

FILED FOR RECORDING
AT THE REQUEST OF

Joanne C. Hybarger

2006 MAR 15 AM 9 27

LINCOLN COUNTY RECORDER
FEE *10.00* DEPA
LESLIE BOUCHER

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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 KATHERINE HEAPS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KATHERINE HEAPS 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.

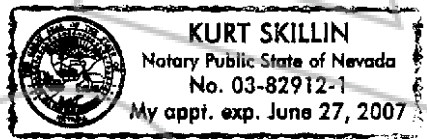
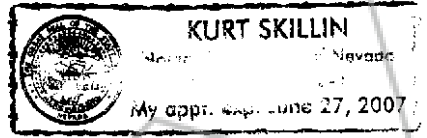
Dated 3-2-06

Kathryn H. Bleak
KATHRYN H. BLEAK

1 SUBSCRIBED AND SWORN TO before me
2 this 2 Day of March, 2006.

3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Kurt Skillin
NOTARY PUBLIC



**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**

000622

82-000896

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN LAST SECTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1 Katherine Flinspach HEAPS				DATE OF DEATH (Month, Day, Year) 2 February 23, 1982		STATE FILE NUMBER 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 916 Biltmore Drive 003-0003		INSIDE CITY LIMITS (Specify Yes or No) 3d yes		If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e 7	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a White		ETHNIC 4b American		AGE—Last Birthday (Years) 5a 90		SEX 7 female	
STATE OF BIRTH (If not U.S.A., name country) 8 Colorado		CITIZEN OF WHAT COUNTRY 9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 widowed		DATE OF BIRTH (Mo., Day, Yr.) 6 April 15, 1891	
SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a School Teacher		KIND OF BUSINESS OR INDUSTRY 14b Education N-K		SURVIVING SPOUSE (If wife, give maiden name) 11	
RESIDENCE—STATE 15a Nevada		COUNTY 15b Clark		CITY, TOWN, OR LOCATION 15c Las Vegas		STREET AND NUMBER 15d 916 Biltmore Dr.	
FATHER—NAME First Middle Last 16 Gotleob Flinspach				MOTHER—MAIDEN NAME First Middle Last 17 Josepha Driech			
INFORMANT—NAME (Type or Print) 18a Kathryn Bleak				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 916 Biltmore Drive, Las Vegas, Nevada 89101			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Memory Gardens		LOCATION City or Town State 19c Las Vegas, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a		NAME AND ADDRESS OF FACILITY 20b Bunker Mortuary 04 925 Las Vegas Blvd. North, Las Vegas, Nevada					
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>T. J. Brumfield</i> DATE SIGNED (Mo., Day, Yr.) 2-26-82				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) stated. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____			
21b 2-26-82				21c 1:40 PM			
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22b PRONOUNCED DEAD (Mo., Day, Yr.)			
21e				22c PRONOUNCED DEAD (Hour)			
21f				22d ON			
21g				22e AT			
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) T. J. Brumfield, M. D., 1005 South 3rd, Las Vegas, Nevada							
REGISTRAR 24a (Signature) Wanda Turpin				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b FEB 26 1982		DEATH DUE TO COMMUNICABLE DISEASE 24c YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
PART I							
(a) Congestive Heart Failure							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Hypertensive Cardiovascular disease							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II							
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)				AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. 1 yes	
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 99		LOCATION 28g		STREET OR R.F.D. No. CITY OR TOWN STATE	

VITAL RECORDS

103123

CERTIFIED COPY OF VITAL RECORDS

Nº 32927

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

Wanda Turpin
BOOK 215 PAGE 357

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

