

WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO

Order No. \_\_\_\_\_  
Escrow No. \_\_\_\_\_  
Loan No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA  
County of LINCOLN ss.

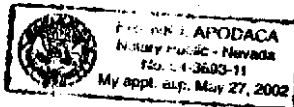
RONAL T. YOUNG, of legal age, being first duly sworn, deposes and says:  
That BETTY E. YOUNG, the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as BETTY E. YOUNG  
Beneficiary  
named as one of the parties in that certain Deed of Trust dated July 15, 1994  
executed by JOHN L. AVERY AND LORRAINE Y. AVERY, HUSBAND AND WIFE AS JOINT TENANTS  
to RONAL T. YOUNG AND BETTY E. YOUNG, HUSBAND AND WIFE  
as joint tenants, recorded as Instrument No. 102071 on July 15, 1994 in  
Book 110, Page 222 of Official Records of Lincoln County,  
covering the following described property situated in the County of Lincoln, State of Nevada:  
  
The East half of Lot 9, all of Lots 10, 11 and 12, Block 14, in the City of  
Caliente, Lincoln County, Nevada.

Dated: 7-7-98

Ronal Young  
RONAL T. YOUNG

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

this 7th day of July, 98  
WITNESS my hand and official seal.



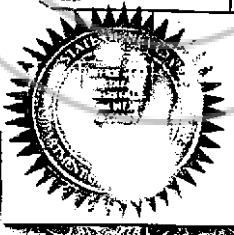
Signature: [Signature]  
FRANK Apodaca  
Name (Typed or Printed)

BOOK 135 PAGE 515

(This area for official notarial seal)

**STATE OF NEVADA**  
**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**

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. Betty Lorraine YOUNG			2. March 16, 1998	3. Lincoln
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		SEX	
	3. Caliente		3c. 301 Cemetery Road		4. Female	
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
	5. White				7a. 69	8. March 30, 1928
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If male, give maiden name)
9. Nevada		10. U.S.A.	12. 12		11. Married	Ronal Theo Young
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Show Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. [REDACTED]		14a. Housewife		14b. Homemaker		
PARENTS	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15b. Lincoln	15c. Caliente	15d. 301 Cemetery Rd.	15e. Yes
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last				
16. Byron Abner Ercanbrack		17. Minnie Emma Merryweather				
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
18a. Ronal T. Young		18b. P.O. Box 95 Caliente, Nevada 89008				
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Burial		19b. Caliente City Cemetery		19c. Caliente, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Print Name and Title)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 15		20c. P.O. Box 994 Caliente, Nevada 89008		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.			
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 3-18-98		21c. 0700		22b. [REDACTED]		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (hour)		
21d. [REDACTED]		22e. ON		22f. AT		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		22g. LICENSE NUMBER				
21f. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		22h. 4798				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. [Signature]		24b. 3-18-98		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE—(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death		
PART I (a) Cardiorespiratory arrest				immediate		
(b) Cardiorespiratory				variable		
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I				Interval between onset and death		
PART II				AUTOPSY (Specify Yes or No)		
26. No				27. Yes		
ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a. [REDACTED]		28b. [REDACTED]	28c. [REDACTED]	28d. [REDACTED]		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE
29a. [REDACTED]		29b. [REDACTED]	29c. [REDACTED]	29d. [REDACTED]	29e. [REDACTED]	29f. [REDACTED]



STATE REGISTRAR

No. 103715

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: MAR 20 1998

*Yvonne Sylvan*  
 300K 105 PAGE 516  
 State Registrar

COPY

NO. **111262**

FILED AND RECORDED AT REQUEST OF  
**JOHN AVERY**

**JULY 8, 1998**

AT 05 MINUTES PAST 1 O'CLOCK  
PM IN BOOK 135 OF OFFICIAL

RECORDS PAGE 515 LINCOLN  
COUNTY, NEVADA.

**YURIKO SETZER**

COUNTY RECORDER

BY *Ledie Bercher* DEPUTY

BOOK 135 PAGE 517