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APN 001-032-03

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FILED FOR RECORDING  
AT THE REQUEST OF

*Dorothy Hurlbert*

2005 AUG 1 AM 9 39

LINCOLN COUNTY RECORDER  
FEE 16.00 DEP *an*  
LESLIE BOUCHER

*Affidavit of Surviving Joint tenant*  
Title Document

Grantees address and mailing statement:

*Dorothy J. Hurlbert*

*P.O. Box 102*

*Pioche, Nev 89043*

APN: 001-032-03

When recorded, mail to:  
Dorothy J. Hurlbert  
P.O. Box 103  
Pioche, New 89043

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )  
 ) ss.  
COUNTY OF Lincoln

Dorothy J. Hurlbert 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 Dorothy J. Hurlbert the same person named as Dorothy J. Hurlbert one of the grantees named in that certain Grant Bargain Sale Deed recorded as Document No. 75683 in Book 50 Page 554 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 \_\_\_\_\_ County, Nevada, and more specifically described as follows, to wit:

Lots One (1), Two (2), Three (3) and Four (4) in Block Forty-two (42) in the Town of Pioche, County of Lincoln, State of Nevada.

3. Clinton E Hurlbert also one of the grantees named in said deed, is the identical Clinton E. Hurlbert, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof I am Clinton's Widow

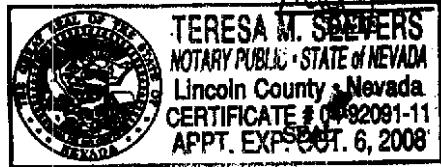
4. As recited in the above-described Certificate of Death, Lincoln died on November 29, 1993 in Pioche, Nevada County,

Dorothy J. Hurlbert  
(type affiant's name here) State of Nevada  
County of Lincoln

(JURAT)

2002

This instrument was acknowledged before me on Aug 1 2005 by Dorothy J. Hurlbert  
NAME OF PERSON



Teresa M. Seavers  
(Signature of notarial officer)

# STATE OF NEVADA

## 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

93 010627

	LOCAL FILE NUMBER				STATE FILE NUMBER	93 010627				
<b>DECEDENT</b>	DECEASED—NAME First Middle Last <b>Clinton Edward HURLBERT</b>			DATE OF DEATH (Month, Day, Year) <b>2 November 29, 1993</b>		COUNTY OF DEATH <b>Lincoln</b>				
	CITY, TOWN, OR LOCATION OF DEATH <b>Pioche</b>			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3203 Gold Street</b>		If Hosp. or Inst. indicate DO, I, OP/Emier. Am. Inpatient (Specify) <b>7</b>		SEX <b>Male</b>		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>s. White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>		AGE—Last Birthday (Years) <b>72 74</b>	UNDER 1 YEAR MOS : DAYS <b>7c.</b>	UNDER 1 DAY HOURS : MINS <b>7d.</b>		DATE OF BIRTH (Mo., Day, Yr.) <b>9.10-18-1919</b>	
	STATE OF BIRTH (If not U.S.A., name country) <b>South Dakota</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		Decedent's Education: Specify highest grade completed <b>13</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		SURVIVING SPOUSE (If wife, give maiden name) <b>Dorothy Garvin</b>	
<b>PARENTS</b>	SOCIAL SECURITY NUMBER <b>[REDACTED]</b>			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Heavy Duty Mechanic 576</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. Operating Engineers 760</b>				
	RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Lincoln</b>	CITY, TOWN, OR LOCATION <b>15c. Pioche</b>		STREET AND NUMBER <b>15d. 203 Gold Street</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>		
	FATHER—NAME First Middle Last <b>16. Elbert A. Hurlbert</b>			MOTHER—MAIDEN NAME First Middle Last <b>17. Rose</b>						
	INFORMANT—NAME (Type or Print) <b>18a. Dorothy Hurlbert</b>				MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) <b>18b. P.O. Box 102 Pioche, Nevada 89043</b>					
<b>DISPOSITION</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. Desert Memorial</b>			LOCATION City or Town State <b>19c. Las Vegas, Nevada</b>				
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 15</b>	NAME AND ADDRESS OF FACILITY <b>20c. P.O. Box 236 Caliente, Nevada 89008 09</b>						
	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) <b>[Signature]</b>		DATE SIGNED (Mo., Day, Yr.) <b>21b. 11-29-93</b>		HOUR OF DEATH <b>21c. 1315</b>		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) <b>[Signature]</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b.</b>	HOUR OF DEATH <b>22c.</b>
<b>CERTIFIER</b>	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d.</b>		PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. ON</b>		PRONOUNCED DEAD (Hour) <b>22e. A1</b>		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>23a. Joseph Wilkin, MD., PO Box 472 Panaca, Nevada 89042</b>		LICENSE NUMBER <b>23b. 3849</b>	
	REGISTRAR (Signature) <b>[Signature]</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. 11-29-93</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), (c), AND (d).)		PART I (a) <b>Cardiac - pulmonary arrest</b>		Interval between onset and death <b>Minutes</b>		PART I (b) <b>Coronary artery disease</b>		Interval between onset and death <b>Years</b>	
	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) <b>26. No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. Yes</b>					
<b>CAUSE OF DEATH</b>	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>	HOUR OF INJURY <b>28c.</b>	DESCRIBE HOW INJURY OCCURRED <b>28d.</b>					
	INJURY AT WORK (Specify Yes or No) <b>28e.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>		LOCATION <b>28g.</b>	STREET OR R.F.D. No.		CITY OR TOWN	STATE	
	<p style="text-align: right;">  No. <b>93-010627</b>  <b>Joanne</b> STATE REGISTRAR Deputy Registrar         </p>									

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **FEB 18 1994**

STATE REGISTRAR

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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