

**DOC # 0129978**

09/26/2007

02:41 PM

**Official Record**

Recording requested By  
JERRY SAM JOHNSTON

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

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RPTT:

Recorded By: AE

Book- 235 Page- 0651



0129978

Assessor's parcel #: 11-200-36

Recording Requested by and return to:  
Jerry Sam Johnston  
Post Office Box 281  
Alamo, NV 89001

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 Lincoln )

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

**That SAM JAY JOHNSTON, who died on August 2, 2007 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 25 day of Sept, 2007.

*Jerry Sam Johnston*  
JERRY SAM JOHNSTON

STATE OF NEVADA )  
County of Lincoln ) ss.

On this 25<sup>th</sup> day of September, 2007, personally appeared before me, a notary public, in and for the county and state aforesaid, JERRY SAM 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 hereto set my hand and affixed my official seal the day and year first above written.

BETTY JO JARVIS  
Notary Public State of Nevada  
No. 01-67742-11  
My appt. exp. Mar. 20, 2009

*Betty Jo Jarvis*  
Notary Public

## 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  $58^{\circ}-41'-00''$  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. |



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STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF VITAL RECORD

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

2007005428  
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  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME FIRST Sam			1b. MIDDLE Jay			1c. LAST JOHNSTON			2. DATE OF DEATH (Mo/Day/Year) August 02, 2007			3a. COUNTY OF DEATH Churchill		
3b. CITY, TOWN, OR LOCATION OF DEATH Fallon				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 810 McLean Road					3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)			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. No Non-hispanic			7a. AGE-Last birth/day (Years) 89		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 02, 1917		
9a. STATE OF BIRTH (If not U.S.A., name country) Utah			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 8		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Rancher					14b. KIND OF BUSINESS OR INDUSTRY Agriculture					
15a. RESIDENCE - STATE Nevada		15b. COUNTY Churchill		15c. CITY, TOWN OR LOCATION Fallon			15d. STREET AND NUMBER 810 McLean Road			15e. INSIDE CITY LIMITS (Specify Yes or No) No				
16. FATHER - NAME (First Middle Last Suffix) John Jay JOHNSON						17. MOTHER - NAME (First Middle Last Suffix) Edith Pearl TULLIS								
18a. INFORMANT - NAME (Type or Print) Sarah Ann HODGES					18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 810 McLean Road Fallon, Nevada 89406									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory				19c. LOCATION City or Town State Fallon Nevada 89407						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TROY M SMITH SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407								
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) SIGNATURE AUTHENTICATED KURT KARL CARLSON M.D.						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) August 03, 2007			21c. HOUR OF DEATH 16:55			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) Kurt Karl Carlson M.D. Box 661 Lovelock, NV 89419									23b. LICENSE NUMBER 3438					
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED					24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 09, 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) Sepsis										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF: (b) Diverticulitis										Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF: (c)										Interval between onset and death				
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) Yes		
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

159955

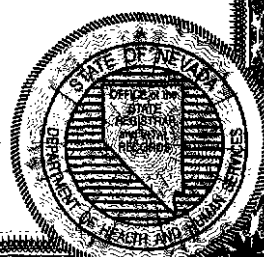
CERTIFIED COPY OF VITAL RECORDS

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: 08/13/2007

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

SIGNATURE AUTHENTICATED



VRS-Rm