

APN: 002-073-10

When recorded, mail to:
Sherell or Verna Price
P.O. Box 165
Panaca, NV 89042

FILED FOR RECORDING
AT THE REQUEST OF

Sherell Price

2005 SEP 12 PM 3 35

LINCOLN COUNTY RECORDER
FEE 16.00 DEP au
LESLIE BOUCHER

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
COUNTY OF Lincoln) ss.

Shirley Bruneau 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 Shirley Bruneau the same person named as Shirley Bruneau one of the grantees named in that certain Warranty Deed recorded as Document No. 109385 in Book 129, Page 184 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 627 Gentry, Lincoln County, Nevada, and more specifically described as follows, to wit:

(legal description)

Assessor's Parcel No. 002-073-10

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

4. As recited in the above-described Certificate of Death, Lincoln died on April 1, 1999 in Caliente County, NV. (state)

Shirley Bruneau
(type affiant's name here)

(JURAT)

Acknowledgment Certificate

State of Alaska

1st Judicial District

On Sept 6, 2005 Shirley Bruneau personally appeared before me,

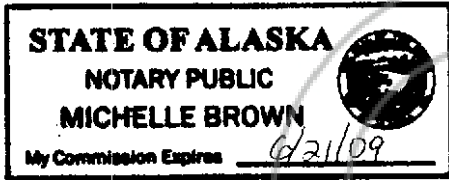
_____ who is personally known to me

X whose identity I proved on the basis of AK DL

_____ whose identity I proved on the oath/affirmation of

_____, a credible witness

to be the signer of the above instrument, and he/she acknowledged that he/she signed it.



Michelle Brown
Notary Public

My commission expires: 6-21-09

This notary certificate is attached to a document titled State of NV, declaration of Value, Quit claim
it contains 03 pages and is attached by means of a staple. Deed, Affidavit of surviving joint tenant

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

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. Napoleon Joseph BRUNEAU			DATE OF DEATH (Month, Day, Year) 2. April 1, 1999		STATE FILE NUMBER 3a. Lincoln							
CITY, TOWN OR LOCATION OF DEATH 3b. Caliente		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Grover C. Dils Medical Center			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. 68		UNDER 1 YEAR MOS : DAYS 7b.		UNDER 1 DAY HOURS : MINS 7c.		DATE OF BIRTH (Mo., Day, Yr.) 8. 12-16-1930		
STATE OF BIRTH (If not U.S.A., name country) 9a. Canada		CITIZEN OF WHAT COUNTRY 9b.		Decedent's Education. Specify highest grade completed. 10. 4		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Shirley Thompson				
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14. Carpenter				KIND OF BUSINESS OR INDUSTRY 15. Construction						
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln		CITY, TOWN, OR LOCATION 15c. Panaca		STREET AND NUMBER 15d. 627 Gentry		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes				
FATHER—NAME First Middle Last 16. Napoleon Joseph Bruneau			MOTHER—MAIDEN NAME First Middle Last 17. Marie DeSalles									
INFORMANT—NAME (Type or Print) 18a. Shirley Bruneau				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 602 Panaca, Nevada 89042								
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			CEMETERY OR CREMATORY—NAME 19b. Desert Memorial			LOCATION City or Town State 19c. Las Vegas, Nevada						
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as such) 20a. [Signature]			FUNERAL DIRECTOR LICENSE NUMBER 20b. 15		NAME AND ADDRESS OF FACILITY 20c. P.O. Box 994 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] DATE SIGNED (Mo., Day, Yr.) 21b. 4-2-99					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.) 22b.					HOUR OF DEATH 22c.		
21c. 1855					22d. ON					22e. AT		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Earl Plunkett, MD, P.O. Box 30 Caliente, Nevada 89008					21f. LICENSE NUMBER 23b. 4798		
REGISTRAR 24a. (Signature) [Signature]			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 4-2-99			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 I (a) Pneumonia										: Immediate		
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death		
(b) Metastatic adenocarcinoma of throat										: Years		
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death		
(c)												
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Irradiation Congenital heart defect					AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No					
ACC. SUICIDE, HOM., UNDET., 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. 135646

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

Date issued: APR 14 1999

BOOK 206 PAGE 187
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT