

APN: 001-066-03

FILED FOR RECORDING
AT THE REQUEST OF €

Helen Laubach

When recorded, mail to

Helen F. Laubach
236 East Country Club Drive
Henderson, NV 89015

2006 AUG 8 AM 10 38

LINCOLN COUNTY REC. CLERK
FILED 100
SEP 13

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)

 Clark Co.)
COUNTY OF LINCOLN)

Helen F. Laubach hereby swears (or 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), and competent to be a witness as to the matters hereinafter stated
2. I am Helen Laubach, the same person named as, Helen Laubach, one the grantees named in that certain Quitclaim Deed recorded as Document No. 84362 in Book 69 Page 220, of the Official Records, in the Office of the County Recorder of Lincoln County, 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 is known as 34 Hinman, Pioche, Lincoln County, Nevada, and more specifically described as follows, to wit:

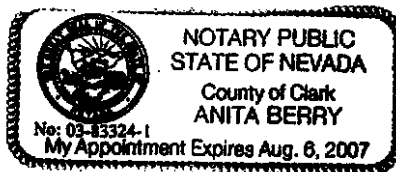
Lots numbered Five (5), Six (6), Seven (7) and Eight (8) in Block numbered Thirteen (13) in the Pioche Mines Consolidated, Inc. Addition, Supplement B to the Town of Pioche, Lincoln County, Nevada, as shown on the Revised plat of said Block 13.
Assessor's Parcel No. 001-066-03
4. Marian E. Griffin, also one of the grantees named in said deed, is the identical Marian Elizabeth Griffin, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am a Sister.
5. As recited in the above-described Certificate of Death Marian E. Griffin died on June 12, 2006, in Henderson, Clark County, Nevada.

State of Nevada
County of Clark

This instrument was acknowledged before me
on July 31, 2006
By Helen F. Laubach

Anita Berry
Signature of Notary

Helen F. Laubach
Helen F. Laubach



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. Marian Elizabeth GRIFFIN		2. June 12, 2006		3a. Clark		COUNTY OF DEATH	
3b. Henderson		3c. TLC Care Center		If Hosp. or Inst. Indicate DOA, OP/Emer. Firm, Inpatient (Specify)		4. Female	
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 79		8. Apr 5, 1927	
9a. Nevada		9b. U.S.A.		10. 13		11. Widowed	
13. [REDACTED]		14a. Telephone Operator / Retired		14b. Telephone Company		12. SURVIVING SPOUSE (If wife, give maiden name)	
15a. Nevada		15b. Lincoln		15c. Pioche		15d. 43 Hinman	
16. Robert Roy Orr Sr.		17. Bertha E. Rutherford		18a. Helen Laubach - Sister		18b. 236 E. Country Club Dr. Henderson Nevada 89015	
19a. Burial		19b. Masonic Cemetery		19c. Pioche, Nevada		20c. 800 S. Boulder Hwy., Henderson, Nevada 89015	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. 6/14/2006		21c. 11:17 AM		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.	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		21e. Shalini Bhatia DO 2401 W. Horizon Rdg. Henderson NV 89052		21f. LICENSE NUMBER		21g. 1259	
24a. Kathie Lamberti		24b. JUN 15 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE	
PART I (a) Cardiopulmonary arrest		PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		PART I (c) DUE TO, OR AS A CONSEQUENCE OF:		PART II (a) Cancer	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28d. DESCRIBE HOW INJURY OCCURRED	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

F 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

STATE REGISTRAR

No. 332171

"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: JUN 20 2006

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

BOOK 220 PAGE 159

