

APN: 001-032-07

WHEN RECORDED MAIL TO:
CARMEN YLLAS
108 White Oak Court
Ashland, KY 41101

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Kenneth V. Knorr, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kenneth V. Knorr named as one of the parties in that certain Deed recorded in the book of record in Lincoln County in Book 154 Page 206, executed by Kenneth V. Knorr and Carmen Yllas as joint tenants in the below described property:

All that real property situated in town of Pioche, County of Lincoln, State of Nevada, bounded and described as follows:

Parcel of land situated within Block 42, of the town of Pioche, Sec. 22, T. 1 N., R. 67 E., M.D.M., Lincoln County, Nevada, being more particularly described as follows:

Beginning at a point on the North Boundary Line of said Sec. 22, whence the N ¼ Cor. of said Sec. 22 bears N. 89° 53' 32" W. a distance of 553.93 feet, said point being described as the Point of Beginning;

- Thence N., 33° 00' 21" E. a distance of 10.10 feet;
- Thence S. 62° 40' 44" E. a distance of 100.49 feet;
- Thence S. 33° 00' 21" W. a distance of 75.00 feet;
- Thence N. 62° 40' 44" W. a distance of 100.49 feet;
- Thence N. 33° 00' 21" E. a distance of 64.90 feet to the Point of Beginning.

Containing 7500 Sq. Ft. or 0.17 Acre, more or less.

As seen on Map of Survey Boundary Line Adjustment for Sandra Bitton recorded in the Book of Records in the Auditor/Recorders Office of Lincoln County Book B Page 109, Document Number 110952

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 thereunto belonging or in anywise appertaining.

STATE OF NEVADA *entucky
COUNTY OF LINCOLN *Geezump
ON 1/30/07

Personally appeared before me,

A Notary Public,

Carmen Yllas

Who acknowledged that he executed the above instrument.

Signature *[Signature]*
(Notary Public)

Executed on 1-30-2008
[Signature]
Signature: Carmen Yllas

Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FORM VS 10-1-A
(Rev. 6/98)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116

000020

MUST BE TYPED

DECEDENT

PARENTS

INFORMANT

DISPOSITOR

CERTIFIER

CAUSE OF DEATH

REGISTRAR

1. DECEDENT'S NAME (Last, first, middle, last) Kenneth Knorr		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 4, 2001	
4. SOCIAL SECURITY NO. 58		5. AGE LAST BIRTHDAY (Month, Day, Year) 58		6. DATE OF BIRTH (Month, Day, Year) April 14, 1943	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		8. PLACE OF DEATH (Check one only) HOSPITAL			
9. FACILITY NAME (If not residential care street and number) 108 White Oak Court		10. CITY, TOWN, OR LOCATION OF DEATH Ashland		11. COUNTY OF DEATH Greenup	
12. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated) widowed		13. SURVIVING SPOUSE (If both, give husband's name) Cleo Gravett		14. DECEDENT'S USUAL OCCUPATION (Give kind of work during usual week or during six (6) full work weeks) Management	
15. KIND OF BUSINESS, INDUSTRY Northwest Airlines		16. RESIDENCE - State Kentucky		17. COUNTY Greenup	
18. CITY, TOWN, OR LOCATION Ashland		19. STREET AND NUMBER 108 White Oak Court		20. DECEDENT'S EDUCATION (Check all that apply: (a) through (d)) 12	
21. RACE - (Specify if other than white) white		22. MOTHER'S NAME (First, Middle, Maiden Surname) Cleo Gravett			
23. FATHER'S NAME (First, Middle, Last) Walter Knorr		24. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 108 White Oak Court, Ashland, KY 41101			
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Reinterment from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) F.C. Daehler Mortuary		27. LOCATION - City, town or State Portsmouth, Ohio	
28. SIGNATURE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28) Santiago Villas MD		29. DATE SIGNED (Month, Day, Year) 12/4/01			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28) Santiago Villas MD 108 White Oak Court Ashland, Kentucky 41101		31. TIME OF DEATH (Month, Day, Year) 7:25 AM December 4, 2001			
32. DATE PROLONGED DEAD (Month, Day, Year)		33. HAS CASE REFERRED TO MEDICAL EXAMINER/CONDITION? (Yes or No) NO			
34. PART I - Enter the immediate, proximal, or contributory cause causing the death. Do not enter the remote or remote of death, such as congenital, respiratory arrest, stroke or heart failure. List only one cause on each line. HEART ARREST		35. APPROXIMATE PERIOD BETWEEN DEATH AND DEATH FEW MINUTE			
36. DUE TO OR AS A CONSEQUENCE OF PULMONARY EDEMA		37. APPROXIMATE PERIOD BETWEEN DEATH AND DEATH FEW MINUTE			
38. DUE TO OR AS A CONSEQUENCE OF POURTE PLEURISY - EARLY PHASE		39. APPROXIMATE PERIOD BETWEEN DEATH AND DEATH 2 HOURS			
39. DUE TO OR AS A CONSEQUENCE OF CHRONIC ARTERIAL DISEASE		40. APPROXIMATE PERIOD BETWEEN DEATH AND DEATH YEARS			
41. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Specify in Part I) CARCINOMA OF ESOPHAGUS		42. HAS ANY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Specify in Part I) NO			
43. NUMBER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Death not due to investigation		44. DATE OF RULY (Month, Day, Year)		45. TIME OF RULY	
46. PLACE OF RULY - At home, hotel, street, factory, office building, etc. (Specify)		47. LOCATION - Street and Number or Rural Route Number, City or Town			
48. REGISTRAR'S SIGNATURE Sandra J. Davis		49. DATE FILED (Month, Day, Year) DEC 07 2001			



I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 7th day of DEC, 2001

Sandra J. Davis
Sandra J. Davis, Registrar

COPY

NO. **117666**

FILED AND RECORDED AT REQUEST OF

MARGERY JONES

FEBRUARY 6, 2002

AT 37 MINUTES PAST 2 O'CLOCK

PM IN BOOK 161 OF OFFICIAL

RECORDS PAGE 430 LINCOLN

COUNTY, NEVADA

Julie Bruner
COUNTY RECORDER

BOOK **161** PAGE **432**