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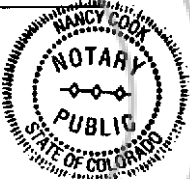
distance of 328.00 ft. to a point. Thence No. 51°29'
13" East a distance of 120.00 ft. to the true point of
beginning.

Containing a 1976 14 ft. by 70 ft. Broadmore Mobile
Home and two (2) metal buildings.

That by reason of the foregoing, affiant hereby declares
that the title and interest of MAXINE QUINN, Deceased in the above-
described real property has vested in JOSEPH QUINN, in fee simple,
and that JOSEPH QUINN is the sole and absolute owner thereof,
together with the tenements, hereditaments, and appurtenances,
thereunto belonging or appertaining, and the reversion and
reversions, remainder and remainders, rents, issues and profits
thereof.


JOSEPH R. QUINN, JR.

Subscribed and sworn to before me
this 3rd day of August, 1999.
Nancy Cook
NOTARY PUBLIC



LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
488 FIFTH STREET - P. O. BOX 8
ELY, NEVADA 89301
(702) 380-4422

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-560 STATE FILE NUMBER

1. NAME OF DECEDENT: **Elva Maxine QUINN** Female
 2. DATE OF DEATH (Mo. Day Yr): **Sept. 16, 1998**
 3. TIME OF DEATH (Mo. Day Yr): **2010**

4. DATE OF BIRTH (Mo. Day Yr): **July 17, 1935**
 5. AGE: **63**
 6. BIRTHPLACE: **Grand Junction, Colorado**

7. PLACE OF DEATH: **St. George, Washington**
 8. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY: **Dixie Regional Medical Center**

9. SURVIVING SPOUSE: **Joseph Ray Quinn, Sr.**
 10. DECEDENT'S USUAL OCCUPATION: **Sales Clerk**
 11. KIND OF BUSINESS OR INDUSTRY: **Gasoline Station**

12. RESIDENCE: **480 Richardville Rd., Alamo, Lincoln, Nevada**

13. FATHER'S NAME: **Robert Leonard Evans**
 14. MOTHER'S NAME: **Eva Temperance Lampshire**

15. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: **Joseph Quinn, Sr. (husband) P.O. Box 480 Alamo, Nevada 89001**

16. METHOD OF DISPOSITION: **Sept. 17, 1998**
 17. PLACE OF DISPOSITION: **St. George Cremation Center**
 18. LOCATION: **St. George, Utah**

19. SIGNATURE AND TITLE OF CERTIFIER: **P.C. McHahill, M.D.**
 20. LICENSE NUMBER: **169880**
 21. DATE SIGNED: **9/17/98**

22. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH: **Dr. Philip C. McHahill, M.D. 544 South 400 East St. George, Utah 84770**

23. REGISTERED SIGNATURE: **Barry E. Nangle**
 24. DATE REGISTERED: **SEP 22 1998**

25. PART I: ENTER THE DISEASE, INJURY OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH.
1. METASTATIC BREAST CANCER TO BRAIN 1 MONTH
2. BREAST CANCER 7 YEARS SINCE

26. PART II: OTHER Significant Conditions contributing to death but not included in the underlying cause (enter in PART I): **BRAIN NEGATIVE SPILLICEMIA**

27. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT:
 1. Probably contributed to the cause of death
 2. Was the underlying cause of death
 3. Did not contribute to the cause of death
 4. Is unknown in relation to the cause of death

28. IN YOUR OPINION, ALCOHOL USE BY THE DECEDENT:
 1. Probably contributed to the cause of death
 2. Was the underlying cause of death
 3. Did not contribute to the cause of death
 4. Is unknown in relation to the cause of death

29. IN YOUR OPINION, WHETHER THE DECEDENT WAS AN AUTOPSY PERFORMER:
 1. Yes
 2. No

30. IN YOUR OPINION, WHETHER THE DECEDENT WAS A PROBABLE CAUSE OF DEATH:
 1. Yes
 2. No

31. MANNER OF DEATH:
 1. Natural
 2. Accident
 3. Suicide
 4. Homicide
 5. Undetermined
 6. Pending Investigation

32. DATE OF INJURY: _____
 33. TIME OF INJURY: _____
 34. PLACE OF INJURY: _____
 35. INJURY AT WORK? Yes No

36. PLACE OF DEATH: _____
 37. I hereby approve accurate identity of decedent and other particulars of information.

38. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **SEP 22 1998**
County: **Washington**

Barry E Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS

BOOK **143** PAGE **269**

Register: *Barry E. Nangle*

LL 550276



COPY

NO. **113194**
FILED AND RECORDED AT REQUEST OF
GARY FAIRMAN
AUGUST 10, 1999
AT 01 MINUTES PAST 2 O'CLOCK
PM IN BOOK 143 OF OFFICIAL
RECORDS PAGE 267 LINCOLN
COUNTY NEVADA
Leslie Boucher
COUNTY RECORDER

BOOK 143 PAGE 270