

When Recorded, Mail to:  
(here insert name and  
address of the surviving  
joint tenant)  
APN: \_\_\_\_\_

**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA )

SS

COUNTY OF Lincoln )

William A. Smith hereby swears (or affirms) under penalty of perjury that the following assertions are true of his/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 William A. Smith, the person named as one of the grantees in that certain Joint Tenancy Deed recorded as Instrument No. 42363 in Book M-1 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:

(Here set forth the legal description, Assessor's Parcel Number, and, if known, the physical address)

BIR. II Lots 19 and 20, Parcel 003-153-2

4. Ruth Smith was one of the grantees named in said deed and is the identical person named as Ruth Smith, the decedent, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof. I am Ruth Smith's's (describe family relationship, if any, of affiant to deceased joint tenant) SON.

5. As recited in the above-described Certificate of Death, Ruth Smith died on the 13th day of February, 1992, in (city) Caliente Lincoln County, (state) Nevada.

On January 11, 1992, before me the undersigned, a

Notary Public in and for the State of Nevada, County of Lincoln personally

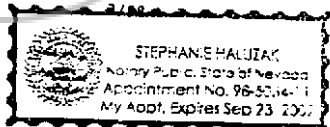
appeared William A. Smith and \_\_\_\_\_

who has acknowledged that he (she/they) executed this affidavit.

Stephanie Haluziak  
Notary's Signature

William A. Smith  
(TYPE AFFIAN'S NAME HERE)  
William A. Smith

556



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

Form with sections: DECEASED, PARENTS, DISPOSITION, CERTIFIER, CAUSE OF DEATH. Includes fields for name (Ruth SMITH), date of death (February 13, 1999), location (Grover C. Bils Medical Center), and cause of death (Cardiopulmonary arrest).

STATE REGISTRAR No. 135642 This is to certify that the above is a true and correct copy of the certificate on file in this office. Date issued: MAR 05 1999 300K 145 583 State Registrar

Lincoln County

COPY

NO. 113832  
FILED AND RECORDED AT REQUEST OF  
James B. Schofield  
January 12, 2000  
AT 18 MINUTES PAST 10 O'CLOCK  
AM IN BOOK 145 OF OFF. CPL.  
RECORDS PAGE 582 LINCOLN  
COUNTY, NEVADA.  
*Yoshi Brucher*  
COUNTY REC. CLERK

BOOK 145 PAGE 584