

A.P. No. 001-191-90
Escrow No. 2018824 MJ

WHEN RECORDED MAIL TO:
Patsy Franks
PO Box 514
Pioche, NV 89043

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

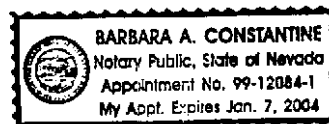
That John Franks, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John Franks named as one of the parties in that certain Trustee's Deed dated October 19, 1973, executed by Paul Gemmill trustee of Combined Metals Reduction Company to John Franks and Patsy Franks, husband and wife as joint tenants, recorded as Instrument No. 53621 on November 1, 1973 in Book 8, Page 525, of Official Records of Lincoln County, Nevada, and that certain Grant, Bargain and Sale Deed dated January 25, 1982, executed by Ange Free to John and Patsy Franks, recorded as Instrument No. 74503 on February 5, 1982 in Book 48, Page 420, of Official Records of Lincoln County, Nevada, and that certain Grant, Bargain and Sale Deed dated January 28, 1982, executed by John and Anita Lee to John and Patsy Franks, recorded as Instrument No. 74504 on February 5, 1982 in Book 48, Page 421, of Official Records of Lincoln County, Nevada covering the following described property situated in the Township of Pioche, County of Lincoln, State of Nevada: The Southwest ¼, Section 15, Township 1 North, Range 67 East, M.D.B.&M.

Dated: Dec. 26, 02

Patsy Franks
Patsy Franks

Subscribed and sworn to before me this 28th day of August, 2002
By Patsy Franks

Barbara A. Constantine
Notarial Officer



Lincoln County

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

000420

LOCAL FILE NUMBER 000420		STATE FILE NUMBER	
DECEASED—NAME First Middle Last John Jacob FRANKS		DATE OF DEATH (Month, Day, Year) 2 January 28, 1991	
CITY, TOWN, OR LOCATION OF DEATH Las Vegas		COUNTY OF DEATH Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not within, give street and number) University Medical Center		Place of last sickness (Specify) Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		SEX Male	
AGE—Last (Full) Year 69		DATE OF BIRTH (Mo., Day, Yr.) Sept. 24, 1921	
STATE OF BIRTH (If not U.S.A., name country) California		CITIZENSHIP U.S.A.	
SOCIAL SECURITY NUMBER [REDACTED]		EDUCATION—Highest grade completed 15	
RESIDENCE—STATE Nevada		CITY, TOWN, OR LOCATION Lincoln Pioche	
FATHER—NAME First Middle Last George W. Franks		MOTHER—MAIDEN NAME First Middle Last Lena Johnson	
INFORMANT—NAME (Type or Print) Jim Crockett		MARRIAGE HISTORY Married	
18b. Jim Crockett		18c. 700 South 3rd, Las Vegas, Nevada 89101	
19a. Burial		19b. Masonic Cemetery	
20a. [Signature]		20b. 28	
21a. [Signature]		21b. 9:15 A.M.	
22a. [Signature]		22b. 9:15 A.M.	
23a. G. Sheldon Green, M.D.—Chief Med Exam., 1704 Pinto, Las Vegas, NV		23b. 3004	
24a. [Signature]		24b. JAN 30 1991	
25. Acute myocardial infarct		26. Multiple non-lethal trauma	
27. Accident		28. MVA/driver. Two car collision.	

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SET HANDBOOK REGARDING COMPLETION OF RECORDS FORM

PARENTS

DISPOSITION

CERTIFIER

410.1 281-10

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 023774

"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: NOV 10 1993

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 4426

Las Vegas, Nevada 89127

702-383-1223

BOOK 166 PAGE 589

COPY

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AT THE REQUEST OF

First American Title

2002 SEP 12 PM 4 16

LINCOLN COUNTY RECORDED
FEE **1.50**
DEP **TMB**
LESLIE DOUGHER