

When Recorded, Mail to:

Ruben Griffen
PO Box 211
Pioche, NV 89043

APN: 2-250-04

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
 : SS
COUNTY OF LINCOLN)

Ruben Griffen hereby swears (or affirms) under penalty of perjury that the following assertions are true of his 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 Ruben Griffen, the person named as one of the grantees in that certain Deed recorded as instrument No. 85086 in Book No. 70, page 666, 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:

Beginning at a point 380.5 feet South and 618 feet West of the Northeast corner of the SW11//4SW1/4 of Section 9, T.22S., R.68 E., MDB&M., said point being on the East bank of the White Wash Field Canal, thence South along the East bank of said White Wash Canal a distance of 600 feet to the TRUE POINT OF BEGINNING, thence continuing South along the East Bank of said Canal a distance of 300 feet to the West bank of the Panaca Flood Control Channel, thence in a North-Northeasterly direction along the West bank of said Flood Control Channel a distance of 393 feet to a point; thence due West a distance of 270 feet to the TRUE POINT OF BEGINNING, containing an area of approximately .93 acres, more or less.

Lincoln County

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Fay L. FERGUSON		2. January 1, 1999	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not entry, give street and number)		If Hosp. or Inst. indicate DOA, Off. Men. Rm. Inquest (Specify)	
4. Desert Springs Hospital		5. OP/Emer. Rm.	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		SEX	
6. White		4. Female	
Was Decedent of Hispanic Origin? (Specify) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
7a. 77		7b. 77	
CITIZEN OF WHAT COUNTRY (If not U.S.A., name country)		DECEDENT'S EDUCATION—Specify highest grade completed	
9a. Arkansas		10. 12	
SOCIAL SECURITY NUMBER		MARITAL STATUS (Specify)	
11. [REDACTED]		12. Widowed	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
13a. Homemaker		14b. Own Home	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Lincoln	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. William Britt		17. Jessie Hosier	
MARRIAGE—NAME (Type or Print)		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Grayce Mc Bride		18b. 70 Box 132, Panaca, Nevada 89042	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME LOCATION City or Town State	
19a. Burial		19b. Panaca Cemetery	
19c. Panaca, Nevada		FUNERAL DIRECTOR LICENSE NUMBER	
20a. Carroll Lilly		20b. 86	
20c. 6200 S. Eastern Avenue, Las Vegas, Nevada 89119		FURNITURE ADDRESS OF FACILITY	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) D.C. [Signature]		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) [Signature]	
21b. 1/4/99		21c. 10:53 a.m.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. NAME OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		22c. AT	
23a. Adelaida Aranas, MD, 3701 W. Charleston, Las Vegas, Nevada 89102		23b. 3850	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. JAN 05 1999	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c))		26. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I (a) Cardiac Pulmonary Arrest		Interval between onset and death	
(b) Coronary Artery Disease, Hypertension, Myocardial Infarction		Interval between onset and death	
(c) Generalized Arteriosclerosis		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
25a. End-stage Rheumatoid Arthritis		26. No	
27. Yes		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOURS OF INJURY		28d. M	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		28h. STREET OR R.F.D. No.	
28i. CITY OR TOWN		28j. STATE	

STATE REGISTRAR

No. 140172

"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 as authorized by the State Board of Health pursuant to NRS 440.175.

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

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: *[Date]*

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573

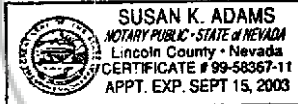
3007 154 : 336

- 4. Fay L. Ferguson was one of the grantees named in said deed and is the identical person named as Fay L. Ferguson, the decedent, in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof. I am Fay L. Ferguson's son.
- 5. As recited in the above-described Certificate of Death, Fay L. Ferguson died on the first day of January, 1999, in Las Vegas, Clark County, State of Nevada.

Ruben J. Griffen
 Ruben Griffen

(JURAT)

SUBSCRIBED AND SWORN BEFORE ME THIS
24th DAY OF April, 2001



Susan K. Adams
 NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

MY COMMISSION EXPIRES
9/15/03

NO. **116227**

FILED AND RECORDED AT REQUEST OF

Ruben Griffen

April 24, 2001

03 PM 154 OF OFFICIAL

RECORDS BOOK 335 LINCOLN

COUNTY, NEVADA

Leslie Boucher
 COUNTY RECORDER

By Debra Lewis, deputy