WHEN RECORDED MAIL TO:

Jeffery J. McKenna, Esq. BARNEY & MCKENNA, P.C. P. O. Box 3250 Mesquite, NV 89024

MAIL TAX NOTICE TO:

Lee W. Hone P.O. Box 537 Pioche, NV 89043

APN: 001-057-19

FILED FOR RECORDING AT THE REQUEST OF

Barney Amckenna, P.C.

FEE SILE BOUGHER DEP

AFFIDAVIT OF SURVIVING JOINT TENANT RE: DEATH OF JOINT TENANT

STATE OF UTAH) ss. COUNTY OF WASHINGTON)

Lee W. Hone, surviving joint tenant, of legal age, being first duly sworn, declares as follows:

That Ella Mae Hone, the decedent mentioned in the attached certified copy of Certificate of Death, who died December 1, 2004, is the same person as Ella Mae Hone, named as one of the parties in that certain Joint Tenancy Deed dated September 3, 1996, executed by Don W. Hone, Jane S. Hone, Lee W. Hone, and Betty J. Neely, to Lee W. Hone and Ella Mae Hone as joint tenants, recorded on September 3, 1996, in Book 120, Page 528, of Official Records of Lincoln County, Nevada, covering the following described properties situated in the County of Lincoln, State of Nevada:

All of lots numbered Sixty-two (62) and Sixty-three (63) in Block numbered Thirty-seven (37) in said town of Pioche, as said lots and block are delineated and shown on the official map of said town of Pioche, now on file and of record in the office of the County Recorder of said Lincoln County, Nevada, and to which plat and the records thereof reference is hereby made for further particular description.

Together with any and all improvements and dwelling house situate thereon, and all the contents therein.

Parcel No. 001-057-19

Subject to current taxes and other assessments, reservations in patents and all casements, rights-of-way, encumbrances, liens, covenants, conditions, restrictions, obligations and liabilities as may appear of record.

Dated: May 20, 2005

Lee W. HONE

Affiant

SUBSCRIBED AND SWORN to before me this 20th day of May, 2005.

NOTARY PUBLIC

63 South 300 East, Suite 202

St. George, Utah 84770

Lee W. Hone is the beneficiary.

The address is: P.O. Box 537, Pioche, NV 89043



PHYLLIS A. HANCEY NOTARY PUBLIC • STATE OF UTAH 75 NORTH 100 EAST IVINS, UTAH 84738 COMM. EXP. 11-6-2006

11419

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

	LOCAL FILE NUMBER	•			,	i			
۲	DECEASED-NAME First Middle		Leal		DATE OF DEATH (Month, Day, Year)			LE NUMBER INTY OF DEATH	
Ţ	1. Ella			E	² December 1, 2004		3a.	Clark	
`			R INSTITUTION—Name (If not either, give st		et and number) If Hosp. or Inst. Indicate DOA, O Rm. Inpatient (Specify)		ale DOA, OP/Emer	. SEX	
T	36. Las Vegas 36. Natha		Adelson Hospice		30. Inpatier		.ent	4 Female	
٦			gin? Specify ☐ yes Ki no if yes, AGE-Las o Alcan, etc. Birthday ()		under 1 y MOS : D	I MOS : DAYS I HOURS • MINS I		BIRTH (Mo., Day, Yr.)	
1	5. White 8. STATE OF BIRTH CITIZEN OF WHA		T COUN- Decadent's Education. Specify highest		7b.	7c.	BFebruary 6 1928		
ı	(if not U.S.A., name country)	TAY	grace completed. 12		MOOWED DIVORCED			USE (Il wife, give malden name)	
	9a. Nevada SOCIAL SECURITY NUMBER	USIAL OCCUPATION (Give			114		12Lee Wyeth Hone		
	Working Life, Eve		Homemaker		0	IND OF BUSINESS OF INDUSTRY OWN Home			
١,	RESIDENCE—STATE COUN	14R.	CITY, TOWN, OR LOC		140.			Notice or a little	
▶{	15a. Nevada	Lincoln	15c. Pioche		15d35 Pioche Street Steet Yes or Not 15e. Yes				
<u> </u>	FATHER-NAME First	Middle	Lest	MOTHER-MAIDEN		rsl	Middle 1	Se. I CS	
	David Ferg		Kerr	17.	Eva Ireta Carling				
	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					Carring		
	18a. Lee W. Hone		18b. P.O. Box 537 Pioche, Nevada 89043					\	
N	BURIAL, CREMATION, REMOVAL, OTHER	(Specify) CEMETERY	OR CREMATORY—NAM		LOCATION City or Town State				
	19a. Removal/Burial		Ely Cemeter			19c Elv. Nevada			
	FUNERAL DIRECTOR—SIGNATURE	DIRECTOR NAME AND ADDRESS OF FACILITY Hites Funeral Home							
	20a. 1. Jumn	200.438 West Sunset Road Henderson, Nevada 89015							
	due to the causers) stated.								
	(Signature and litte) DATE SIGNED (Mo., Day, Yr.)		Q (Signature and Tible) ▶				\		
_]	80 21b. 17 7 04	HOUR OF DEAT	ATH SO D.		ATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH			-	
3	NAME OF AFTENDING PHYSIC	21c. C	1 2 50 ERTIFIER (Type or Pdni)			123			
	일 이 21d.	PHONOUNCE			DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)				
	NAME AND ADDRESS OF CER	NG PHYSICIAN, MEDICA	22d. ON PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Typ			22e, AT or Print.) LICENSE NUMBER			
Ĺ									
	FEGISTRAH A DATE DECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE								
	24a. (Signature) 24b. DEC 0 3 2004								
	25. IMMEDIATE CAUSE Internal Detween onset and death								
	PART (a) MUTILE	MYELOMA	U .		\ /	/			
	DUE TO, OR AS A CONSE	QUENCE OF:		1			Interval be	etween onset and death	
	(b)			1			:		
F	DUE TO, OR AS A CONSE	QUENCE OF:			\	-	• Interval be	elween onset and death	
	(c)	ONO SO SW		<u> </u>		***************************************	:		
4	PART OTHER SIGNIFICANT CONDIT	IONS Conditions contributing to	death but not resulting)	n the underlying cau	se given in Part 1.	AU10PSY (Sp Yes o	Pecify WAS CASE W No. CORONER	E REFERRED TO	
	ACC., SUICIDE, HOM., UNDET., DATE OF	F INJURY (Mo., Day, Yr.) HOUR	OF INJURY DE	CODIGC HOW BUIL	DV OSCIUDING	26. NO	27.	Yes	
	OR PENDING INVEST. (Specify) 28s. 28b.	-	M 29d.						
		OF INJURY—At home, farin, sti	real factory office I C	STREET OR D	REET OR R.F.D, No. CITY OR TOWN STATE				
L	(Specify res or No) 28e. 28f.	building, etc. (Speci	(ry) 28	\ \	Juice on Al	C	OT UNIOWN	STATE	
			26	a·	_		····		
		STATE REC	SISTRAR			N	lo. 2	74601	

"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

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

DEC 0 9 2004

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

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