

APN: 001-066-03

When recorded, mail to

Margaret O. Contri
2555 Piping Rock Road
Reno, Nevada 89502

FILED FOR RECORDING
AT THE REQUEST OF

Margaret O Contri

2006 SEP 29 PM 12 52

LINCOLN COUNTY RECORDER
FEE \$16.00 DEP
LESLIE BOUCHER

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)

COUNTY OF LINCOLN)

Margaret O. Contri 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 Margaret Contri, the same person named as, Margaret Contri, one the grantees name 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.

Margaret O. Contri
Margaret O. Contri

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PG 2 - AFFIDAVIT OF SURVIVING
JOINT TENANT

STATE OF NEVADA,

County of WASHOE ss.

On SEPTEMBER 11, 2006 personally appeared before me,
DATE

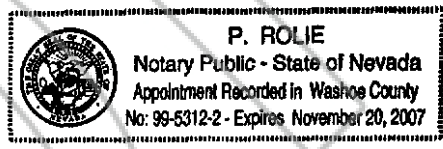
a Notary Public (or judge or other authorized person, as the case may be),

MARGARET O. CONTRI

who acknowledged that he executed the above instrument.

IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official stamp at my office
in the County of WASHOE
the day and year in this certificate first above written.

[Signature]
Signature of Notary



CARLISLE'S FORM NO. 38 N (ACKNOWLEDGEMENT GENERAL) — B35945

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

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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

DECEASED—NAME First Middle Last 1. Marian Elizabeth GRIFFIN			DATE OF DEATH (Month, Day, Year) 2. June 12, 2006		COUNTY OF DEATH 3a. Clark
CITY, TOWN OR LOCATION OF DEATH 3b. Henderson		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. TLC Care Center		If Hosp. or Inst. indicates DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 79	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. Apr 5, 1927
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 13	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 12.	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Telephone Operator / Retired		KIND OF BUSINESS OR INDUSTRY 14b. Telephone Company	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Pioche		STREET AND NUMBER 15d. 43 Hinman	INSIDE CITY LIMITS (Specify Yes or No) 15e. No
FATHER—NAME First Middle Last 16. Robert Roy Orr Sr.			MOTHER—MAIDEN NAME First Middle Last 17. Bertha E. Rutherford		
INFORMANT—NAME (Type or Print) 18a. Helen Laubach - Sister			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 236 E. Country Club Dr. Henderson Nevada 89015		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Masonic Cemetery		LOCATION City or Town State 19c. Pioche, Nevada	
FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Agent) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 50	NAME AND ADDRESS OF FACILITY 20c. Pain Mortuary - Henderson 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. (Signature and Title) <i>[Signature]</i> Shalini Bhatia			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.) 21b. 6/14/2006		HOUR OF DEATH 21c. 11:17 AM		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Shalini Bhatia DO 2401 W. Horizon Rdg. Henderson NV 89052					LICENSE NUMBER 23b. 1259
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. JUN 15 2006		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Cancer				AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. 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.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

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:

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

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