

FILED FOR RECORDING
AT THE REQUEST OF

Ruth A. Whiteside

1958 JAN 25 AM 10 58

LINCOLN COUNTY RECORDER
FEE \$41.00
LESLIE DOUGLASS

APN _____

APN _____

APN _____

AFFIDAVIT

Title of Document

Grantees address and mail tax statement:

WHEN RECORDED MAIL DEED AND TAX NOTICE TO:

Pauline Coffe
P.O. Box 216
Beatty, Nevada 89003

APN 13-050-40

Space Above This Line for Recorder's Use

AFFIDAVIT

STATE OF Nevada)
) ss
County of Lincoln)

COMES NOW, Pauline Coffe, UPON FIRST BEING DULY SWORN, UPON OATH DEPOSES AND SAYS:

1. That Pauline Coffe is a citizen of the United States over the age of 21 years and a resident of the State of Nevada.
2. That Pauline Coffe is the surviving spouse of G. L. Coffe aka Glenn Leon Coffe , who passed away on the 7th day of November, 1999, and whose death is evidence by an attached Certified copy of Certificate of Death.
3. That Glenn Leon Coffe whose death is evidenced by the above-described Certificate of Death, is one and the same person as that certain G. L. Coffe , one of the joint Tenant Grantees of the following described parcel of real property which is also described on Grant, Bargain and Sale Deed recorded June 24, 1994, as Entry No. 102009, in Book 110, at Pages 95, Official Lincoln County Records:

The Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/2) of the Northeast Quarter (NE1/4) of Section 14, Township 3 South. Range 67 East, M.D B. & M.

EXCEPTING THEREFROM the Easterly 25 feet for road and power easements

4. That under and by virtue of the Joint Tenancy Laws of the State of Nevada, Pauline Coffe is the surviving Joint Tenant of the above-described property, and as such, is the sole owner of said property.

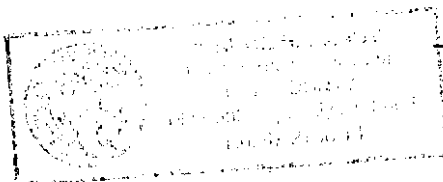
DATED this 8 of Nov, A. D. 2004.

Pauline Coffe
Pauline Coffe

STATE OF Nevada)
) ss
County of Nye)

NOTARY

On the 8th day of November, A. D. 2004 personally appeared before me, Pauline Coffe, signer(s) of the within instrument, who duly acknowledge to me that she executed the same.



Yae R Vandy
Notary Public

Notary Public residing at:
Beatty, Nevada

My Commission Expires:
July 21, 2005

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

008852

99 013098

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

DEATH OCCURRED IN INSTITUTION? (See Handbook Regarding Details Under Cause of Death Items)

RENTS

POSITION

ATTIHER

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

USE OF DEATH

DECEASED—NAME 1. Glenn Leon COFFER			DATE OF DEATH (Month, Day, Year) 2. November 7, 1999		COUNTY OF DEATH 3a. Clark
CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Sunrise Hospital		If Hosp. or inst. indicate DCA, OP, Emer. Rm. Inpatient (Specify) 3e. Inpatient	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. 87	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. February 18, 1912
STATE OF BIRTH (If not U.S.A., name country) 9a. Kentucky	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 10		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired) 14a. Rancher		KIND OF BUSINESS OR INDUSTRY 14b. Livestock	
RESIDENCE—STATE : COUNTY 15a. Nevada : 15b. Nye		CITY, TOWN, OR LOCATION 15c. Beatty		STREET AND NUMBER : INSIDE CITY LIMITS (Specify Yes or No) 15d. Fleur DeLee : 15e. No	
FATHER—NAME First Middle Last 16. John Frank Coffer			MOTHER—MAIDEN NAME First Middle Last 17. Cora Belle Bennett		
INFORMANT—NAME (Type or Print) 18a. Pauline Coffer			MAILING ADDRESS. (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 216 Beatty, Nevada 89003		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. CREMATION		CEMETERY OR CREMATORY—NAME 19b. Nye County Crematory		LOCATION City or Town State 19c. Pahrump, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Making as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 602	NAME AND ADDRESS OF FACILITY 20c. Neptune Society of Nye County 720 Buol Lane, Pahrump, Nevada 89048		
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]			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.) 21b. 11-8-99		HOUR OF DEATH 21c. 15:55		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Arshad Iqbal M.D. 3211 So. Eastern Avenue Las Vegas 89109			LICENSE NUMBER 23b. 3567		
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. NOV 08 1999		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).) PART (a) Respiratory Failure			Interval between onset and death 1 week		
DUE TO, OR AS A CONSEQUENCE OF. (b) Pneumonia			Interval between onset and death 5 days		
DUE TO, OR AS A CONSEQUENCE OF. (c) Aspiration			Interval between onset and death 5 days		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Impacted Debris in left hip			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.	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. 148945

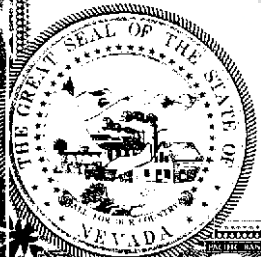
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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **OCT - 4 2004**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

[Signature]
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