

1 **RECORDING REQUESTED BY:**
2 KENNETH J. JORDAN, ESQ.
3 208 N. Curry Street
4 Carson City, Nevada 89703-4121

5 AND WHEN RECORDED MAIL TO:
6 KENNETH J. JORDAN, ESQ.
7 208 N. Curry Street
8 Carson City, Nevada 89703-4121

9 **AFFIDAVIT OF DEATH OF JOINT TENANT**

10 STATE OF NEVADA)
11) ss.
12 CARSON CITY)

13 BRIAN M. WILKIN, of legal age, being first duly sworn, upon oath, deposes and says:

14 That PAUL L. WILKIN, the Decedent mentioned in the attached certified copy of
15 Certificate of Death, is the same person as the PAUL L. WILKIN, named as one of the parties in
16 that certain Joint Tenancy Deed dated June 18, 1970, and executed by Harold A. Williams and
17 Estella J. Williams, husband and wife, and granted bargain and sell to PAUL L. WILKIN and
18 MARGARET C. WILKIN, husband and wife, as joint tenants with right of survivorship,
19 recorded as File No. 50815 on September 7, 1971, in Book 2, Page 512 & 513 of the Official
20 Records of Lincoln County, Nevada, and more particularly described as follows:

21 The North half of the Northwest quarter (N1/2NW1/4) of U. S. Government Lot
22 No. 8 in Section 2, T4N.,R67E., MDB&M., and also a parcel of land situate in
23 the Southwest corner of U. S. Government Lot No. 1 in said Section 2 described
24 as follows:

25 Beginning at the Southwest corner of said Lot 1 and running thence North
26 along the dividing line between said Lot 1 and Lot 2 a distance of 330 feet, thence
27 East 660 feet, thence South 330 feet, thence West 660 feet to the place of
28 beginning and containing in all 10 acres.

That the said Decedent, PAUL L. WILKIN died on November 22, 1986, in Las Vegas,
Clark County, Nevada,

1 and was the father of BRIAN M. WILKIN and husband of MARGARET C. WILKIN.

2 That MARGARET C. WILKIN died on June 22, 2001, in Washoe County, Reno,
3 Nevada and BRIAN M. WILKIN is in the process of Probating her Estate.

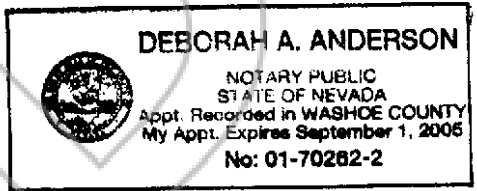
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DATED this 3, day of May, 2002.

Brian M. Wilkin
BRIAN M. WILKIN

SUBSCRIBED and SWORN to before me
this 3, day of May, 2002.

Deborah Anderson
NOTARY PUBLIC



STATE OF NEVADA

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

86-006941

004133
LOCAL FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Paul Lamar WILKIN			DATE OF DEATH (Month, Day, Year) 2. November 22, 1986		STATE FILE NUMBER 3a. Clark					
	CITY, TOWN, OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1304 Pyramid		INSIDE CITY LIMITS (Specify Yes or No) 3d. NO		If Hosp. or Inst. indicate DOA, OP/Emer. (Specify Yes or No) 3e. 7				
	RACE—ie.g., White, Black, American Indian, etc. (Specify) 4a. White		ETHNIC 4b.		AGE—Last Birthday (Years) 5a. 59		UNDER 1 YEAR MOS : DAYS 5b. : UNDER 1 DAY HOURS : MINS 5c. : :		DATE OF BIRTH (Mo., Day, Yr.) 6. February 12, 1927		SEX 7. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 8. Utah		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married		SURVIVING SPOUSE (If wife, give maiden name) 11. Elizabeth Krommes		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes		
	SOCIAL SECURITY NUMBER 13.		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Attorney General		KIND OF BUSINESS OR INDUSTRY 14b. State Government		178		910		
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Clark		CITY, TOWN, OR LOCATION 15c. Las Vegas		STREET AND NUMBER 15d. 1304 Pyramid		INSIDE CITY LIMITS (Specify Yes or No) 15e. NO		
PARENTS:	FATHER—NAME First Middle Last 16. Robert G. Wilkin			MOTHER—MAIDEN NAME First Middle Last 17. Olive Gray							
	INFORMANT—NAME (Type or Print) 18a. Elizabeth Wilkin-Wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1304 Pyramid Las Vegas, Nevada 89108							
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Palm Crematory		LOCATION City or Town State 19c. Las Vegas, Nevada						
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Maureen Anderson</i>		NAME AND ADDRESS OF FACILITY 20b. Palm Mortuary 1325 North Main St. Las Vegas, Nevada 89101								
CERTIFIER	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) <i>Paul E. Michael M.D.</i>				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) stated. (Signature and Title) <i>Paul E. Michael M.D.</i>						
	DATE SIGNED (Mo., Day, Yr.) 21b. 11-24-86		HOUR OF DEATH 21c. 7:00 A.M.		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.				
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON				PRONOUNCED DEAD (Hour) 22e. AT		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. Paul E. Michael M.D. 3380 South Eastern Avenue Las Vegas Nevada										
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>Jan Bristol Deputy</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. NOV 25 1986		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>						
	26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))										
	PART I (a) <i>1540 Metastatic colo-rectal adenocarcinoma</i>		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death				
	(b)		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death				
(c)		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes				
	ACC. SUICIDE, HGM UNDET. OR PENDING INVEST (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.				
	INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE				



VITAL RECORDS

N:62776

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

Date Issued: MAY 03 2002

Spokane Silver
163 PAGE 361
State Registrar

COPY

NO. **118134**

FILED AND RECORDED AT REQUEST OF
KENNETH J. JORDAN, ESQ.
MAY 10, 2002

AT 24 MINUTES PAST 2 O'CLOCK

PM IN BOOK 163 OF OFFICIAL

RECORDS PAGE 359 LINCOLN

COUNTY NEVADA

Leslie Bonahed
COUNTY RECORDER