

STATE OF NEVADA

COUNTY OF Lincoln

ss

Oma Thiriot residing at 8240 S. Edmond being first duly sworn, deposes and says:

- 1. That he/she is over the age of 21 years and legally competent to make and execute this affidavit.
- 2. That he/she is the surviving spouse of James Thiriot

3. That James Thiriot is now deceased, having died in Las Vegas, State of Nevada, on October 9, 1978. Attached hereto is a certified copy of the Certificate of Death of said James Thiriot which has been duly filed with the Nevada State Department of Health, Division of Vital Statistics, City of Las Vegas, State of Nevada; that your affiant expressly incorporates the aforementioned Certificate of Death in this affidavit.

4. That your affiant and his/her spouse, Oma Thiriot during their lives, owned the following described real property in the County of Lincoln, State of Nevada, as joint tenants to-wit: All of Lot One (1) in Block Twenty-Four (24) of the Town of Panaca Lincoln County, Nevada

5. By reason of the demise of James Thiriot affiant is the sole surviving tenant and is the sole owner in fee simple of the above described property.

Dated: July 27, 1999

Oma Thiriot

Parcel# 002-091-01

STATE OF NEVADA

COUNTY OF Clark

On July 27, 1999 before me, the undersigned, a Notary Public in and for said State, personally appeared:

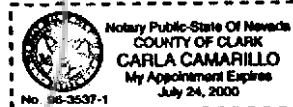
Oma Thiriot

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature [Signature]

Name Carla Camarillo
(typed or printed)



(This area for official notarial seal)

SPACE BELOW THIS LINE FOR RECORDER'S USE

WHEN RECORDED MAIL TO:

Oma Thiriot
8240 S. Edmond
Las Vegas NV 89139

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 4426
 Las Vegas, Nevada 89106

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 4827

LOCAL FILE NUMBER _____ STATE FILE NUMBER _____

DECEASED - NAME First Middle Last: **James O THIRIOT** DATE OF DEATH (Month, Day, Year): **October 9, 1978** COUNTY OF DEATH: **Clark**

CITY, TOWN, OR LOCATION OF DEATH: **Las Vegas** HOSPITAL OR OTHER INSTITUTION - Name (if not in urban, give street and number): **E/O Salt Lake Hwy near Nellis AF Base**

RACE - (U.S. White, Black, American Indian, etc.) (Specify): **White** ETHNIC: **English/French** AGE - Last Birthday (Years): **65** SEX: **Male**

DATE OF BIRTH (Month, Day, Year): **Feb. 6, 1913**

CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married** SURVIVING SPOUSE (if wife, give maiden name): **Oma Rowe**

SOCIAL SECURITY NUMBER: _____ USUAL OCCUPATION (One kind of work done during most of working life, even if retired): **Contractor** KIND OF BUSINESS OR INDUSTRY: **Home Site Development**

RESIDENCE - STATE: **Nevada** COUNTY: **Clark** CITY, TOWN, OR LOCATION: **Las Vegas** STREET AND NUMBER: **2830 E. Flamingo** INSIDE CITY LIMITS (Specify Yes or No): **No**

FATHER - NAME First Middle Last: **George W. Thiriot** MOTHER - MAIDEN NAME First Middle Last: **Alvira Rowena Henrie**

INFORMANT - NAME (Type or Print): **Oma Thiriot (wife)** MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): **2830 E. Flamingo Las Vegas, Nevada 89109**

BURIAL, CREMATION, REMOVAL, OTHER (Specify): **Burial** CEMETERY OR CREMATORY - NAME: **Paradise Mem. Gardens** LOCATION: **Las Vegas Nevada**

FUNERAL DIRECTOR - SIGNATURE (Or Print Name Acting as Such): *David S. Bunker* NAME AND ADDRESS OF FACILITY: **Bunker Mortuary 925 L.V. Blvd. No. L.V., Nevada**

21a. To the best of my knowledge, death occurred at the time, date and place and due to the following stated: (Signature and Title) *David S. Bunker* DATE SIGNED (Mo., Day, Yr.): **10-13-78** HOUR OF DEATH: **5:12 PM**

21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): _____ 21c. _____ 21d. _____

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the following stated: (Signature and Title) *David S. Bunker* DATE SIGNED (Mo., Day, Yr.): **10-13-78** HOUR OF DEATH: **5:12 PM**

22b. **10-13-78** 22c. **5:12 PM**

22d. **10-9-78** 22e. **5:12 PM**

23. **G. Sheldon Green, M.D. - Chief Med. Examiner - 1704 Pinto Lane, Las Vegas, Nev.**

REGISTRAR: *Wanda Turpin Deputy* DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): **OCT 13 1978**

24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I (a) **Massive pulmonary edema and congestion** (b) **Acute cardiac failure** (c) **Thrombosis rt. coronary artery**

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) _____ (b) _____ (c) _____

26. **Yes** 27. **Yes**

ACC. SURGE, HORN, UNDET. DATE OF INJURY (Mo., Day, Yr.): _____ HOUR OF INJURY: _____ DESCRIBE HOW INJURY OCCURRED: _____

28a. _____ 28b. _____ 28c. _____ 28d. _____

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. _____ 29b. _____ 29c. _____

Nº 005894

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA. This copy was issued by the Clark County Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

[Handwritten signatures and scribbles]

OCT 13 1978

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NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics

By: *[Signature]*

COPY

NO. **113253**

FILED AND RECORDED AT REQUEST OF
Oma Thriot

August 23, 1999

AT 45 MINUTES PAST 9 O'CLOCK

AM IN BOOK 143 OF OFFICIAL

RECORDS PAGE 393 LINCOLN

COUNTY, NEVADA.

Julie Bouche
COUNTY RECORDER