

Dated: May 20, 2005

Lee W. Hone

LEE W. HONE

Affiant

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

Phyllis A. Hancey

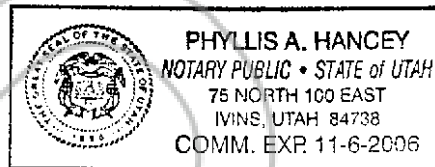
NOTARY PUBLIC

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



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

11419

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Ella Mae HONE		2. December 1, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Nathan Adelson Hospice		3a. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
6.		8. February 6 1928	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 76		MOS : DAYS	
		7b. :	
		7c. :	
UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
HOURS : MINS			
7c. :			
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Nevada		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. USA		12. Lee Wyeth Hone	
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 12		14b. Own Home	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED]		14a. Homemaker	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Pioche	
COUNTY		STREET AND NUMBER	
15b. Lincoln		15d. 35 Pioche Street	
		INSIDE CITY LIMITS (Specify Yes or No)	
		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. David Ferguson Kerr		17. Eva Ireta Carling	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Lee W. Hone		18b. P.O. Box 537 Pioche, Nevada 89043	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Removal/Burial		19b. Ely Cemetery	
		LOCATION City or Town State	
		19c. Ely, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 15	
		NAME AND ADDRESS OF FACILITY	
		20c. 438 West Sunset Road Henderson, Nevada 89015	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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]		(Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 12/2/04		22b. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1250		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. ON	
		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Edwin Kingsley MD 3730 S. Eastern Ave. Las Vegas, Nevada 89109		23b. 5208	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. DEC 03 2004	
		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).)		Interval between onset and death	
PART 1 (a) MULTIPLE MYELOMA		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
		26. No	
		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
		27. Yes [Signature]	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
		HOUR OF INJURY	
		28c. M	
		DESCRIBE HOW INJURY OCCURRED	
		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
		LOCATION.	
		STREET OR R.F.D. No.	
		CITY OR TOWN	
		STATE	
		28g.	

STATE REGISTRAR

No. 274601

"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

By:

Date Issued:

DEC 09 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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