

FILED FOR RECORDING
AT THE REQUEST OF

Patricia M. Hansen

2006 MAY 11 AM 10 16

LINCOLN COUNTY RECORDER
FEE \$16.00 SEP
LESLIE BOUCHER *LB*

APN 001 057 05

When recorded, mail to:
Patricia M. Hansen
Box 517
Pioche, Nevada 89043

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA

COUNTY OF Lincoln

Patricia M. Hansen hereby affirms, under penalty of perjury, that the following assertions are true of her own personal knowledge.

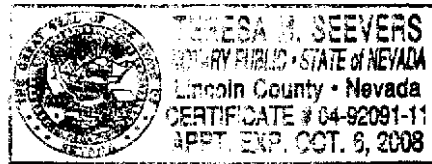
1. I am over the age of twenty-one (21) years old and competent to be a witness as to the matters hereinafter stated.
2. I am Patricia M. Hansen, the same person named as Patricia M. Hansen, one of the grantees named in that certain Joint Tenancy Grant Deed recorded as Document No. 103730 in Book 114, Page 47 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 more specifically described as follows, to wit: See Exhibit A Assessor's Parcel No. 001 057 05
4. Milton Warrington Hansen, also one of the grantees named in said deed, is the identical Milton Warrington Hansen, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am Milton Warrington Hansen's wife.
5. As recited in the above-described Certificate of Death, Milton Warrington Hansen died on February 13, 2006 in Cedar City, Iron County, Utah.

Patricia M. Hansen
Patricia M. Hansen

State of Nevada
County of Lincoln

This instrument was acknowledged before me on
May 11, 2006 by Patricia M. Hansen
DATE NAME OF PERSON

Teresa M. Seevers
(Signature of notarial officer)



SEAL

216 415

EXHIBIT A

Lots 23, 24, 25 and 26 in Block 37 in the Town of Pioche, Lincoln County, Nevada as said lot and block are platted and described on the official Plat of said Town of Pioche, now on file and of record in the Office of the County Recorder of said Lincoln County, Nevada and to which plat and the records thereof reference is hereby made for further particular description.

Excepting therefrom a portion of Lot 26 in Block 37 in the Town of Pioche, Lincoln County, Nevada as said lots and block are platted and described on the Official Plat of said Town of Pioche, now on file and of record in the Office of the County Recorder of said Lincoln County, Nevada and to which plat and the records thereof reference is hereby made for further particular description and situated within the SE 1/4 of the SW 1/4 of the NE 1/4 of Section 22, Township 1 North, Range 67 East, Mound Diablo Base and Meridian, being more particularly described as follows:

Beginning at the Northeast Corner of said Lot 26 of Block 37, from which the North 1/4 Corner of said Section 22 bears North 20 degrees 16' 30" West a distance of 2,165.20 feet, more or less; thence along the North boundary of Lot 26 bearing North 83 degrees 58' 05" West a distance of 24.0 feet to a point; thence South 0 degrees 04' 33" East a distance of 48.50 feet to a point; thence South 72 degrees 15' 20" East a distance of 15.50 feet to a point on the East boundary of Lot 26; thence North 10 degrees 06' 33" East along said boundary a distance of 51.50 feet to the point of beginning.

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Utah State Public Access Act and Rules

