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								
, 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 Utilitial plat of Said fown of Pioche now on file and at								
In the Office of the County Recorder of gaid fingola County 3								
to which plat and the records thereof reference is hereby made for further particular description.								
4 Folds								
APN: 9-122-03								
Dated August 9, 1996 Eduthe M. Bell								
EDYTHE M. BELL								
STATE OF NEVADA)								
) ss.								
COUNTY OF CLARK)								
On August 9 , 19 96 , 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 , 19 96 .								
Name of Street o								
Notary Constituted and the Constitution of the State of San State of S								
My Appointment Ady 20, 1997 NOTARY PUBLIC STATE OF NEVADA								
SPACE BELOW FOR PECOPDER'S USE								

When Recorded Mail To:

EDYTHE M. BELL 517 S. MALLARD ST. LAS VEGAS, NEVADA 89107 SPACE BELOW FOR RECORDER'S USE

TE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES

		DIVISION OF	HEALTH - SECTI	ON OF VITAL	LSIAHSHUS		
ľ			CERTIFICATE (OF DEATH	Γ		
	LOCAL FILE NUMBER	·			•	07475.5%	C MANDED
TYPE OR PRINT	DECEASED		Last		DATE OF DEATH (Month, Day, Year)		E NUMBER NTY OF DEATH
IN PERMANENT	. Evan		BELL	a M	ay 15, 1994	1,-,	71
BLACK INK	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER	INSTITUTION—Name (If not ex	ther olve street and	ay 15, 1994	nat, Indicate DOA, OP/Eme	Clark
	wlas Vacas			mer, give sireet and	Rm. Inpatier	nt (Specily)	. SEX
DECEDENT	»Las Vegas	3c.Valley Ho				atient	4 Male
	RACE—(e.g., White, Black, American Indian, etc) (Specify) was	is Decedent al Hispanic Origi eclly Mexican, Cuban, Puerto	n? Specify () yes y no if yes, Rican, etc.	AGE—Lest Birthday (Years)		IDER I DAY DATE OF	BIRTH (Mo., Day, Yr.)
	5. White 6.			1 22 1	7b. 7c.	n Dece	ember 3 1911
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY			RIED, NEVER MARRIED,		USE (If wife, give maken name)
DOCURRED IN Institution	. Kansas	96 U.S.A.	grade completed.	A (Spec	OWED. DIVORCED	!	
SEE HANDBOOK	SOCIAL SECURITY NUMBER			4 11.	city) Married	12. Edythi	≥ M. Jameson
REGARDING COMPLETION OF	ARDING SOCIAL COOD AT ION (Give kind of Work Done During Most by KIND OF BUSINESS OR INDUST						
RESIDENCE ITEMS	13.	148 Fireman/Re		146	City Gove	rnment	
	RESIDENCE—STATE COUNTY	Y	CITY, TOWN, OR LOCATION	4	STREET AND NUME	EA II	ISIDE CITY LIMITS Specify Yes or No.
~(15a. Nevada 15b. C.	lark	15c. Las Vegas		SI/S. Ma	111ULU DL.	Se. Yes
PARENTS	FATHER—NAME First	Middle		HEFI-MAIDEN NAM	AE First	Middle	Lest
PARIENTS	16. Ridley		Bell "	Flie	abeth	Λ	P
1	INFORMANT—NAME (Type or Print)	***************************************	MAILING ADDRESS	6112	(Street or R.F.D. No., City	or fown, State, Zigh	<u>Evans</u>
	18m. Edythe M. Bell	_ 13.1.4	185555			A Maria	
	BURIAL, CREMATION, REMOVAL, OTHER	-Wife (Specify) CEMPTER	Y OR CREMATORY—NAME	h Mallar	<u>d Street La</u>	8 Yegas, Net	zada 89107
ì	19a. Removal					1 1	
DISPOSITION	~~~	tminster Memorial Park 190 Westminster California					
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Sugh)	DIRECTOR NAME AND ADDRESS OF FACILITY					
	208. Melle Cullban	20b. Z	7 20dPalm !	lortuary .	1600 S. Jon	es Blvd. Lad	s Vegas. NV
	21a. To the best of my knowledge, de due to the cause(s) stated.	eath occurred at the time. date	and place and	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) and manner stated. (Signature and Title)						
·	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEA	dH		GIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
	覧 21b. 5-1 7-	44 21c.	6:38 A.M.	⊉.ν	nanzo (mo., cay, 17.)		
CERTIFIER	NAME OF ATTENDING PHYSIC		0:30 A, A.	e 22b.		22c.	\
	218. To the best of my knowledge, de due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYSIC	HAN IF OTHER THAN CERTIF	- HEIN (Type of Print)	PRONO	DUNCED DEAD (Mo., Day.	Yr.) PRONOUNCED I	DEAD (Hour)
	- 210.			22d. Of	The same of the sa	22e. AT	
	NAME AND ADDRESS OF CER	TIFIER (PHYSICIAN, ATTEND	DING PHYSICIAN, MEDICAL E	XAMINÉR, OR COR	ONER). (Type or Print.)	LICEN	SE NUMBER
	230 Michael Sch	Tachter MD 57	Ol W.Charlest	on Blvd.	Las Vegas	Nevada 🛘 🚉	562
CONDITIONS	REGISTRIAR	17 - 11	DATE RECEIV	ED BY REGISTRAR	(Mo., Day, Yr.) DEATH I	DUE TO COMMUNICABLE	
IF ANY WHICH GAVE	248. (Signature) > ALAN	Musli:	LUXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		3. 1.		/)
RISE TO IMMEDIATE		Y ONE CAUSE PER LINE FO		1 1 0 133	34. 24c.	YES NO	
CAUSE	CEI	or ic	er (b), (a), rino (c).)			milerval	between onsel and death
STATING THE UNDERLYING CAUSE LAST	PART (a) SEL	/>(>			_/	<u> </u>	UWV))
OHOOC ENGI	DUE 10, OR AS CONSEC	JUENCE UF:		N .	/ /	Interval	between onset and death
	(6)	cumonic	~ \	\	/ /	: -	DANS
	DUE TO, OR AS A CONSEQUENCE OF:						
CALLET OF	(c)			V 7		:	
CAUSE OF	PART OTHER SIGNIFICANT CONDITION	ONS-Conditions contributing t	lo death but not resulting in tile	underlying cause give	en in Par L. J. ANI D. CY.	- (Specify WAS CAS	E REFERENCE TO
11 () CORONER (Specify Yes or A C							
	ACC., SUICIDE, HOM., UNDET., DATE OF	F INJURY (A.to., Day, Yr.) HOL	JR OF INJURY DESCR	IIIUM7N		O 27.	No
	OR PENDING INVEST.	HOU	OF INJURY DESCR	NBE HOW INJURY (JGCOHHED		
	(Specify) 28a. 28b.	28c.	M 28d.	,	\ \\		
	(Specify Yes or No)	OF INJURY—At Irome, farm, st bulkfing, etc. (Spe	reel, factory, office LOCA1	10N. S	TREET ON H.F.D. No.	CITY OR TOWN	STATE
Ĺ	289. 281	Some angle etc. paper	28g.	1	\)		
`						****	

No.066814

STATE REGISTRAR

 $\hbox{``CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF}$ 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 RAISED SEAL OF THE CLARK DISTRICT ALTH

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

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



BOOK 154 PAGE **98**