

FILED FOR RECORDING  
AT THE REQUEST OF

*Joanne C. Hybarger*

2006 MAR 15 AM 9 27

LINCOLN COUNTY RECORDER

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**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
  )  
County of Clark         )

Kathryn H. Bleak, of legal age, being first duly sworn, deposes and says:

That FRANK C. BLEAK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FRANK C. BLEAK named as one of the parties in that certain ASSIGNMENT OF ROYALTY dated October 9, 1975, executed by KATHERINE HEAPS to KATHERINE HEAPS, KATHRYN H. BLEAK and FRANK C. BLEAK, as joint tenants with right of survivorship, recorded on November 14, 1983, in Book 57, page 382, of Official Records of Lincoln County, Nevada, covering royalties regarding the following described property situated in the County of Lincoln, State of Nevada:

The South half of the Northeast quarter of Section 4,  
Township 2 South, Range 68 East, Mount Diablo Meridian;  
and the North half of the Southeast quarter of Section 4,  
Township 2 South, Range 68 East, Mount Diablo Meridian,  
situated in the County of Lincoln, State of Nevada,  
Known as Robin No. 1 and Robin No. 2.

Dated 3-2-06

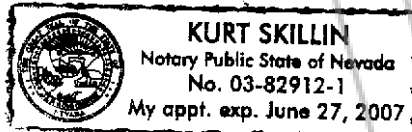
*Kathryn H. Bleak*  
KATHRYN H. BLEAK

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SUBSCRIBED AND SWORN TO before me

this 2 Day of March, 2006.

Kurt Skillin  
NOTARY PUBLIC



COPIES

**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**

000539

94 000762

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER 000539		STATE FILE NUMBER 94 000762	
1. DECEASED—NAME First Middle Last <b>Frank Church BLEAK</b>		2. DATE OF DEATH (Month, Day, Year) <b>January 20, 1994</b>	
3a. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Sunrise Hospital</b>	
3c. RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>White</b>		3d. SEX <b>Male</b>	
4. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		5. DATE OF BIRTH (Mo., Day, Yr.) <b>Dec. 19, 1912</b>	
6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) <b>81</b>	
8. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
10. Decedent's Education. Specify highest grade completed. <b>15</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Kathryn Heaps</b>	
12. SOCIAL SECURITY NUMBER [REDACTED]		13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Superintendent of Maintenance</b>	
14. RESIDENCE—STATE <b>Nevada</b>		15. KIND OF BUSINESS OR INDUSTRY <b>Chemical Company</b>	
16. COUNTY <b>Clark</b>		17. CITY, TOWN, OR LOCATION <b>Las Vegas</b>	
18. STREET AND NUMBER <b>916 Biltmore Dr.</b>		19. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
20. FATHER—NAME First Middle Last <b>Frank Nelson Bleak</b>		21. MOTHER—MAIDEN NAME First Middle Last <b>Manetta Church</b>	
22. INFORMANT—NAME (Type or Print) <b>Kathryn Bleak</b>		23. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>916 Biltmore Dr., Las Vegas, Nevada 89101</b>	
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		25. CEMETERY OR CREMATORY—NAME <b>Memory Gardens Cemetery</b>	
26. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		27. NAME AND ADDRESS OF FACILITY <b>Bunker Mortuary 04 925 Las Vegas Blvd., Las Vegas, Nevada 89101</b>	
28. 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>1/24/94</b>		29. 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)	
30. 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>DR. JOHN BEDOTTO M.D., 3006 SO. MARYLAND PK WY., LAS VEGAS, NEVADA</b>		31. 22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
32. 21c. HOUR OF DEATH <b>7:30 p.m.</b>		33. 22c. PRONOUNCED DEAD (Hour)	
34. 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		35. 22d. ON	
36. 23a. REGISTRAR <i>[Signature]</i>		37. 22e. AT	
38. 24. (Signature) <i>[Signature]</i>		39. 23b. LICENSE NUMBER <b>6144</b>	
40. 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiogenic Shock</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Atherosclerotic Coronary Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Renal Failure</b>		41. 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>JAN 27 1994</b>	
42. 26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		43. 24c. DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
44. 28b. DATE OF INJURY (Mo., Day, Yr.)		45. 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
46. 28c. HOUR OF INJURY <b>M</b>		46. 25. AUTOPSY (Specify Yes or No) <b>No</b>	
47. 28d. DESCRIBE HOW INJURY OCCURRED		47. 26. NO	
48. 28e. INJURY AT WORK (Specify Yes or No)		48. 27. NO	
49. 28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		49. 28. LOCATION	
50. 28g. LOCATION		50. 28. STREET OR R.F.D. No.	
51. 28h. CITY OR TOWN		51. 28. STATE	



103124

STATE REGISTRAR  
CERTIFIED COPY OF VITAL RECORDS

No. 062060

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: FEB 13 2006

*[Signature]*  
BOOK 213 PAGE 354

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE