CERTIFIER PHYSICIAN, AFTENDING PHYSICIAN, MEDICAL EXAMINER, OR COROMERI, (7)pe of Print) 20. Earl Plunkett MD, PO Box 30 Caliente, Nevada 8900	8 23.4798				
CONDITIONS IF ANY WHICH GAVE RISE TO INMEDIATE	PRECISTRAN ZAG (Significant CAUSE (SAME ROWLY ONE CAUSE FISH LINE FOR US AND ICS) 25 INMEDIATE CAUSE (SAME ROWLY ONE CAUSE FISH LINE FOR US AND ICS)	MO []K				
INMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART IN CHIEF ON AS A COMBRUENCE OF	inserval between oness and death				
┕→	159,0 OUE TO, OBAS A CONSEQUENCE OF	Interview between croses and death				
CAUSE OF	(c) V 0 / 25 / 57 / 15 C COLLEGE CHARLES COME OF PART LAUTOPSY (S	PACE NAS CASE REFERRED TO OF AND CORONER ISSUEDLY View or May				
V.	ACC. SUCCE HOM. UNDET. DATE OF INAURY AND, DM, MY HOUR OF INJURY DESCRIBE HOW MULKY OCCURRED OR PERDONA INVEST.	v Yes				
	(Specify) 296. 296. M 38ct. M 38ct. M 38ct. Specify Yes or No. 1 COATION. STREET OR R.F.D. No. (Specify Yes or No.)	CITY OR YOUNG STATE				
	26. 26.	No.067746				
	STATE REGISTRAR	No.067746 5 ms: 469				
E		along a series				
1 163	This is to certify that the above is a true and correct copy of the certificate on file in this office.					
	Date Issued: JUN 2 3 1998 St	ate Registrar				
WARNING, IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT						

111232

RED AND RECORDED AT REQUEST OF First American Title June 30, 1998

AT 08 MINUTES PAST 12 O'CLOCK PM IN BOOK 135 OF OFFICIAL RECORDS PAGE 459

Yuriko Setzer

county RECORD

by Allie YDA(NA), deputy