

APN: 003-053-01

FILED FOR RECORDING  
AT THE REQUEST OF

When recorded, mail to:  
Ellen Bullock  
Box 623  
Caliente, NV 89008

Ellen Bullock

2004 JUN 21 AM 9 30

LINCOLN COUNTY RECORDER  
FEE 15.00  
LESLIE BOUCHER

**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA )  
 ) : ss.  
COUNTY OF Lincoln )

Ellen Bullock hereby swears (or affirms) under penalty of perjury, that the following assertions are true of his/her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated

2. I am ELLEN Bullock, the same person named as ELLEN Bullock one of the grantees named in that certain JOINT TENANCY Deed recorded as Document No. 58022 in Book 19, Page 105 of the Official Records, in the Office of the County Recorder of LINCOLN County, State of Nevada.

3. The real property which is the subject of the above-described deed is located in the County of LINCOLN, State of Nevada, and is known as \_\_\_\_\_, \_\_\_\_\_, LINCOLN County, Nevada, and more specifically described as follows, to wit:

(legal description) ALL of Lot four in Block Forty-six in the city of CALIENTE  
Assessor's Parcel No. 003-053-01.

3. John C. Bullock also one of the grantees named in said deed, is the identical J.C. Bullock, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am J.C.'s WIFE.

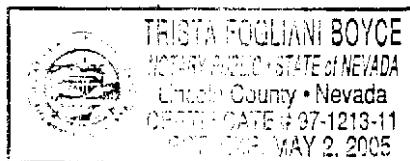
4. As recited in the above-described Certificate of Death, J.C. died on MAY 30, 2004 in CALIENTE, LINCOLN County, NEVADA.

State of Nevada  
County of Lincoln

Ellen Bullock  
(type affiant's name here)

This instrument was acknowledged before me on  
06-21, 2004 by Ellen Bullock  
DATE NAME OF PERSON

Trista Fogliani Boyce  
(Signature of notarial officer)



SEAL

**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS**

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

**TYPE OR PRINT IN PERMANENT BLACK INK**

**DECEDENT**

**IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE'S**

**PARENTS**

**DISPOSITION**

**CERTIFIER**

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

**CAUSE OF DEATH**

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. J. C. BULLOCK		2. May 30, 2004		3a. Lincoln	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Caliente		3c. 120 Alice Street		3e. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 78	7b.	7c.	8. April 22, 1926
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Missouri	9b. U.S.A.	10. 8	11. Married	12. Ellen Adams	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. [REDACTED]	14a. Electrician		14b. City of Caliente		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Lincoln	15c. Caliente	15d. 120 Alice Street	15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Joseph Bullock		17. Bernice Carver			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Ellen A. Bullock		18b. P.O. Box 623 Caliente, Nevada 89008			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
19a. Burial	19b. Caliente City Cemetery		19c. Caliente, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. [Signature]	20b. 15	20c. 730 Front Street Caliente, Nevada 89008			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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 DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b.		21c.		22b. 06-01-04	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON 05-30-04		22e. AT 0310	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. Evan Schimbeck; P.O. Box 590 Pioche, Nevada 89043					23b.
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. [Signature]	24b. 06-01-04		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I	(a) Cardio Pulmonary Arrest	Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:	: Immediate			
	(b) Pulmonary Metastatic Cancer	: Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:	: Years			
	(c) Rectal Cancer	: Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:	: Years			
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
			25. No	27. Yes	
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			

STATE REGISTRAR

No. 239570

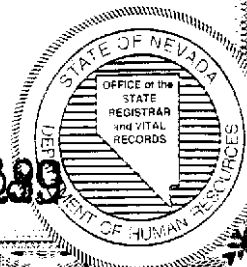
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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: JUN 16 2004

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE