

APN 02-102-16

APN 02-102-20

APN \_\_\_\_\_

FILED FOR RECORDING  
AT THE REQUEST OF

*Irvin C. Wright*

2005 MAR 15 PM 2 14

LINCOLN COUNTY RECORDER  
FEE 16.00 DEPA  
LESLIE BOUCHER

AFFIDAVIT OF SURVIVING JOINT TENANT

Title of Document

Grantees address and mail tax statement:

IRVIN C. WRIGHT

P.O. BOX 542

PANACA, NV. 89042

APN: 02-102-16 and 02-102-20

When recorded, mail to:

(here insert name and  
(address of the surviving  
(joint tenant)

IRVIN C. WRIGHT  
P.O. BOX 542  
PANACA, NV. 89042

**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA )  
COUNTY OF LINCOLN ) SS.

IRVIN C. WRIGHT 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 IRVIN C. WRIGHT the same person named as IRVIN C. WRIGHT, one of the grantees named in that certain TRUST Deed, recorded as Document No. 099294 in Book 103, Page 154 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:

ALL OF LOT FORTY-NINE (49) AND THE ADJOINING SOUTHERLY 35 FEET OF LOT FIFTY (50) IN SUNGOLD MANOR UNIT NO. 1 IN THE TOWN OF PANACA, LINCOLN COUNTY NEVADA. Assessor's Parcel No. 002 102 20 & 16

AILEEN M. WRIGHT (decedent), also one of the grantees named in said deed, is the identical  (decedent's name as shown on death certificate), named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am AILEEN M. WRIGHT's (describe family relationship, if any, of affiant to deceased joint tenant). HUSBAND

MARY AILEEN WRIGHT

4. As recited in the above-described Certificate of Death, MARY AILEEN WRIGHT died on JUNE 3, 1998, in (city) \_\_\_\_\_, LINCOLN County, (state) NEVADA.

Irvin C. Wright  
(type affiant's name here)

State of Nevada  
County of Lincoln

(JURAT) Instrument was acknowledged before me on March 15, 2005 by Irvin C. Wright  
DATE NAME OF PERSON

2002

556



Teresa M. Seevers  
(Signature of notarial officer)

SEAL

**STATE OF NEVADA**  
**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**

98 006612

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Mary Aileen WRIGHT				2. June 3, 1998	98 006612
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)	SEX
3b. Caliente		3c. Grover C. Dils Medical Center		3e. Inpatient	4. Female
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
5. White		6.		7a. 48	7b. 7c.
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)
9a. California		9b. U.S.A.		10. 15	11. Married
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. Hairdresser		14b. 772 Cosmetology	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Lincoln	15c. Panaca	15d. 160 N. 6th Street	15e. Yes
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Alma Unthank Millett			17. Nellie Snow		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Irvin C. Wright			18b. P.O. Box 542 Panaca, Nevada 89042		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Burial		19b. Panaca Cemetery		19c. Panaca, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 15	20c. P.O. Box 994 Caliente, Nevada 89008 09		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21a. [Signature]		21b. 6-5-98		21c. 1850	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. Farhana Kamal MD		22a. [Signature]		22b. [Signature]	
21d. P.O. Box 164 Panaca, Nevada 89042		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (Hour)	
21d. [Signature]		22c. [Signature]		22d. [Signature]	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22e. ON		22e. AT	
21d. Farhana Kamal MD; P.O. Box 164 Panaca, Nevada 89042		22e. ON		22e. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. 6-5-98		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) Acute Severe Pulmonary Edema				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Hours	
(b) Systolic Heart Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Years	
(c) Hodgkins Disease Therapy				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)	
26. Bronchial Asthma; Mitral Regurgitation		26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
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.	

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

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

CAUSE OF DEATH

STATE REGISTRAR

No. 103722

21049

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: **AUG 25 2004**

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

STATE REGISTRAR **198** PAGE **121**

