

**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**

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. <b>Marvel</b>		<b>WALLER</b>		<b>September 6, 1998</b>		<b>3a Lincoln</b>	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate OGA, OP/Emr. Rm. Inpatient (Specify)		SEX	
3b. <b>Caliente</b>		3c. <b>154 Holt Avenue</b>				4. <b>Female</b>	
RACE—e.g. White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Origin? (Specify) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDECEASED DAY	
5. <b>White</b>		6.		7a. <b>68</b>		7b. <b>0</b>	
STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		DATE OF BIRTH (Mo., Day, Yr.)	
9a. <b>South Dakota</b>		9b. <b>U.S.A.</b>		10. <b>14</b>		11. <b>April 22, 1930</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
13. <b>[REDACTED]</b>		14a. <b>Housewife</b>		14b. <b>Homemaker</b>		12. <b>Richard H. Waller</b>	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. <b>Nevada</b>		15b. <b>Lincoln</b>		15c. <b>Caliente</b>		15d. <b>154 Holt Avenue</b>	
FATHER—NAME		MOTHER—MAIDEN NAME		MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (Specify Yes or No)	
18. <b>Ross Lynn</b>		17. <b>Jennie Cosky</b>		17. <b>Jennie Cosky</b>		15e. <b>Yes</b>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Richard H. Waller</b>		18b. <b>P.O. Box 194 Caliente, Nevada 89008</b>		18b. <b>P.O. Box 194 Caliente, Nevada 89008</b>		18b. <b>P.O. Box 194 Caliente, Nevada 89008</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
19a. <b>Cremation</b>		19b. <b>Desert Memorial</b>		19c. <b>Las Vegas, Nevada</b>		19c. <b>Las Vegas, Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (If Person Administers Society)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY (Specify)		NAME AND ADDRESS OF FACILITY (Specify)	
20a. <b>[Signature]</b>		20b. <b>15</b>		20c. <b>P.O. Box 994 Caliente, Nevada 89008</b>		20c. <b>P.O. Box 994 Caliente, Nevada 89008</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. <b>[Signature]</b>		21b. <b>9-6-98</b>		21c. <b>0505</b>		21d. <b>Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008</b>	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		21f. LICENSE NUMBER		22a. ON		22b. AT	
21e. <b>Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008</b>		21f. <b>4798</b>		22a. <b>ON</b>		22b. <b>AT</b>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <b>[Signature]</b>		24b. <b>9-6-98</b>		24c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		24c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I		PART II		INTERVAL BETWEEN ONSET AND DEATH	
(a) <b>Cardiovascular Arrest</b>		PART I		PART II		Interval between onset and death	
(b) <b>MI/Infarction</b>		PART I		PART II		Interval between onset and death	
(c) <b>Electrolyte Imbalance</b>		PART I		PART II		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		PART I		PART II		INTERVAL BETWEEN ONSET AND DEATH	
<b>Alcohol Abuse</b>		PART I		PART II		Interval between onset and death	
ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. <b>[REDACTED]</b>		28b. <b>[REDACTED]</b>		28c. <b>[REDACTED]</b>		28d. <b>[REDACTED]</b>	
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.	
28e. <b>[REDACTED]</b>		28f. <b>[REDACTED]</b>		28g. <b>[REDACTED]</b>		28h. <b>[REDACTED]</b>	
AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
29. <b>No</b>		27. <b>Yes</b>		27. <b>Yes</b>		27. <b>Yes</b>	

STATE REGISTRAR No. 103729

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

Date Issued: **SEP 16 1998** *[Signature]*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Lincoln County

When recorded return to: LAW OFFICE OF TERRANCE SHEA  
547 So. Arlington Avenue  
Reno, Nevada 89509

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )  
 ) ss.  
COUNTY OF LINCOLN )

RICHARD H. WALLER, being first duly sworn, deposes and says:

1. That he is over the age of eighteen years and legally competent to make and execute this affidavit.
2. That he is the surviving joint tenant of Marvel Waller.
3. That Marvel Waller is now deceased, having died in the City of Caliente, County of Lincoln, State of Nevada, on the 6th day of September, 1998. Attached hereto is a certified copy of the Certificate of Death of Marvel Waller, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Carson City, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.
4. That during the lifetime of Marvel Waller, she and your affiant were owners under a Deed on the following described real property in the County of Lincoln, State of Nevada, more particularly described as follows:

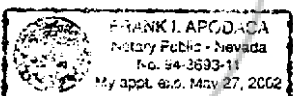
APN: 3-131-14  
Lot 7 Gottfredson Addition  
COMMON ADDRESS: 754 Holt Avenue, Caliente, Nevada

5. That by reason of the demise of the said, your affiant is the sole owner under the Deed on the above-described property.
6. That I do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Richard H. Waller  
RICHARD H. WALLER  
754 Holt Avenue, Caliente, Nevada

SUBSCRIBED and SWORN to before me  
this 27 day of October, 1998.

[Signature]  
Notary Public



NO. 112865  
FILED AND RECORDED AT REQUEST OF  
Richard H. Waller  
May 26, 1999  
AT 01 MINUTES PAST 01 O'CLOCK  
PM IN BOOK 142 OF OFFICIAL  
RECORDS PAGE 95 LINCOLN  
COUNTY, NEVADA  
Leslie Boucher  
COUNTY RECORDER  
By Tanese Levens Deputy

JUN 14 1999