

Official Record

Recording requested By
DAVID E. POWERS

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: AE
Book- 232 Page- 0195



0129027

APN 01-091-11

APN 01-111-12

APN _____

AFFIDAVIT OF SURVIVING JOINT TENANT

Title of Document

Affirmation Statement

_____, I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

(State specific law)

David E. Powers
Signature

Title

Signature

6-5-07

Date

Grantees address and mail tax statement:

7233 MAJESTIC BLUFF PLACE

LAS VEGAS, NV 89113



0129027

01-091-11

APN: 01-111-12

When recorded, mail to:

7233 MAJESTIC BLUFF PLACE
LAS VEGAS NEVADA 89113

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
)
) ss.
COUNTY OF LINCOLN)

DAVID E. POWERS 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 DAVID EDWARD WOODS POWERS the same person named as _____ one of the grantees named in that certain _____ Deed recorded as Document No. 86711 in Book 74 Page 481 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 _____ LINCOLN County, Nevada, and more specifically described as follows, to wit: LOTS NUMBERED TWENTY-NINE (29) AND THIRTY (30) THIRTY-ONE (31), THIRTY-TWO (32), THIRTY-THREE (33), THIRTY-FOUR (34) AND THIRTY-FIVE (35) IN BLOCK NUMBERED THIRTY-ONE (31) AND LOTS NUMBERED THIRTY-EIGHT (38) AND THIRTY-NINE (39) IN BLOCK NUMBERED TWENTY-NINE (29) IN THE TOWN OF PICOTE, COUNTY OF LINCOLN, STATE OF NEVADA
Assessor's Parcel No. _____

3. DELTA LEE MORGAN EILDERBACK also one of the grantees named in said deed, is the identical _____ (decendent's name as shown on death certificate), named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am DELTA LEE'S _____'s (describe family relationship, if any, of affiant to deceased joint tenant). GOD SON

4. As recited in the above-described Certificate of Death, CLARK died on SEPTEMBER 15, 2006, in CLARK County, LAS VEGAS, NEVADA

DAVID E. POWERS
(type affiant's name here)

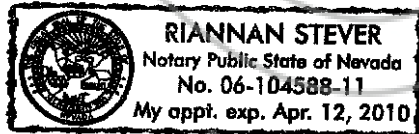


State of Nevada
County of Lincoln

This notary Acknowledgment is for
Attachment to Affidavit of Surviving
Joint tenant.

Subscribed and Sworn to before on this
5th day of June, 2007.

By David E Powers.



Riannan Stever

0129027
09574

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DEPARTMENT OF HUMAN RESOURCES
SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Delta Lee BILDERBACK			DATE OF DEATH (Month, Day, Year) 2. September 15, 2006		COUNTY OF DEATH 3a. Clark				
	CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1481 Lorilyn Avenue #2		If Hosp. or Inst. indicate DOA, OP/Other. Rtn. Inpatient (Specify) 3e.		SEX 4. Female			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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. 84		UNDER 1 YEAR MOS : DAYS 7b.			
	STATE OF BIRTH (If not U.S.A., name country) 9a. Illinois		CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education. Specify highest grade completed. 10. 17+		UNDER 1 DAY HOURS : MINS 7c.			
PARENTS	FATHER—NAME First Middle Last 16. Lawrence Amzy Morgan		MOTHER—MAIDEN NAME First Middle Last 17. Lily Belle Daly		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Divorced		DATE OF BIRTH (Mo., Day, Yr.) 8. July 4, 1922			
	INFORMANT—NAME (Type or Print) 18a. Ronald Schutz		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2203 Linden Lane, Grants Pass, Oregon 97527							
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Memory Gardens Crematory		LOCATION City or Town State 19c. Las Vegas Nevada					
	FUNERAL DIRECTOR—SIGNATURE (Or Print Name as Such) 20a. <i>John H. Sandig</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 807		NAME AND ADDRESS OF FACILITY 20c. Bunkers Mortuary 925 N. Las Vegas Blvd., Las Vegas, Nevada 89101					
CERTIFIER	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) DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place specified in the cause(s) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 9/15/06				22c. HOUR OF DEATH 22c. Bef. 4:00 P.M. 22e. AT 4:00 P.M.	
	23a. John Fudenberg, Assist. Coroner, 1704 Pinto Lane, Las Vegas, NV		23b. N/A		24a. (Signature) <i>John Fudenberg</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 20 2006			
	24c. 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) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)							
	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. Yes			
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.		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.		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. 342083

"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 Southern Nevada 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 SOUTHERN NEVADA HEALTH DISTRICT



Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued:

SEP 04 2007