

FILED FOR RECORDING
AT THE REQUEST OF

Wendy Rudder

2006 MAY 11 PM 4 37

LINCOLN COUNTY RECORDER
FILE # 40.00 DEP
LESLIE BOUCHER AB

A.P.N.: 013-030-62
When Recorded, Mail To:
Vivian Havens McDonald
HC34 Box 24
Caliente, NV 89008

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)

County of Lincoln)

Vivian Havens McDonald, of legal age, being first duly sworn, deposes and says:

That John Alonza Havens, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as John A. Havens named as one of the parties in that certain Deed of Trust dated January 25, 1996 as joint tenants, recorded as Instrument No. 104730 on January 30, 1996, in Book 117, Page 256 of Official Records of Lincoln County Recorder, Lincoln County, Nevada, covering the following described property situated in the said County, State of Nevada:

The South Half (S1/2) of the Southeast Quarter (SE1/4) of the Northwest Quarter (NW1/4) of Section 2, Township 3 South, Range 67 East, MDB&M, Lincoln County, Nevada.

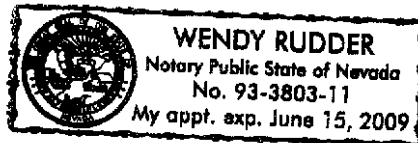
Excepting there from the Northwest Quarter (NW1/4) of the Southwest Quarter (SW1/4) of the Southeast Quarter (SE1/4) of the Northwest Quarter (NW1/4) of said Section 2, and

Also excepting that portion of said land lying within US Highway 93, as it now exists.

Vivian Havens McDonald
VIVIAN HAVENS MCDONALD

Subscribed and Sworn to before me
this 21st day of April, 2006.

Wendy Rudder
Signature
Notary Public Commissioned for said County and State



(Seal)

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED-NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. John Alonza HAVENS		2. December 25, 2002		3a. Clark		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION- Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP, Emer. Im. Inpatient (Specify)		SEX	
3b. Las Vegas		3c. Sunrise Hospital		3e. Emer. Rm.		4. Male	
RACE-(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify 1 yes or 2 no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE-Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
5. White		6. X		7a. 75		7c. UNDER 1 DAY HOURS : MINS	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 10		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		14a. Truck Driver		14b. Transportation		12. Vivian McCarter	
RESIDENCE-STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Clark		15c. Lincoln		15d. US Hwy 93	
FATHER-NAME First Middle Last		MOTHER-MAIDEN NAME First Middle Last		16. Roy Harding Havens		17. Dorothy VERA Wells	
INFORMANT- NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		18a. Pamela Taylor		18b. 14 N. Springs St. Caliente, NV 89008	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY-NAME		LOCATION City or Town State		19c. Henderson, Nevada	
19a. Cremation		19b. Valley Memorial		NAME AND ADDRESS OF FACILITY		20c. Garden Memorial Funeral Home	
FUNERAL DIRECTOR-SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		20a. Jerome J. Capozzi		20b. 78	
20a. Jerome J. Capozzi		20b. 78		20c. 3600 W. Vegas Dr. Las Vegas, NV 89108		20d. ON	
21a. In the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.	
21b. 12/27/02		21c. 0155		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT		22f. ON	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		23b. LICENSE NUMBER		23c. 4770		23d. 89109	
23a. Dr. Paul Fischer, M.D, 3186 S. Maryland Pkwy, Las Vegas, NV, 89109		23b. LICENSE NUMBER		23c. 4770		23d. 89109	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. (Signature) [Signature]		24b. DEC 27 2002		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I (a)		DUE TO, OR AS A CONSEQUENCE OF:		CARDIOVASCULAR DISEASE	
		PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		UNKNOWN	
		PART II		OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY No (Specify Yes or No)	
ACC., SUICIDE, HOM., UNDEF., OR PENNING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.		28h.	

STATE REGISTRAR

No.226602

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
 Registrar of Vital Statistics

By: [Signature]

Date Issued: DEC 30 2002

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 3902
 Las Vegas, Nevada 89127
 702-383-1223
 Tax ID# 88-0151573

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