

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA )  
 )  
COUNTY OF LINCOLN ) SS.

EDYTHE M. BELL, of legal age, being first duly sworn, deposes and says:

That I am the WIFE of decedent, EVAN BELL, who died on MAY 17, 1994, in LAS VEGAS NEVADA, and that I have personal knowledge of all facts asserted in this Affidavit.

That EVAN BELL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EVAN BELL, named as one of the parties in that certain JOINT TENANCY DEED dated OCTOBER 3, 1974 executed by PIOCHE MINES CONSOLIDATED, INC., a NEVADA CORPORATION, BY VICTOR COTTINO to EVAN BELL and EDYTHE MARIE M. BELL, as joint tenants, recorded as Instrument No. 55196, on October 15, 1974, in Book 11, Page 516, of Official Records of Recorder's Office, LINCOLN County, Nevada, covering the following described property situated in the City of PIOCHE, County of LINCOLN, State of Nevada:

All of Lot numbered Seven (7) in Block numbered Twenty-three (23) the said town of Pioche, as said lot 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 plat and the records thereof reference is hereby made for further particular description.

*A part of APN: 7-122-03*

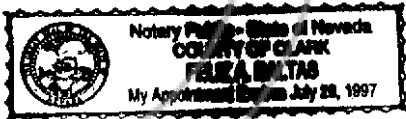
Dated August 9, 1996

*Edythe M. Bell*  
EDYTHE M. BELL

STATE OF NEVADA )  
 )  
COUNTY OF CLARK ) SS.

On August 9, 1996, before me, the undersigned, a Notary Public in and for said State, personally appeared EDYTHE M. BELL known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

SUBSCRIBED and SWORN to before me, a Notary Public, this 9 day of August, 1996.



*Felicia Baltas*  
NOTARY PUBLIC STATE OF NEVADA

When Recorded Mail To:

EDYTHE M. BELL  
517 S. MALLARD ST.  
LAS VEGAS, NEVADA 89107

SPACE BELOW FOR RECORDER'S USE

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEASED	1. <b>Evan BELL</b>		2. <b>May 15, 1994</b>	
	CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. <b>Las Vegas</b>		3c. <b>Valley Hospital</b>	
	RACE—(e.g., White, Black, American Indian, etc) (Specify)		3e. <b>Inpatient</b>	
PARENTS	5. <b>White</b>		4. <b>Male</b>	
	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
DISPOSITION	6. <b>82</b>		8. <b>December 3 1911</b>	
	7a. <b>82</b>		7b. <b>7c.</b>	
CERTIFIER	9a. <b>Kansas</b>		10. <b>14</b>	
	9b. <b>U. S. A.</b>		11. <b>Married</b>	
CAUSE OF DEATH	12. <b>Edythe M. Jameson</b>		13. <b>Fireman/Retired</b>	
	14a. <b>Fireman/Retired</b>		14b. <b>City Government</b>	
CAUSE OF DEATH	15a. <b>Nevada</b>		15b. <b>Clark</b>	
	15c. <b>Las Vegas</b>		15d. <b>517 S. Mallard St.</b>	
CAUSE OF DEATH	16. <b>Ridley Bell</b>		17. <b>Elizabeth Evans</b>	
	18a. <b>Edythe M. Bell -Wife</b>		18b. <b>517 South Mallard Street Las Vegas, Nevada 89107</b>	
CAUSE OF DEATH	19a. <b>Removal</b>		19b. <b>Westminster Memorial Park</b>	
	19c. <b>Westminster California</b>		20a. <b>Palm Mortuary 1600 S. Jones Blvd. Las Vegas, NV</b>	
CAUSE OF DEATH	21a. <b>5-17-94</b>		21c. <b>6:38 A.M.</b>	
	21b. <b>Michael Schlachter MD 5701 W.Charleston Blvd. Las Vegas Nevada</b>		21d. <b>5562</b>	
CAUSE OF DEATH	22a. <b>SEPSIS</b>		22b. <b>2 DAYS</b>	
	22c. <b>Pneumonia</b>		22d. <b>7 DAYS</b>	
CAUSE OF DEATH	23a. <b>Chronic Obstructive Pulmonary Disease</b>		23b. <b>No</b>	
	23c. <b>No</b>		23d. <b>No</b>	
CAUSE OF DEATH	24a. <b>Jan Briski, Deputy</b>		24b. <b>MAY 18 1994</b>	
	24c. <b>YES</b>		24d. <b>NO</b>	
CAUSE OF DEATH	25. <b>SEPSIS</b>		25. <b>Pneumonia</b>	
	25. <b>Chronic Obstructive Pulmonary Disease</b>		25. <b>No</b>	
CAUSE OF DEATH	26. <b>No</b>		26. <b>No</b>	
	26. <b>No</b>		26. <b>No</b>	
CAUSE OF DEATH	27. <b>No</b>		27. <b>No</b>	
	27. <b>No</b>		27. <b>No</b>	
CAUSE OF DEATH	28a. <b>No</b>		28b. <b>No</b>	
	28c. <b>No</b>		28d. <b>No</b>	
CAUSE OF DEATH	28e. <b>No</b>		28f. <b>No</b>	
	28g. <b>No</b>		28h. <b>No</b>	

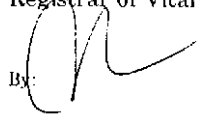
No.066814

STATE REGISTRAR

"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

OTTO RAVENHOLT, M.D.  
 Registrar of Vital Statistics

By: 

Date Issued: MAY 19 1994

CLARK COUNTY HEALTH DISTRICT  
 625 Shadow Lane P.O. Box 4426  
 Las Vegas, Nevada 89127  
 702-383-1223

BOOK 164 PAGE 97

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AT THE REQUEST OF

Edith Bell

2002 JUN 3 AM 11 02

LINCOLN COUNTY RECORDED  
FILE 16.33 DEP TMS  
LESLIE BOUCHER