

FILED FOR RECORDING  
AT THE REQUEST OF

*Elaine Mackert*

2005 APR 1 PM 1 43

LINCOLN COUNTY RECORDER  
FEE 15.00 DEP *ca*  
LESLIE BOUCHER

APN: 001-191-34

WHEN RECORDED MAIL TO:  
DEE MAURINE  
P.O. BOX 67  
PIOCHE, NV 89043

**AFFIDAVIT - DEATH OF JOINT TENANT**

The undersigned being first duly sworn, deposes and says:

That THOMAS ANDREW MAURINE, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as THOMAS A. MAURINE named as one of the parties in that certain Deed dated March 31, 1994 executed by THOMAS A. MAURINE AND DELORES E. MAURINE as joint tenants recorded as Instrument No. 101673 in book 109, page 188 of Official Records of Lincoln County, Nevada, covering the following described property situated in the Town of Pioche, County of Lincoln, State of Nevada.

Beginning at the southwest corner of that certain parcel of land shown as parcel no. 2 of that certain parcel map of the north one-half of the southeast one-quarter of the southeast one-quarter of section 15, township 1 north, range 67 east, MDB&M, prepared at the instance of Vaughn and Donna Phillips, which parcel map was recorded in the office of the County Recorder of Lincoln County, Nevada on March 5, 1984 in Book A-1 of Plats at Page 227, running thence North 17 37' east, along the west line of said Parcel 2 a distance of 158.68 feet; thence north 89 55' 57" west, a distance of 157.55 feet; thence south 17 37' west, a distance of 158.775 feet to the south line of said parcel no. 2; thence south 89 56' 18" west, a distance of 157.10 feet to the true point of beginning, excepting therefrom a 15 foot utility and road easement on the North side of said Parcel.

Subject to:

Covenants, Conditions, Restrictions, Reservations, Rights, Right of Ways and Easements now of record or any that may actual exist on subject property.

Together with all the singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

STATE OF NEVADA  
COUNTY OF LINCOLN

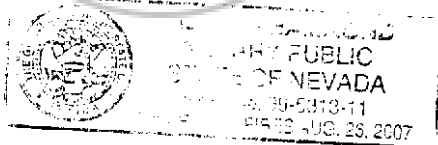
ON 1-April 2005  
Personally appeared before me,  
A Notary Public,

Executed on 4-1-2005

*Delores E. Maurine*  
Signature: Delores E. Maurine

*Delores E. Maurine*  
Who acknowledged that he executed the  
above instrument.

Signature *Lynda Harman*  
(Notary Public)



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

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1. Thomas Andrew MAURINE			DATE OF DEATH (Month, Day, Year) 2 May 17, 2004		COUNTY OF DEATH 3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH 3b. Pioche		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 6 Wide Awake Street		If Hosp. or Inst. indicate DOA, OP/Emer. Firm. Inpatient (Specify) 3e.	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 66	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
STATE OF BIRTH (If not U.S.A., name country) 9a. Illinois		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 11. Married	DATE OF BIRTH (Mo., Day, Yr.) 8 September 11, 1933
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Police Officer		KIND OF BUSINESS OR INDUSTRY 14b. Law Enforcement	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Pioche		STREET AND NUMBER 15d. 6 Wide Awake St.	INSIDE CITY LIMITS (Specify, yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Michael Maurine			MOTHER—MAIDEN NAME First Middle Last 17. Cleo Fourbert		
INFORMANT—NAME (Type or Print) 18a. Delores J. Maurine			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 67 Pioche, Nevada 89043		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Nevada Memorial Cremation		LOCATION City or Town State 19c. Las Vegas, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY (Specify) 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) [Signature] <i>Madhusim</i>			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) [Signature]		
DATE SIGNED (Mo., Day, Yr.) 21b. 05-17-04		HOUR OF DEATH 21c. 1105		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22c.		PRONOUNCED DEAD (Hour) 22d.
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Shailendra Singh, M.D.; P.O. Box 1010 Caliente, Nevada 89008			LICENSE NUMBER 23b. 9978		
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 05-17-04	DEATH DUE TO COMMUNICABLE DISEASE 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 (a)	Cardiorespiratory Arrest		Interval between onset and death		Immediate
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		Years
PART (b)	Advanced Prostate Cancer with Metastasis		Interval between onset and death		Years
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		Years
PART (c)	Diabetes Mellitus		Interval between onset and death		Years
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Obstructive Pulmonary Disease				AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC, SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

No. 239579

10742

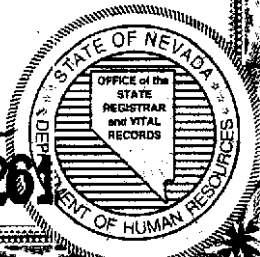
CERTIFIED COPY OF VITAL RECORDS

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:

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



Yvonne Sylva  
STATE REGISTRAR  
199 MAY 2004