

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Olivia B. Olson
P.O. Box 393
Caliente, NV 89008

Order No. 9916743
Escrow No. 9916743
Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN 003-097-05

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF Nevada
County of Lincoln } ss.

Olivia B. Olson, of legal age, being first duly sworn, deposes and says:
That Theodore Ralph Olson, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as Ted R. Olson
named as one of the parties in that certain Deed dated March 19, 1975
executed by William R. Orr and Jeanette E. Orr
to Ted R. Olson and Olivia B. Olson
as joint tenants, recorded as Instrument No. 094455 on June 27, 1990 in
Book 91, Page 176 of Official Records of Lincoln County,
covering the following described property situated in the County of Lincoln, State of Nevada

All that certain lot, piece or parcel of land situate in the County of Lincoln, State of Nevada, described as follows:

Lot 7, and the adjoining Easterly 18' of Lot 6, in Block 39, in the Tomas E. Dixon Addition, to the City of Caliente, Lincoln County.

Dated: 11-02-1999

Olivia B. Olson
Olivia B. Olson

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,

this 2nd day of November 1999.
WITNESS my hand and official seal.

Signature Mary Cardinal

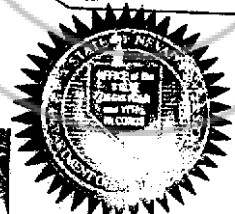
MARY CARDINAL
Name (Typed or Printed)



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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
	1. Theodore Ralph OLSON		2. July 19, 1997		3. Lincoln	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		SEX	
	3b. Caliente		3c. 280 Ryan Street		4. Male	
F. 1517b ACCURACY IN INSTITUTION SEE HANDBOOK SECTION COMPLETE IN RESIDENCE ITEMS	RACE—(a) White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Origin? Specify (Yes or No) if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR
	5. White		8. No		7a. 65	7b. MDS : DAYS
15a. Nevada	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
	9a. Nevada		9b. U.S.A.		10. 2-2-1932	
13	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	13		14a. Owner/Operator		11. Married	
15a. Nevada	RESIDENCE—STATE		COUNTY		KIND OF BUSINESS OR INDUSTRY	
	15a. Nevada		15b. Lincoln		14b. Chevron Fuel Station	
PARENTS	FATHER—NAME		MOTHER—MAIDEN NAME		15c. Yes	
	16. Ralph Olson		17. Pauline Lundberg		15c. Yes	
DISPOSITION	INFORMANT—NAME (Type or Print)		MAILING ADDRESS		19c. Las Vegas, Nevada	
	18a. Olivia B. Olson		18b. P.O. Box 393 Caliente, Nevada 89008		19c. Las Vegas, Nevada	
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION—City or Town	
	19a. Cremation		19b. Desert Memorial		19c. Las Vegas, Nevada	
20a. Signature of Certifier	FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
	20a. [Signature]		20b. 15		20c. P.O. Box 994 Caliente, Nevada 89008	
21a. Signature of Physician	21a. [Signature]		21b. [Signature]		22a. [Signature]	
	21c. July 19, 1997		21d. 0230		22b. [Signature]	
23a. Signature of Registrar	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. ON		23c. AT	
	23a. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		23b. ON		23c. AT	
24a. Signature of Registrar	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		LICENSE NUMBER	
	24a. [Signature]		24b. July 19, 1997		24c. 4798	
25. IMMEDIATE CAUSE	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		26. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE	
	PART I (a) Cardio pulmonary arrest		26. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		27. Yes	
CAUSE OF DEATH	(b) Pneumonia		Interval between onset and death		immediate	
	(c) Metastatic Lung Cancer		Interval between onset and death		3 days	
28a. Signature of Registrar	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		ALTOPTSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	28a. Benzaldehyde		28b. No		27. Yes	
28a. Signature of Registrar	ACC. SUICIDE, HON. UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
	28a. No		28b. No		28c. No	
28a. Signature of Registrar	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(If farm, home, street, factory, office building, etc. (Specify)		LOCATION	
	28a. No		28b. No		28c. No	



STATE REGISTRAR No. 103596

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date issued: JUL 25 1997

Syonna Sylva
State Registrar

COPY

113958

No. 113958
FILED AND RECORDED AT REQUEST OF
First American Title
February 8 2000
AT 19 MINUTES PAST 11 O'CLOCK
8 A.M. IN BOOK 146 OF OFFICIAL
RECORDS PAGE 204 LINCOLN
COUNTY, NEVADA

Leslie Boucher
COUNTY RECORDER
BY Alex Lewis Deputy