

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

NO. **111906**

FILED AND RECORDED AT REQUEST OF
FIRST AMERICAN TITLE
NOVEMBER 24, 1998

AT 45 MINUTES PAST 10 O'CLOCK
AM IN BOOK 138 OF OFFICIAL

RECORDS PAGE 314 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

By *[Signature]* COUNTY RECORDER, DEPUTY
SPACE ABOVE THIS LINE FOR RECORDER'S USE

Order No. _____
Escrow No. _____
Loan No. _____

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA
County of LINCOLN ss.

431919 WIP

CONNIE J. WRIGHT _____ of legal age, being first duly sworn, deposes and says:
That JOHN KAY WRIGHT _____, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as KAY WRIGHT _____
named as one of the parties in that certain Deed _____ dated March 1, 1993
executed by LOIS POTTER _____
to KAY WRIGHT AND CONNIE J. WRIGHT, husband and wife as joint tenants _____
as joint tenants, recorded as Instrument No. 100032 _____ on March 1, 1993 in
Book 105 _____, Page 122 _____ of Official Records of LINCOLN _____ County,
covering the following described property situated in the County of LINCOLN _____, State of NEVADA

A parcel of land situate in the town of Alamo, described as follows:

Beginning at the Southwest corner of Lot 3 in Block 36 and running thence North
along the East side of Main Street a distance of 170 feet;

thence running East at right angles a distance of 100 feet;

thence running at right angles South a distance of 170 feet to the South line of
said Lot 3;

thence running West along the South line of Lot 3 a distance of 100 feet to the
Place of Beginning.

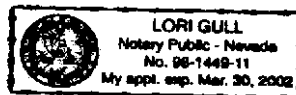
Dated: 10-16-98

[Signature]
CONNIE J. WRIGHT

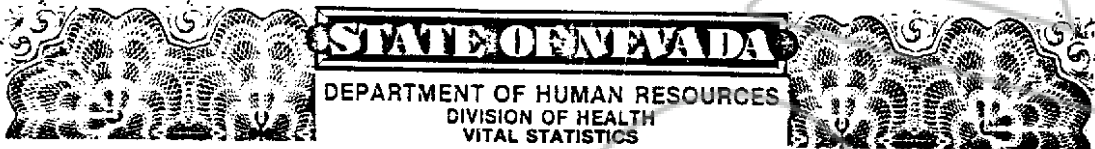
SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,

by Connie J. Wright
this 16th day of October, 1998
WITNESS my hand and official seal.

Signature *[Signature]*
Lori Gull
Name (Typed or Printed)



(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

94 003625

Form with sections: DECEASED, PARENTS, DISPOSITION, CERTIFIER, CAUSE OF DEATH, REGISTRAR, ACCIDENT, INJURY AT WORK. Includes fields for name, date of death, residence, parents, burial location, certifier, and cause of death.

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

Date issued: FEB 14 1996

By: [Signature] Registrar

No. 064165 Birth Cert. #23-000506



WARNING: DO NOT ATTEMPT TO ALTER OR COPY THIS DOCUMENT