

APN NO.: 001-072-10
ESCROW NO.: 2002-59282-MLJ

WHEN RECORDED MAIL TO:
Nettie Mae Leonard
P. O. Box 984
McGill, NV 89318

AFFIDAVIT OF SURVIVING TENANT

STATE OF Nevada)ss.
COUNTY OF White Pine)

Nettie Mae Turley Leonard, being first duly sworn, deposes and says:

1. That she is over the age of twenty-one years and legally competent to make and execute this Affidavit.
2. That she is the daughter of Marion Turley and Jennie Mae Turley, who were the surviving tenants of Louise B. Thompson, and who are now deceased.
3. That Louise B. Thompson is now deceased, having died in Pioche, Nevada, on the 15th day of June, 1969. Attached hereto is a copy of the Certificate of Death of said Louise B. Thompson, which has been duly filed with the Nevada State Department of Health, Division of Vital Statistics, Carson City, Nevada. That you affiant expressly incorporates said Certificate of Death in this Affidavit.
4. That during the lifetime of the said Louise B. Thompson, Marion Turley and Jennie Mae Turley, owned the following described real property, situate in the City of Pioche, County of Lincoln, State of Nevada, and that Louise B. Thompson reserved a Life Estate, to-wit:

Lots Three (3), Four (4), Five (5), Six (6), Forty-one (41), Forty-Two (42), Forty-Three (43) and Forty-Four (44), in Block Thirty-Five (35) of the Town of Pioche as shown by map thereof on file in the Office of the County Recorder of Lincoln County, Nevada.

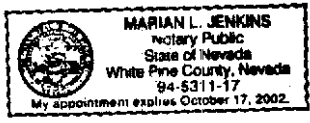
5. That said Life Estate was created by a certain Deed made and executed and which was recorded January 17, 1967, in Book N-1, Page 158, as Document No. 44780, Official Records Of Lincoln County, Nevada.
6. That by reason of the demise of the said Louise B. Thompson, Marion Turley and Jennie Mae Turley, were the surviving tenants and became the sole owners in fee simple of the above described property.

Nettie Mae Leonard
Nettie Mae Leonard

Subscribed and sworn to before me this 1st day of March, 2002

By Nettie Mae Leonard.

Marian L. Jenkins
Notarial Officer



STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE AND REHABILITATION

DIVISION OF HEALTH—SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

208

69-001853

NT IN
 INK
 FOR

DECEASED—NAME LOUISE B. FIELDSON THOMPSON		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) June 15th 1969
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) White	AGE—LAST BIRTHDAY (YEARS) 84	DATE OF BIRTH (MONTH, DAY, YEAR) April-22-1885	COUNTY OF DEATH Lincoln
CITY, TOWN, OR LOCATION OF DEATH Caliente	HOSPITAL OR OTHER INSTITUTION (NAME IN FULL OR OTHER, GIVE STREET AND NUMBER) Lincoln County Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MARITAL NAME) None
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	KIND OF BUSINESS OR INDUSTRY Own Home	
RESIDENCE—STATE Nevada	COUNTY Lincoln	CITY, TOWN, OR LOCATION Pioche	STREET AND NUMBER (SPECIFY YES OR NO) Yes LeCourse Street
FATHER—NAME [REDACTED]	MOTHER—MAIDEN NAME [REDACTED]		
INFORMANT—NAME [REDACTED]	MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) Box 343 Douglas, Alaska		
PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Cerebral Hemorrhage			3 weeks
(b) Hypertension			
(c) Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELIEVED TO CAUSE DEATH IN THIS CASE)			AUTOPSY (YES OR NO) No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	ROLE	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1)
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, MAIN STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE)	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) June 1958 TO (MONTH, DAY, YEAR) June 15 69	AND LAST SAW HIM/HIS ALIVE ON (MONTH, DAY, YEAR) June 15 69	I DID/DID NOT VIEW THE BODY AFTER DEATH (YES/NO) Did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED (HOURS, MINUTES) 6 pm
CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			
CERTIFIER—NAME (TYPE OR PRINT) Grover C. Dils, MD	SIGNATURE <i>Grover C. Dils</i>	DEGREE OR TITLE MD	DATE SIGNED (MONTH, DAY, YEAR) June 19-69
MAILING ADDRESS—CERTIFIER Box 398	CITY OF TOWN Caliente	STATE Nevada	ZIP 89008
SURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Masonic Cemetery	LOCATION Pioche, Nevada	
DATE (MONTH, DAY, YEAR) 6-19-1969	FUNERAL HOME—NAME AND ADDRESS Lincoln County Mortuary	STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP Caliente, Nevada	
FUNERAL DIRECTOR—SIGNATURE <i>David H. [REDACTED]</i>	REGISTRAR—SIGNATURE <i>G.C. Dils, MD</i>	DATE RECEIVED BY LOCAL REGISTRAR JUNE 19-69	



This is to certify that the above is a true and correct copy of the certificate on file in this office.

JAN 30 2002

BOOK 162 PAGE 222

Date issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

NO. 117828

FILED AND RECORDED AT REQUEST OF
FIRST AMERICAN TITLE

MARCH 14, 2002

AT 25 MINUTES PAST 04 O'CLOCK

PM IN BOOK 162 OF OFFICIAL

RECORDS PAGE 221 LINCOLN

COUNTY NEVADA

LESLIE BOUCHER

COUNTY RECORDER

BY Teresa Stevens, DEPUTY