

127725

FILED FOR RECORDING
AT THE REQUEST OF
*Mackedon, McCormick
& King*

2006 OCT 24 PM 4 43

LINCOLN COUNTY RECORDER
FEE *18.00* DEP
LESLIE BOUCHER *LB*

Assessor's parcel #: 11-200-36

Recording Requested by and return to:
Mackedon, McCormick & King
179 S. LaVerne Street
Post Office Box 1203
Fallon, Nevada 89406

Mail tax statements to:
Jerry Sam Johnston
PO Box 281
Alamo, Nevada 89001

AFFIDAVIT OF DEATH OF JOINT TENANT

THE FOLLOWING DOCUMENT CONTAINS AN INDIVIDUAL'S FEDERAL SOCIAL
SECURITY NUMBER AS REQUIRED BY N.R.S. 40.525(5).

STATE OF NEVADA)
 : ss.
County of Churchill)

SAM JAY JOHNSTON, being of legal age, being first duly
sworn, deposes and says:

That MABLE JOHNSTON, who died on August 20, 2006 is the
same person named in the attached Certificate of Death and is
the same person named as one of the parties in that certain
deed dated October 15, 1999 wherein SAM JAY JOHNSTON and MABLE

JOHNSTON, husband and wife, as Grantors and SAM JAY JOHNSTON and MABLE JOHNSTON, husband and wife, and JERRY SAM JOHNSTON, a married man as to his sole and separate property as joint tenants are Grantees, which Deed is recorded in the office of the Lincoln County Recorder under Document #113525, Official Records of Lincoln County, Nevada and affects the following described real property:

See Exhibit "A" attached hereto and by this reference incorporated herein.

DATED: This 9 day of October, 2006.


SAM JAY JOHNSTON

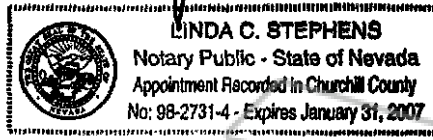
STATE OF NEVADA)
 : ss.
County of Churchill)

On this 7 day of October, 2006, personally appeared before me, a Notary Public, in and for the county and state aforesaid, SAM JAY JOHNSTON, known to me or who proved to me to be the person, described in and who executed the above and foregoing instrument; who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above-

written.

Linda C. Stephens
Notary Public



C O R P

EXHIBIT "A"

A parcel of land in the Northwest Quarter (NW1/4) of Section 32 and the Southwest Quarter (SW1/4) of Section 29, Township 6 South, Range 61 East, M.D.B.&M., located in Pahranaqat Valley, Lincoln County, Nevada, described as follows:

Commencing at the North Quarter Corner of said Section 32, also being the South Quarter Corner of said Section 29; Thence South $1^{\circ}-30'-38''$ East, 1199.71 feet along the North-South mid-section line of said Section 32 to a point on the Southerly right of way line of U.S. Highway 93 (100 feet wide); Thence along said right of way line North $50^{\circ}-41'-00''$ West, 429.27 feet; Thence South $76^{\circ}-23'-00''$ West, 450.20 feet to a concrete irrigation ditch the true point of beginning; Thence Southerly along the concrete irrigation ditch 77.00 feet; Thence North $67^{\circ}-55'-23''$ West, 925.31 feet to a point on the centerline of a drainage ditch; Thence along the centerline of said drainage ditch the following two courses; Thence North $16^{\circ}-11'-36''$ West, 455.75 feet; Thence North $17^{\circ}-22'-01''$ West, 806.22 feet to a point where the centerline of said drainage ditch intersects with the Southerly right of way line of U.S. 93; Thence along said right of way line South $50^{\circ}-41'-00''$ East, 1081.31 feet; Thence South $2^{\circ}-10'-05''$ East, 591.10 feet; Thence North $85^{\circ}-15'-37''$ East, 325.00 feet to said concrete irrigation ditch; Thence Southerly along said concrete irrigation ditch 220.00 feet to the true point of beginning, and containing 14.35 acres together with any and all improvements and water rights appurtenant thereto.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

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

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1. Mable Turnbaugh JOHNSTON			DATE OF DEATH (Month, Day, Year) 2. August 20, 2006		COUNTY OF DEATH 3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH 3b. Caliente		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Grover C. Dills Medical Center		If Hosp. or inst. indicate DOA, OP/Emor. Pm. Inpatient (Specify) 3a. 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.	UNDER 1 YEAR MOS : DAYS 7b. :
STATE OF BIRTH (If not U.S.A., name country) 9a. Utah		CITIZEN OF WHAT COUNTRY 9b. USA		DATE OF BIRTH (Mo., Day, Yr.) 8. January 27, 1922	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Clerk		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Alamo		STREET AND NUMBER 15d. Richardville Rd.
FATHER—NAME First Middle Last 16. Daniel Turnbaugh		MOTHER—MAIDEN NAME First Middle Last 17. Imagine Prisbey		SURVIVING SPOUSE (If wife, give maiden name) 12. Sam Johnston	
INFORMANT—NAME (Type or Print) 18a. Jerry S. Johnston			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. So. Richardville Rd. Alamo, Nevada 89001		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Logandale Cemetery		LOCATION City or Town State 19c. Logandale, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 807	NAME AND ADDRESS OF FACILITY 20c. Wiscombe Southern Nevada Mortuary 730 Front Street, Caliente, Nevada 89008		
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) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 08/22/2006		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) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 21c. 11:45 a.m.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Dr. Richard William Katschke, P.O. Box 1010, Caliente, Nevada, 89008					LICENSE NUMBER 23b. NV10509
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Aug 23, 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) Carido Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Days		26. No	
(b) Ischemic CVA DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 4 Days		27. No	
(c) Atrial Fibrillation DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Months		28. No	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. No	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e. No	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. 328857

136991

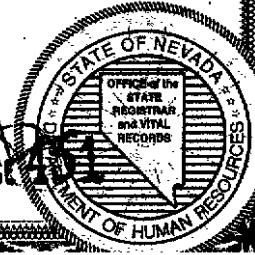
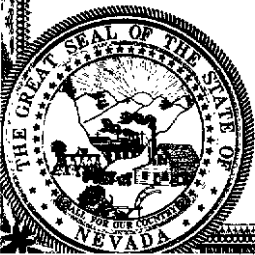
CERTIFIED COPY OF VITAL RECORDS.

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:

SEP 25 2006

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



[Signature]
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