LOCAL FILE NUMBER 11-032		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKA's, if any) (First, Middle, Last) Milton Warrington Hansen		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) February 13, 2006
3b. TIME OF DEATH (24 Hr. Clock) 1235		4. DATE OF BIRTH (Mo., Day, Yr.) May 11, 1931	
5. AGE - Last Birthday (Years, Months, Days) 74		6. BIRTHPLACE (City & State or Foreign Country) Brigham City, Utah	
7. SOCIAL SECURITY NUMBER [REDACTED]		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input checked="" type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 6. Other (Specify)	
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) Kolob Regional Care Center		8c. COUNTY OF DEATH Iron	
8d. CITY, TOWN OR LOCATION OF DEATH Cedar City		9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unk. <input type="checkbox"/> 4. Never Married <input type="checkbox"/> 5. Married <input type="checkbox"/> 6. Widowed <input type="checkbox"/> 7. Divorced <input type="checkbox"/> 8. Unknown	
10. MARITAL STATUS		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Patricia Murdock	
12a. DECEDENT'S USUAL OCCUPATION (Give kind or work done during most of working life. Do NOT enter retired) Engineer		12b. KIND OF BUSINESS OR INDUSTRY Aero Space	
13a. RESIDENCE - STREET AND NUMBER 16 Hoffman Street		13b. STATE Nevada	
13c. COUNTY Lincoln		13d. CITY, TOWN, COMMUNITY, OR RURAL Pioche	
13e. ZIP CODE 89043		13f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. FATHER'S NAME (First, Middle, Last) Milton Mathias Hansen		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mary Atkin	
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & number, City, State, Zip) Patricia Hansen Wife P.O. Box 517 Pioche, Nevada 89043			
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal			
18a. DATE OF DISPOSITION February 13, 2006		18b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pioche City Cemetery	
19. LICENSURE NUMBER 111502		20. GENERAL HOME (Name and complete address) Southern Utah Mortuary 190 North 300 West Cedar City, Utah 84720	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Scott E. Boyer</i>			
22. CERTIFIER (Check only one) <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: 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. M.E. Case No. _____ SIGNATURE & TITLE OF CERTIFIER: <i>Barry E. Nangle</i> LIC. NO. 179689 DATE SIGNED 2/15/06			
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 21) (Type-Print) Dr. Ellen Gardner 16 East 400 North, Parowan, UT 84761		23b. DATE DECEASED WAS LAST AT-TENDED BY PHYSICIAN 2-6-2006	
24. PART 1: Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, resp. failure, arrest, or ventricular fibrillation without showing the preceding. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ d. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ Sequentially (list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. PART 2: Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1 25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No 25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			
26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death. <input type="checkbox"/> 5. NON USER		27. 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. Could not be Determined <input type="checkbox"/> 6. Pending Investigation <input type="checkbox"/> 7. Unknown if pregnant within the past year	
28. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year		29a. DATE OF INJURY (Mo., Day, Yr.) [REDACTED]	
29b. TIME OF INJURY (24 Hr. Clock) [REDACTED]		29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
29d. PLACE OF INJURY (at home, farm, street, factory, office, building, etc.) (Specify) [REDACTED]		29e. If motor vehicle accident: <input type="checkbox"/> 1. Driver <input type="checkbox"/> 2. Passenger <input type="checkbox"/> 3. Pedestrian <input type="checkbox"/> 4. Other <input type="checkbox"/> 5. Unknown	
29f. LOCATION (Street or rural route number, city or town, county and state) [REDACTED]			
29g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 24) [REDACTED]			
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown (If yes, check the box that best describes whether the decedent is Spanish/Hispanic/Latino) <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Hispanic/Latino (Specify)		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Samoan <input type="checkbox"/> 12. Vietnamese <input type="checkbox"/> 13. Guamanian or Chamorro <input type="checkbox"/> 14. Other Pacific Islander (Specify) <input type="checkbox"/> 15. Other (Specify) <input type="checkbox"/> 16. Unknown <input type="checkbox"/> 00. Other (Specify)	
32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 1. None <input type="checkbox"/> 2. 6th grade or less <input type="checkbox"/> 3. 9th - 12th grade, no diploma <input type="checkbox"/> 4. High School graduate or GED completed <input type="checkbox"/> 5. Some college credit, but no degree <input type="checkbox"/> 6. Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> 7. Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> 8. Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd, MEd) <input type="checkbox"/> 9. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., J.D.) <input type="checkbox"/> 0. Unknown		33. REGISTRAR'S SIGNATURE <i>David R. Young</i> PMT	
34. DATE FILED (Mo., Day, Yr.) 02-16-06		35. UOCH-OVRS Form 12 (Rev. 11/30/04)	

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: **02-16-06**

County **IRON**

Registrar *David R. Young*

Barry E. Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *PMT*

SDH-BVPRHS 95 (9/96)

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

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