

A.P. No. 011-110-24
Escrow No. 2002-62677-MLJ

WHEN RECORDED MAIL TO:
Mrs. Freeda M. Schofield
P. O. Box
Hiko, NV 89017

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Wm. U. Schofield, Jr., decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Wm. U. Schofield, named as one of the parties in that certain Deed of Trust dated September 7, 1976, executed by D.O.E., Inc., a Nevada corporation, Trustor, to Wm. U. Schofield, Jr. and Freeda M. Schofield, husband and wife as joint tenants, recorded as Instrument No. 25135 on October 29, 1976 in book 18, page 523, of Official Records of Lincoln County, Nevada.

April 4, 2002

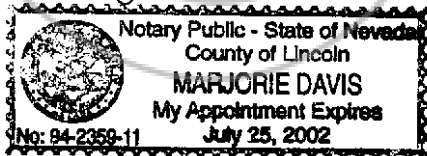
Dated

Freeda M. Schofield

Freeda M. Schofield

Subscribed and sworn to before me this 4th day of April, 2002 ^{m.s.}
Freeda M. Schofield..

Marjorie Davis
Notarial Officer



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

001810

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. William Udall		SCHOFIELD, Jr.		2. April 8, 1991		3a. Clark	
3b. Las Vegas		3c. University Medical Center		If Hosp. or Inst. Indicate DOA, OP/Emer. (Specify)		4. Male	
5. White		6. No		7a. 78		3e. Inpatient	
8a. Nevada		9b. U.S.A.		10. 13		11. Married	
13. [REDACTED]		14a. Dairy Rancher		14b. Agriculture		12. Freeda Mathews	
15a. Nevada		15b. Lincoln		15c. Hiko		15d. Quail Hollow	
16. William Udall Schofield		17. Josephine Olive Bean		18a. Freeda M. Schofield			
19a. Burial		19b. Hiko-Schofield Cemetery		19c. Hiko Nevada			
20a. [Signature]		20b. [Signature]		20c. 925 Las Vegas Blvd. N., Las Vegas, Nevada 89101			
21a. [Signature]		21c. 3:30am		22a. [Signature]		22c. [Signature]	
23a. William J. Schofield, M.D. 1701 W. Charleston Bl, Las Vegas, Nv. 89102		23b. 5891		24. APR 10 1991			
25. Cardiac arrest		25. Supraventricular tachycardia		25. COPD *(Chronic Obstructive Pulmonary Disease)			
26. No		27. No		28. No			
28a. [REDACTED]		28b. [REDACTED]		28c. [REDACTED]			
28d. [REDACTED]		28e. [REDACTED]		28f. [REDACTED]			

STATE REGISTRAR No. 026419

"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: [Signature]

Date Issued: APR 12 1991

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

BOOK 164 PAGE 213

COPY

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AT THE REQUEST OF

First American Title

2002 JUN 11 AM 10 12

LINCOLN COUNTY RECORDED
FEE \$16.00 DEP
LESLIE BOUCHER *LB*