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 LincolnCounty, Nevada.

april 4,2002

Freeda M. Schofield

Subscribed and sworn to before me this 4th day of April , 20012 m. W. Freeda M. Schofield..

Notarial Officer

Notary Public - State of Neveda County of Lincoln MARJORIE DAVIS My Appointment Expires 11 July 25, 2002

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS 001810 **CERTIFICATE OF DEATH** LOCAL FILE NUMBER DECEASED—NAME First STATE FILE NUMBER COUNTY OF DEATH DATE OF DEATH (Month, Day, Year) William Uda11 SCHOFIELD, Jr. 2 April 8, 1991 Clark CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) II Hosp. or Inst. Indicate DO/ Rm. Inpatient (Specify) 3e. Inpatient Las Vegas ₃. University Medical Center DECEDEN PACE—(e.g., White, Black, Ar Indian, etc) (Specify) 5. White nt of Hispanic Origin? Specify □ yas X no if yes, AGE—Lest Birthday (Years) 7a. 78 UNDER I DAY DATE OF BIRTH (Mo., Day, Yr.) March 29, 1913 7b. 7c. STATE OF BIRTH IF DEATH OCCUPPED SURVIVING SPOUSE III wife, give malder U.S.A. 13 Nevada Married , Freeda Mathews SOCIAL SECURITY NUMBE USUAL OCCUPATION (G KIND OF BUSINESS OR INDUSTR Done During Dairy Rancher 'Agriculture RESIDENCE-STATE COUNT CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) Nevada Lincoln Hiko 15d. Quail Hollow Yes MOTHER-MAIDEN NAME PARENTS Schofield William Uda11 Josephine **Olive** Bean INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or To 18a. Freeda M. Schofield BURIAL, CREMATION, REMOVAL, OTHER (Speci 18b. Box 24, Hiko, Nevada 89017 CEMETERY OR CREMATORY-NAME LOCATION State Hiko-Schofield Cemetery Burial 190 Hiko Nevada TULLUL FUNERAD DIRECTOR NAME AND ADDRESS OF FACILITY LICENSE MABER 206. 925 Las Vacas Bunker Mortuary ∞ 925 Las Vegas Blvd. N., Las Vegas, Nevada 89101 22a. On the basis of examination and/or investigate at the time, date and place and due to the cau HOUR OF DEATH (Signature and Title) DATE SIGNED (Mo., Day, Yr., TE SIGNED (Mo., Day, Yr.) 4-9-9 3:30am CERTIFIER 22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print PRONOUNCED DEAD (How 22d, ON VER, OR CORO 214. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMI D.1701 W. Charleston Bl, Las Vegas, Nv. 89102 DATE RECEIVED BY REGISTRAR (Ma., Day, Yr.) DEATH DUE TO COMMUNICATION OF THE PROPERTY OF THE P 5891 Interval between onset and death *(Chronic Obstructive Pulmonary Disease)

STATE REGISTRAR

LOCATIO

No. 026419

CITY OR TOWN

WAS CASE REFERRED TO CORONER (Specify Yes or No.)

Νo

"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

(Specify) 28a. INJURY AT WORK 'Coecify Yes or No) DATE OF INJURY (Mb., Day, Yr.)

PLACE OF INJURY

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

Date Issued:

AUTOPSY

STREET OR R.F.D. No.

No

APR 1 2 1991

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

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