	When Recorded, Mail to:(here insert name and
	address of the surviving joint tenant)
	APN:
	AFFIDAVIT OF SURVIVING JOINT TENANT
	STATE OF NEVADA
	COUNTY C: LINCOLN SS
	penalty of perjury that the following assertions are true of his/her own knowledge:
	1. I am over the age of twenty-one (2:) years and competent to be a witness as to the matters hereinafter stated.
	2. I am $/U$ . // am A. $Smith$ , the person named as one of the grantees in that certain $Toint$ $Tenancy$ Deed recorded as Instrument No. $42363$ in Book $M-I$ of the Official Records in the Office of the County Recorder of $L/Vcel/M$ County, State of Nevada.
	3. The property which is the subject of the above-described deed is located in the County of <u>LINCOLU</u> , 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 adgress)  BIR. // Lots 19 and 20. Farcel 003-183-2
	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 Kuth Smiths 's (describe family relationship, if any, of affiant to deceased joint tenant) So N.
Ŧ	5. As recited in the above-described Certificate of Death,  Ruth Smith died on the 1374 day of  February 1999, in (city) Calients LINCOLL County,
Notary Public in	and for the State of Nevada, County of Lincoln personally William S NAME HERE)
appeared <u>U(//)</u>	William H. Smith
164-1	yledged that help liether) executed this affidavit.  1 (((()))
Notary's Signature	556
مهنون مهنون	- Commence of the Commence of
	STEPHANIS HALUIAK STORY Public. Stora at Nexacia Appointment No. 96-50-41 My Appli, Expres Sep 23, 2007

900K 145 PAGE 582

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	~^~~	Carotte A.	PENA ENTEN			
			IENT OF HUMAN F	RESOURCES	5Z(0, k, s = k + 1)	
			DIVISION OF HEALT VITAL STATISTICS DEPARTMENT OF	IF HUMAN RESC		
F	_	DIVISION OF	HEALTH — SECTION C CERTIFICATE OF D		、 ┌─∖	STATE PLE MINNESS
TYPE OR PRINT 94 PERMANENT	DECEASED NUMB First 1. Ruth	<del>Ukida</del>	SMITH	1-	esh, Day, Year) 13, 1999	Lincoln
DECEDENT.	CTTY, TOWN OR LOCATION OF DEATH  Caliente  RACE—(e.g., White, Black, American	3c. Grover (	Dils Medical Co	THE THE TANK	House or inst. Indicate COA TOPACTION A UNDER I DAY S HOURS MANS	Ferral S
F OSATA CCCURRED III	White STATE OF BIRTH (Figure 22.1. Temp county) TILINOIS	CIFIZEN OF WHAT COUNTRY U.S.A.	Decedent's Education. Specify high- grade completed.	7.	ARRIED, SURV	May 21, 1915
MISTRUTION SEE HANDROCK REGAPONG COMPLETION OF MESIDENCE ITEMS	SOCIAL SECURITY NUMBER			KIND OF BUSINES	s on Houstry laker	
L	PESIDENCE—STATE COUR  15a. Nevada 15a.  FATHER MALE FIRE	Lincoln	Caliente	154 30	7 Hill Stre	et (Specify Liter) s (Specify 198 of Not 15a.
PARENTS	NFORMANT—NAME (Type or Print)	Henry Ma	athias 17.		. Na. City or Town, State. 2., Nevada 89	
DISPOSITION	184 William Smith BURKAL CREMATION, REMOVAL OTHE 194 Cremation	- In Cre	roacsematory name	St. George	OCATION CHY 6	rge, Utah
dis-osmon	FUNERAL DIRECTOR SCHATURE (OF PARO) ACTUTAL SUCI.  20a. Mario the best of my snowledge, data to the cause significant.	RUNERAL CLICENSE N		994 Calier	ite, Nevada	1 Home, Inc. 89008  In, in sty opinion death occurred and(s) and manner stated.
-	(Signature and Fide) > DATE SIGNED (Mo., Day, Yr.	10	ITH I	S (Signifure and Title)	, Vr.) HOUR	OF DEATH
CERTIFIER		210. 1830 SICIAN IF OTHER THAN CERTIF	J TER (Type or Part)	PRONOUNCED DEAD	(Ma., Day, Yr.) PRON 22e. A	JUNCED DÉAD (Now)
соноглоня		The state of the s	Box 30 Caliente	, Nevada 890		LICENSE MINISER 230. 4798 NICABLE DISEASE
IF ANY WHICH GAVE RISE TO MMEDIATE CAUSE STATING THE	25. WANEDIATE CAUSE IENTER C	ONLY ONE CAUSE PER LINE PO	OFF (est. (b), AND (c).)	9	24c. YES□ NO[	Interval between crimit and cook
CAUSE LAST	DUE TO, OF AS A CONS	mencardiz	/ Infantion			Industrial between orest and death
CAUSE OF DEATHS	DUSE TO, OR AS A CONS NO. A SINGUE PART OTHER SIGNIFICANT CONO	scharatec co	17091 611 V STERV to cease that more resulting in the windships	g course goven in Part 1. A	UTOPSY (Spacely Year or Mo)	WAS CASE REFERRED TO COMONER (Special Year or May
DEATHER	ACC SUICIDE HOM, UNDET, DATE OF PENONG INVEST.	/		VINLENT OCCURRED	. No	27. NO
The same of the sa	1	28c. CE OF PUBLICY—At home, term, building, etc. (Spe	M 286. street, lackery, office LOCATION. (ely) 28g.	STREET OR R.F.I	o. No. GITY OF	
7		STATE HE	GISTRAR		No.	135642
				1,	(	
3		This is to certify that of the certificate on (	the above is a true and could be in this office.  MAR 0.5 1999	rect copy- <sup>(f. /t.)</sup> -	300K 145	7.583
		WARNING: IT	IS HELEGAL TO ALTER OR COPY TO	IIS DOCUMENT		

## NO. 113832

FILED AND RECORDED AT REQUEST OF James B. Schofield

January 12, 2000

AT 18 MINUTES PAST 10 OFFICE AM IN BOOK 145 OF OFFICER

RECORDS PAGE 582

COUNTY, NEVADA.

300K 145 746E 584