

004-042-04

RECORDING REQUESTED BY:

When Recorded Mail Document  
and Tax Statement To:

Escrow No.  
Title Order No.  
APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF UTAH

COUNTY OF WASHINGTON

WANDA BRAILSFORD of legal age,  
being first duly sworn, and deposes and says:

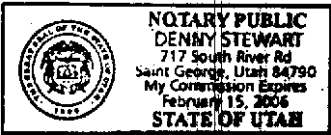
That Dale E. Brailsford  
the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as  
named as one of the parties in that certain  
Deed of Trust/Note dated December 20, 1996  
executed by David Thatcher & Sheila Thatcher, H/W,  
to Dale Brailsford & Wanda Brailsford, H/W  
as Joint Tenants,  
recorded as Instrument No. on January 15, 1997, Book 125  
Page 289-290, of Official Records of Lincoln County,  
covering the following described property situated in the city of  
County of Lincoln, State of Nevada

DATED: 4/14/02

Wanda Brailsford  
Wanda Brailsford

SUBSCRIBED AND SWORN TO before me  
this 16 day of April, 192002

Signature Denny Stewart



STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **27-433** STATE FILE NUMBER

1. NAME OF DECEASED: **Earl BRAILSFORD** SEX: **Male** DATE OF BIRTH: **July 4, 1925** DATE OF DEATH: **Aug 2, 2000**

2. PLACE OF BIRTH: **Springville, UT**

3. PLACE OF DEATH: **1203 East 900 South #4, St. George, Washington**

4. OCCUPATION: **Masonry**

5. MARRITAL STATUS: **Married**

6. RESIDENCE: **1203 East 900 South #4, St. George, Washington, UT**

7. FATHER'S NAME: **James Earl BRAILSFORD**

8. MOTHER'S NAME: **Florence BEEBEY**

9. RELATIONSHIP AND ADDRESS OF DECEASED: **Wife, 1203 East 900 South #4, St. George, UT 84790**

10. DATE OF DEPOSITION: **Aug 3, 2000**

11. PLACE OF DEPOSITION: **Evergreen Cemetery, Springville, UT 84603**

12. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN: **Alan Skolnick M.D., 595 South Bluff Street # 6, St. George, UT**

13. IMMEDIATE CAUSE OF DEATH: **Congestive Heart Failure**

14. SECONDARY CAUSES: **Plate Myocardial Infarction, Coronary Artery Disease**

15. UNDERLYING CAUSE: **Myocardial Infarction, Hypertension**

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

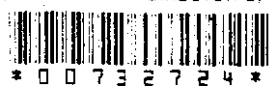
Date issued: **Aug 11 2000**

County: **Washington**

Registrar: **Barry E. Nangle**

By: **Barry E. Nangle**  
DIRECTOR OF VITAL RECORDS

LL73272-



COPY

NO. 118023

FILED AND RECORDED AT REQUEST OF  
FIRST AMERICAN TITLE

APRIL 22, 2002

AT 25 MINUTES PAST 04 O'CLOCK

PM IN BOOK 163 OF OFFICIAL

RECORDS PAGE 93 LINCOLN

COUNTY NEVADA

LESLIE BOUCHER

BY Jeneta Lewis COUNTY RECORDER  
DEPUTY