

APN: 3-181-11

When Recorded, Mail to:
Olivia Olson
P. O. Box 393
Caliente, NV 89008

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) SS
COUNTY OF LINCOLN)

Olivia Olson hereby affirms under penalty of perjury that the following assertions are true of her own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. I am Olyvia Olson, the person named as one of the grantees in that certain Grant, Bargain and Sale Deed recorded as Instrument No. 70372 in Book 40 Page 546, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property which is the subject of the above-described deed is located in the County of Lincoln, State of Nevada and is more particularly described as follows:

 Lots Nine (9) and Ten (10) in Block Nine (9), together with a plot of land 8 feet by 50 feet in the rear of said Lots Nine (9) and Ten (10) in Block (9), together with any and all improvements thereon.
4. Ted Olson was one of the grantees named in said deed and is the identical person names as Ted Olson, the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am Ted Olson's wife.
5. As recited in the above-described Certificate of Death, Ted Olson died on the 19th day of July, 1997, in Caliente, Lincoln County, State of Nevada.

Olivia Olson

Olivia Olson

STATE OF NEVADA)
County of Lincoln) SS

On this 31st day of August A.D. One Thousand, Nine Hundred and Ninety Nine before me, Trista Fogliani, a Notary Public in and for said County and State, duly commissioned and qualified, personally appeared the within named Olivia Olson whose name is subscribed to the foregoing QuitClaim Deed as party of the first part, therein mentioned, who executed the same freely and voluntarily and for the uses and purposes therein mentioned.

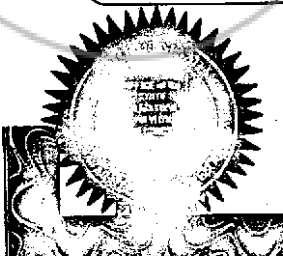
IN WITNESS WHEREOF I have hereunto set my hand and affixed my Official Seal.

My Commission Expires May 2, 2001 *Trista Fogliani*
Trista Fogliani, Notary Public



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 97 007893

TYPE OR PRINT OR PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last Theodore Ralph OLSON			DATE OF DEATH (Month, Day, Year) 2 July 19, 1997		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH Caliente			COUNTY OF DEATH Lincoln		
	HOSPITAL OR OTHER INSTITUTION—Name (If not enter, give street and number) 280 Ryan Street			SEX Male		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—Is he or she White, Black, American Indian, etc. (Specify) White			AGE—Last Birthday (Years) Mo. Day 65		
	STATE OF BIRTH (If not U.S.A., name country) Nevada			DATE OF BIRTH (Mo., Day, Yr.) 2-2-1932		
FATHER—NAME First Middle Last	CITIZEN OF WHAT COUNTRY U.S.A.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
	DECEDENT'S EDUCATION. Specify highest grade completed. 12			SURVIVING SPOUSE (If wife, give maiden name) Olivia B. Chavez		
MOTHER—MAIDEN NAME First Middle Last	SOCIAL SECURITY NUMBER			KIND OF BUSINESS OR INDUSTRY Owner/Operator		
	RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) Nevada Lincoln Caliente 280 Ryan Street Yes			14b. Chevron Fuel Station		
INFORMANT—NAME (Type or Print)	FATHER—NAME First Middle Last Ralph Olson			MOTHER—MAIDEN NAME First Middle Last Pauline Lundberg		
	INFORMANT—NAME (Type or Print) Olivia B. Olson			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 393 Caliente, Nevada 89008		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation			CEMETERY OR CREMATORY—NAME LOCATION City or Town State Desert Memorial Las Vegas, Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>			NAME AND ADDRESS OF FACILITY Wiscombe Funeral Home P.O. Box 994 Caliente, Nevada 89008		
CERTIFIER	21a. To the best of my knowledge, I signed this certificate at the time, date and place and due to the causes stated. (Signature and Title) <i>[Signature]</i>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes and manner stated. (Signature and Title) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) July 19, 1997			DATE SIGNED (Mo., Day, Yr.) July 19, 1997		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21b. HOUR OF DEATH 0230			21c. PRONOUNCED DEAD (Mo., Day, Yr.) ON		
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Earl Plunkett MD; P.O. box 30 Caliente Nevada 89008			21e. LICENSE NUMBER 4798		
CAUSE OF DEATH	REGISTRAR (Signature) <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 19, 1997		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiac Pulmonary arrest (b) Pneumonia (c) Metastatic Lung Cancer PART II Brain Failure			24. DEATH DUE TO COMMUNICABLE DISEASE NO		
26. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) INJURY AT WORK (Specify Yes or No)			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. DATE OF INJURY (Mo., Day, Yr.)			28b. PLACE OF INJURY—At home, farm, street, factory, office, business, etc. (Specify)			
28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED			
28e. LOCATION			28f. STREET OR R.F.D. No.			
28g. CITY OR TOWN			28h. STATE			



STATE REGISTRAR
 No. 103596
 BIRTH# 32-673
Yvonne Sylvia
 143 PAGE 528
 State Registrar

This is to certify that the above is a true and correct copy of the certificate on file in this office.
 Date issued: AUG 26 1998

COPY

NO. 113316

FILED AND RECORDED AT REQUEST OF
CITY OF CALIENTE
AUGUST 31, 1999

AT 07 MINUTES PAST 12 O'CLOCK
PM IN BOOK 143 OF OFFICIAL
RECORDS PAGE 527 LINCOLN
COUNTY, NEVADA

Leslie Brucher
COUNTY RECORDER