

125554

APN 002-152-19
TSL-29405

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2005 NOV 29 PM 3 31

LINCOLN COUNTY RECORDER
FEE *1600* DEPA
LESLIE BOUCHER

Mail Tax Bill To:
Jean Hill
P.O. Box 135
Panaca, NV 89042

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

EDITH JEAN HILL of legal age, being first duly sworn, deposes and says:

THAT the deceased mentioned in the attached certified copy of Certificate of Death, is the same person as GARLAND N. HOLLINGSHEAD named as one of the parties in that certain JOINT TENANCY DEED dated AUGUST 15, 1997 executed by GARLAND N. HOLLINGSHEAD to GARLAND N. HOLLINGSHEAD, LEON G. HOLLINGSHEAD, EDITH JEAN HILL AND RALPH E. HOLLINGSHEAD as Joint Tenants and recorded in the Official Records of LINCOLN County, Nevada, on AUGUST 15, 1997 as No. 109563 and covering all of that certain real property described as follows:

PARCEL 2 OF PARCEL MAP FOR HOLLINGSHEAD FAMILY TRUST DATED 06/01/1992 SITUATED WITHIN BLOCK 35 OF THE TOWN OF PANACA, SEC. 9, T 2 S, R 68 E, MDM RECORDED MAY 18, 2004 IN PLAT BOOK C, PAGE 44 AS FILE NO. 122348 IN THE OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, NEVADA.

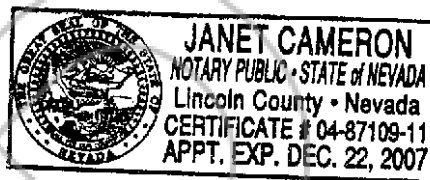
Dated 10-12-05

Edith Jean Hill
EDITH JEAN HILL

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Subscribed and Sworn to before me on Oct 12, 2005, by
EDITH JEAN HILL.

Janet Cameron
Notary Public



Access to information on this form is available under the Utah Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-810		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Garland Nelson HOLLINGSHEAD			2. SEX Male
3a. DATE OF DEATH (Mo., Day, Yr.) Dec 23, 2003		3b. TIME OF DEATH (24 hr. clock) 2053	
4. DATE OF BIRTH (Mo., Day, Yr.) Aug 22 1911	5. AGE - Last Birthday 92	6. BIRTHPLACE (City & State or Foreign Country) Panaca, NV	7. SOCIAL SECURITY NUMBER
8a. PLACE OF DEATH (check only) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) DIXIE REGIONAL MEDICAL CENTER	
9. CITY, TOWN OR LOCATION OF DEATH St. George		10. COUNTY OF DEATH Washington	
11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input checked="" type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Teacher	
13a. RESIDENCE - STREET AND NUMBER 45 South 4th Street		13b. CITY, TOWN, OR COMMUNITY Panaca	13c. COUNTY Lincoln
13d. STATE Nevada		14. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)	
15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White		16. EDUCATION (specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 17+	
17. FATHER'S NAME (First, Middle, Last) John Franklin HOLLINGSHEAD		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Ida Lee	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Edith Jean Hill Daughter 200 N. 6th St. Panaca, Nevada 89042			
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Dec 29, 2003	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Panaca City Cemetery
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER 106092	24. FUNERAL HOME (Name and address) Metcalf Mortuary
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 12/23/03		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ NO. _____ DAY _____ YEAR _____ St. George, UT 84770	
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.			
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c. LICENSE NUMBER 4839153-1205	27d. DATE SIGNED (Mo., Day, Yr.) 12/30/03
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) N.D. Keahav CHANDER 595 S. Bluff #6, St. George, UT 84770			
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) DEC 30 2003
31. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Approximate Interval Between Onset And Death.			
IMMEDIATE CAUSE (disease or condition resulting in death) a. CHF CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): b. CORONARY ARTERY DZ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.			
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input checked="" type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending investigation	
35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 hour Clock)	35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		35e. LOCATION (Street or rural route number, city or town, county and state)	
35f. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.			
36. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 31).			

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **DEC 30 2003**
Washington

Barry E Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS

County
Registrar *Greg L. Edwards*



By *cml*



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.