

Official Record

Recording requested By
SUSAN SECREST

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: AE

Book- 234 Page- 0444



0129691

APN: 006-361-17
When Recorded, mail to:
Susan Secrest
HC 74-111
Pioche, NV 89043

AFFIDAVIT OF SURVIVING
JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

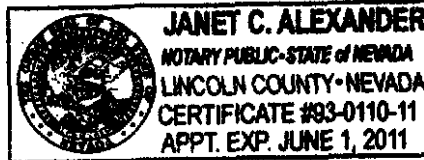
Susan A. Secrest hereby swears under penalty of perjury that the following assertions are true of her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. I am Susan A. Secrest, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded as Document 0117984 in Book 163, Page 15-16 and Document _____, Book _____, Page _____, 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 commonly known as lot 26, Town of Cashton, Lincoln County, Nevada, and more specifically described as follows, to wit: Lot 26, Section 28, Township 1N, Range 67E A
Legal Description: Lot 26, Sect. 28, Township 1N Range 67E Assessor's Parcel Number(s): 002-361-17
4. Jacob H. Secrest, also one of the grantees named in said deed is the identical Jacob H. Secrest, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am Jacolo's widow/widower.
5. As recited in the above described Certificate of Death, Jacob died on July 11, 2007 in the City of Las Vegas, County of Clark, State of Nevada.

Susan A. Secrest
Signature of Declarant

SUBSCRIBED AND SWORN to before me this 16 day of August, 2007.

Janet C. Alexander
NOTARY PUBLIC



0129691

Book: 234
Page: 445

08/16/2007
Page 2 of 2

STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME FIRST Jacob	1b. MIDDLE H	1c. LAST SECRET	2. DATE OF DEATH (Mo/Day/Year) July 11, 2007	3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Nathan Adelson HospiceNW	3e. If Hosp. or inst. indicate DOA, OPI Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male	5. RACE (e.g., White, Black, American Indian) (Specify) White	6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE-Last birthday (Years) 70	7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 25, 1936	9a. STATE OF BIRTH (If not U.S.A., native country) Washington	9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Susan BEAN	13. SOCIAL SECURITY NUMBER [REDACTED]	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Supervisor	14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE - STATE Nevada	15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Pioche	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER - NAME (First Middle Last Suffix) John SECRET			17. MOTHER - NAME (First Middle Last Suffix) Pauline BEAVER		
18a. INFORMANT - NAME (Type or Print) Susan SECRET			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) HC 74 Box 111 Pioche, Nevada 89043		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Bunker's Memorial Gardens		19c. LOCATION City or Town State Las Vegas Nevada 89129	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50	20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Northwest 6701 N. Jones Blvd. Las Vegas NV 89131		
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>[Signature]</i>			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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) 7/13/07		21c. HOUR OF DEATH 19:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stewart Stein, MD, 3391 N Buffalo, Las Vegas Nevada 89129			
23b. LICENSE NUMBER 10312		24a. REGISTRAR (Signature) <i>[Signature]</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) JUL 13 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).) PART (a) Head and Neck CANCER DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART (b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART (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 1.				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		

Print Date: 07/12/2007 17:43:45

STATE REGISTRAR

"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: JUL 17 2007