

AJN: 001-081-04

WHEN RECORDED MAIL TO:  
JOHN ETCHART  
PIOCHE, NV 89043

**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That JUDITH ADELE ETCHART, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JUDY A. ETCHART named as one of the parties in that certain Deed dated June 27, 1972, executed by JOHN R. ETCHART AND JUDY A. ETCHART as joint tenants with rights of survivorship, recorded as Instrument No. 51713 on June 27, 1972 in book 4, page 384 and Instrument no. 51712 on June 27, 1972 in book 4, page 383 of Official Records of Lincoln County, Nevada, covering the following described property situated in the Town of Pioche, County of Lincoln, State of Nevada

LOTS 9, 10, 11, & 12 IN BLOCK 4 in the town of Pioche, as said lots and block are delineated on the official plat of said town of Pioche, now on file and of record in the office of the County recorder of said Lincoln County and to which said plat and the records thereof reference is hereby made for further particular description.


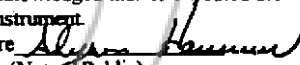
Subject to:  
Covenants, Conditions, Restrictions, Reservations, Rights, Right of Ways and Easements now of record or any that may actual exist on subject property.

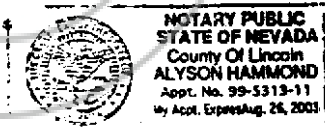
Together with all the singular the tenements, hereditaments, and appurtenances therunto belonging or in anywise appertaining.

STATE OF NEVADA  
COUNTY OF LINCOLN  
ON 17 Sept. 2001

Executed on 17/Sept/ 2001  
  
Signature: JOHN R. ETCHART

Personally appeared before me,  
A Notary Public,

  
Who acknowledged that he executed the  
above instrument.  
Signature   
(Notary Public)



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 Judith Adele ETCHEART		2 June 11, 2001	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3 Las Vegas		4 Clark	
HOSPITAL OR OTHER INSTITUTION - Name (If not enter your street and number)		PLACE OF DEATH	
5 University Medical Center		6 Inpatient	
RACE: (a) g. White, Black, American Indian, etc. (Specify)		SEX	
7 White		8 Female	
WAS (Indicate of Hispanic Origin? Specify (1) yes, (2) no) (Specify Mexican, Cuban, Puerto Rican, etc.)		AGE - Last Birthday (Years)	
9		10 34	
DATE OF BIRTH (MM, Day, Yr)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
11 December 20, 1946		12 Married	
USUAL OCCUPATION (Specify Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13 Legal Secretary		14 Law	
RESIDENCE - STATE		CITY, TOWN OR LOCATION	
15 Nevada		16 Lincoln	
FATHER - NAME First Middle Last		MOTHER - MAIDEN NAME First Middle Last	
17 Raymond Eyrud		18 Ellen Joanne Cammack	
INFORMANT - NAME (Type or Print)		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
19 John Etchart		20 PO Box 443 Pioche Nevada 89043	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - NAME	
21 Cremation		22 Hites Crematory	
FUNERAL DIRECTOR - SIGNATURE (If Family Arrangements Made)		FUNERAL DIRECTOR LICENSE NUMBER	
23 <i>James W. Long</i>		24 601	
FACILITY NAME AND ADDRESS OF FACILITY		LOCATION - City or Town, State	
25 Hites Funeral Home		26 Henderson Nevada	
27 438 West Sunset Road Henderson Nevada 89015		28	
DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH	
29 6-12-01		30 2321	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		WAS CASE REFERRED TO CORONER? (Specify Yes or No)	
31 Praveen Saran M.D. 61 North Nellis Las Vegas Nevada 89110		32 No	
REGISTRAR - SIGNATURE		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr)	
33 <i>Van Pinski, Larry</i>		34 JUN 12 2001	
MANNER OF DEATH - YES OR NO		CAUSE OF DEATH	
35		36	
PART I		PART II	
37 Cardiorespiratory arrest		38 Minutes	
39 Renal failure		40 Days	
41 Septic		42 Hours	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY - (Specify Yes or No)	
43		44 No	
ACC. SUICIDE, FOM. HOMICIDE OR FENCIBLE BATTERY (Specify)		DATE OF INJURY (Mo., Day, Yr)	
45		46	
HOUR OF INJURY		PLACE OF INJURY - At home, bus, street, factory, office building, etc. (Specify)	
47		48	
WAS HOME WHEN INJURY OCCURRED		LOCATION	
49 No		50	
STREET OR R.F.D. No.		CITY OR TOWN	
51		52	

STATE REGISTRAR

No. 201164

"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: JUN 12 2001

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

152 MAY 256

COPY

NO. 116959

FILED AND RECORDED AT REQUEST OF  
JOHN ETCHART

SEPTEMBER 17, 2001

AT 4.5 MINUTES PAST 11 O'CLOCK

AM IN BOOK 158 OF OFFICIAL

RECORDS PAGE 255

DEWITT, NEVADA  
*Zella Boush*  
COUNTY RECORDER