

Official Record

Recording requested By
BETTY L. RHODES

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: LB

Book- 232 Page- 0005

APN: 003-185-08

When recorded, mail to:

Betty L. Rhoades
P.O. Box 612
Bruneau, Id 83604-0612



AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Betty L. Rhoades hereby swears (or affirms) under penalty of perjury, that the following assertions are true of his/her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated

2. I am Betty L. Rhoades the same person named as Betty Louise Davis Rhoades, one of the grantees named in that certain Quit Claim Deed recorded as Document No. 125329 in Book 207, page 174, 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 is known as 337 South Spring St Caliente, Lincoln, Nevada County, Nevada, and more specifically described as follows, to wit:

Lots 55, 56, 57, 58, 59, and 60, in the Falkner Plat of the City of Caliente, Nevada. Also a plot of land lying on the West end of Lots 55, 56, 57, 58, 59 and 60 described as commencing on the Northwest corner of Lot 55, thence West 35 feet, thence South 150 feet, thence East 75 feet to the Southwest corner of Lot 60, thence North 50 feet to the South side line of Lot 58, thence West 40 feet to the Southeast corner of Lot 58, thence North 100 feet to the point of beginning.

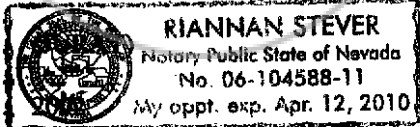
Assessor's Parcel No. APN 003-185-08

3. Armelia Davis, also one of the grantees names in said deed, is the identical Armelia Zabriskie Davis, named as decedent in that certain Death Certificate, as certified copy of which is annexed hereto and made a part hereof. I am Armelia Davis's Daughter.

4. As recited in the above-described Certificate of Death, Armelia Zabriskie Davis died on April 28, 2007 in Caliente, Lincoln County, Nevada.

This Acknowledgment was witnessed
Before me on MAY 30, 2007

Betty L. Rhoades
BETTY L. RHODES
Riannan Stever



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007002153
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK
DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS
PARENTS
POSITION
TRADE CALL
CERTIFIER
REGISTRAR
CAUSE OF DEATH
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Armelia			1b. MIDDLE Zabriskie			1c. LAST DAVIS			2. DATE OF DEATH (Mo/Day/Year) April 28, 2007			3a. COUNTY OF DEATH Lincoln											
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 337 South Spring Street						3d. Hosp. or Inst. Indicate DOA,OP, Emer. Rm. Inpatient(Specify)			4. SEX Female								
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 83			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1924								
9a. STATE OF BIRTH (If not U.S.A., name country) Utah			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 09			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)											
13. SOCIAL SECURITY NUMBER						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker						14b. KIND OF BUSINESS OR INDUSTRY Own Home											
15a. RESIDENCE - STATE Nevada			15b. COUNTY Lincoln			15c. CITY, TOWN OR LOCATION Caliente			15d. STREET AND NUMBER 337 South Spring Street			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes											
16. FATHER -NAME (First Middle Last Suffix) Harris Willard ZABRISKIE						17. MOTHER -NAME (First Middle Last Suffix) Electa Armelia DORRITY																	
18a. INFORMANT -NAME (Type or Print) Betty RHOADES						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 28596 Benham Avenue Bruneau, Idaho 83604																	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial/Removal						19b. CEMETERY OR CREMATORY - NAME Caliente Veterans Cemetery						19c. LOCATION City or Town State Caliente Nevada 89008											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 807			20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008														
21a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																							
21b. DATE SIGNED (Mo/Day/Yr) April 30, 2007						21c. HOUR OF DEATH 09:17																	
22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) RICHARD WILLIAM JR. KATSCHKE MD P.O. Box 1010 Caliente, NV						22b. LICENSE NUMBER 1059																	
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 01, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>														
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)												Interval between onset and death											
PART I (a) Respiratory Failure												Days											
(b) DUE TO, OR AS A CONSEQUENCE OF Metastatic Small Cell lung Carcinoma												Interval between onset and death											
(c) DUE TO, OR AS A CONSEQUENCE OF Chronic Obstructive Pulmonary Disease												Years											
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.												26. AUTOPSY (Specify Yes or No) No						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED														
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION			STREET OR R.F.D. No.			CITY OR TOWN			STATE								

STATE REGISTRAR

144220 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:

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

PBNC0 (Rev) 11/06

SIGNATURE AUTHENTICATED

