

APN# 003-101-12

DOC # 0129084

06/15/2007

01:16 PM

Recording Requested By:

Name Cow County Title Co.

Address PO Box 518

City/State/Zip Pioche, NV 89043

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$42.00

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RPTT:

Recorded By: AE

Book- 232 Page- 0391

Mai' Tax Statement to:

Name M/M Henry Brackenbury

Address PO Box 75

City/State/Zip: Yerington, NV 89447



0129084

Please complete Affirmation Statement below:

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

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law:

NRS 40-525
(State specific law)

Signature (Print name under signature)

India L. Allen

Esrow Officer
Title

(Insert Title of Document Above)

Only use the following section if one item applies to your document

This document is being re-recorded to

OR

This document is being recorded to amend document # _____ to correct

If legal description is a metes & bounds description you are required to furnish the following information:

Legal Description obtained from _____ (Document Title), Book _____
Page _____ Document # _____ recorded _____ (date) in the Churchill County
Recorders office.

OR

If Surveyor, please provide name and address.

This page added to provide additional information required by NRS 111.312 Sections 1-4 & NRS 239B.030 Section 4.

(Additional recording fee applies)



A.P.N 03-101-12

WHEN RECORDED RETURN TO:

May E. Blair
P.O Box 75
Yerington, NV 89447

AFFIDAVIT – DEATH OF JOINT TENANT

May E. Blair, of legal age, being first duly sworn, deposes and says: That Dale Blair, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Dale Blair named as one of the parties in that certain GBS Deed * dated May 13 1993 executed by Stephanie Rollins and David S. Barnett to Dale Blair and May E. Blair Husband and Wife as Joint Tenants, recorded as Instrument No. 100390, on May 20, 1993 in Book 106, Page 24, of Official Records of Lincoln County, Nevada covering the following described property situated in Lincoln County, State of Nevada:

See Attached Exhibit "A"

***And Corrected by that certain deed recorded August 9, 1999 in book 1434 page 223 as file #113180 Lincoln County recorder**

Date: April 9, 2007

May E Blair

May E. Blair

STATE OF Nevada)

) SS



COUNTY OF Lyon)

On this 20th day of April, 2007, personally appeared before me, a Notary Public, _____, known to me to be the person who executed the within document and acknowledged to me that he executed same freely, voluntarily and for the uses and purposes therein described.

Patricia Gunn

Notary Public

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 19034206

A parcel of land situate within the Southwest Quarter (SW1/4) of the Northwest Quarter (NW1/4) of Section 8, and the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) of Section 7, all within Township 4 South, Range 67 East, Mount Diablo Meridian, being more particularly described as follows:

Beginning at a point of the Section Line between said Section 7 and Section 8, Township 4 South, Range 67 East, M.D.B.&M., from which the Southeast Corner of Section 7 (Southwest Corner of Section 8) bears South $0^{\circ}07'54''$ West a distance of 3,535.62 feet, thence South $80^{\circ}31'$ West a distance of 212.10 feet, thence South $76^{\circ}53'01''$ West a distance of 215.87 feet to the Southwest Corner, thence North $26^{\circ}42'$ West a distance of 149.85 feet to a point thence Due North a distance of 406.47 feet to the Northwest Corner, thence South $89^{\circ}08'26''$ East a distance of 487.86 feet to a point on the Section Line (between 7 & 8); thence continuing South $89^{\circ}54'05''$ East a distance of 443.50 feet to the Northeast Corner; thence Due South a distance of 201.78 feet to the Southeast Corner; thence South $30^{\circ}30'$ West a distance of 221.80 feet to a point, thence South $80^{\circ}31'$ West a distance of 336.50 feet to the point of beginning. Parcel contains 5.27 acres within Section 7, and 4.00 acres within Section 8, for a total of 9.27 acres all within Township 4 South, Range 67 East, M.D.B.&M.

ASSESSOR'S PARCEL NUMBER FOR 2006 - 2007: 03-101-12



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STATE OF NEVADA OFFICE OF VITAL RECORDS

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Dale Blair		First Middle Last		2. Feb 21, 2006		3a. Lincoln	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Caliente		3c. #1 Ranch Road		3e. Male			
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 83		8. Feb 11, 1923	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Texas		9b. USA		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13.		14a. Labor Foreman		14b. Hotel Construction		12. May Ellen Bruno	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Caliente		15d. #1 Ranch Road	
INSIDE CITY LIMITS (Specify Yes or No)						15e. Yes	
FATHER—NAME		MOTHER—MAIDEN NAME					
16. Ben Blair		17. Effie Emberlin					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. May Ellen Blair		18b. P.O. Box 133, Caliente, NV 89008					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
19a. Cremation		19b. Southern Utah Crematory		19c. Cedar City, Utah			
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 15		20c. P.O. Box 747 Caliente, Nevada 89008		Wiscombe Funeral Home, Inc.	
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)		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)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. Feb 21, 2006		21c. 01:45		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
23a. R. William Katschke, M.D. P.O. Box 1010 Caliente, NV 89008		23b. 10509					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. Feb 21, 2006		24c. 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) Cardiac Failure		DUE TO, OR AS A CONSEQUENCE OF:				Days	
(b) Gastrointestinal bleed		DUE TO, OR AS A CONSEQUENCE OF:				Weeks	
(c) Metastatic Pancreatic Cancer		DUE TO, OR AS A CONSEQUENCE OF:				Months	
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. No					
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 270159

105335

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: FEB 28 2006

STATE REGISTRAR

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

