

Official Record

Recording requested By
VIRGINIA DREWRY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 236 Page- 0360

A.P.N. 06-291-14
R.P.T.T. \$0.00

Recording Requested By:
Virginia Frances Drewry
Mail Tax Statements To:
Same as below
When Recorded Mail To:
Virginia Frances Drewry
P.O. Box 425
Pioche, NV 89043



AFFIDAVIT DEATH OF JOINT TENANT

Virginia Frances Drewry, of legal age, being first duly sworn, deposes and says: That Harold Dean Drewry, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Harold Dean Drewry named as one of the parties in that certain Grant, Bargain, Sale Deed dated January 9, 1998 executed by Zions First National Bank, Trustee of Frank M. Scott Living Trust to Harold Dean Drewry and Virginia Frances Drewry, Husband and Wife as Joint Tenants, recorded as Instrument No. 110361, on January 20, 1998 in Book 132, Page 285 of Official Records of Lincoln County, Nevada, covering the following described property situated in Lincoln County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: October 24, 2007

Virginia Frances Drewry
Virginia Frances Drewry

State of Nevada }

County of: Lincoln }

This instrument was acknowledged before me on 29 October 2007
By Virginia Frances Drewry _____

Signature: Alyson Hammond
Notary Public

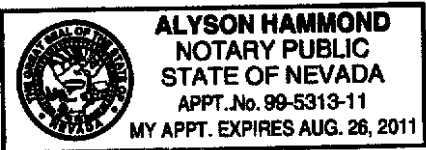




EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Lincoln, State of Nevada, described as follows:

Commencing at the Northeast Corner of the Southeast quarter of the Northwest quarter of Section 31, Township 1 North, Range 69 East, and running thence South $0^{\circ}26' 30''$ West, a distance of 351.3 feet to the true point of beginning;

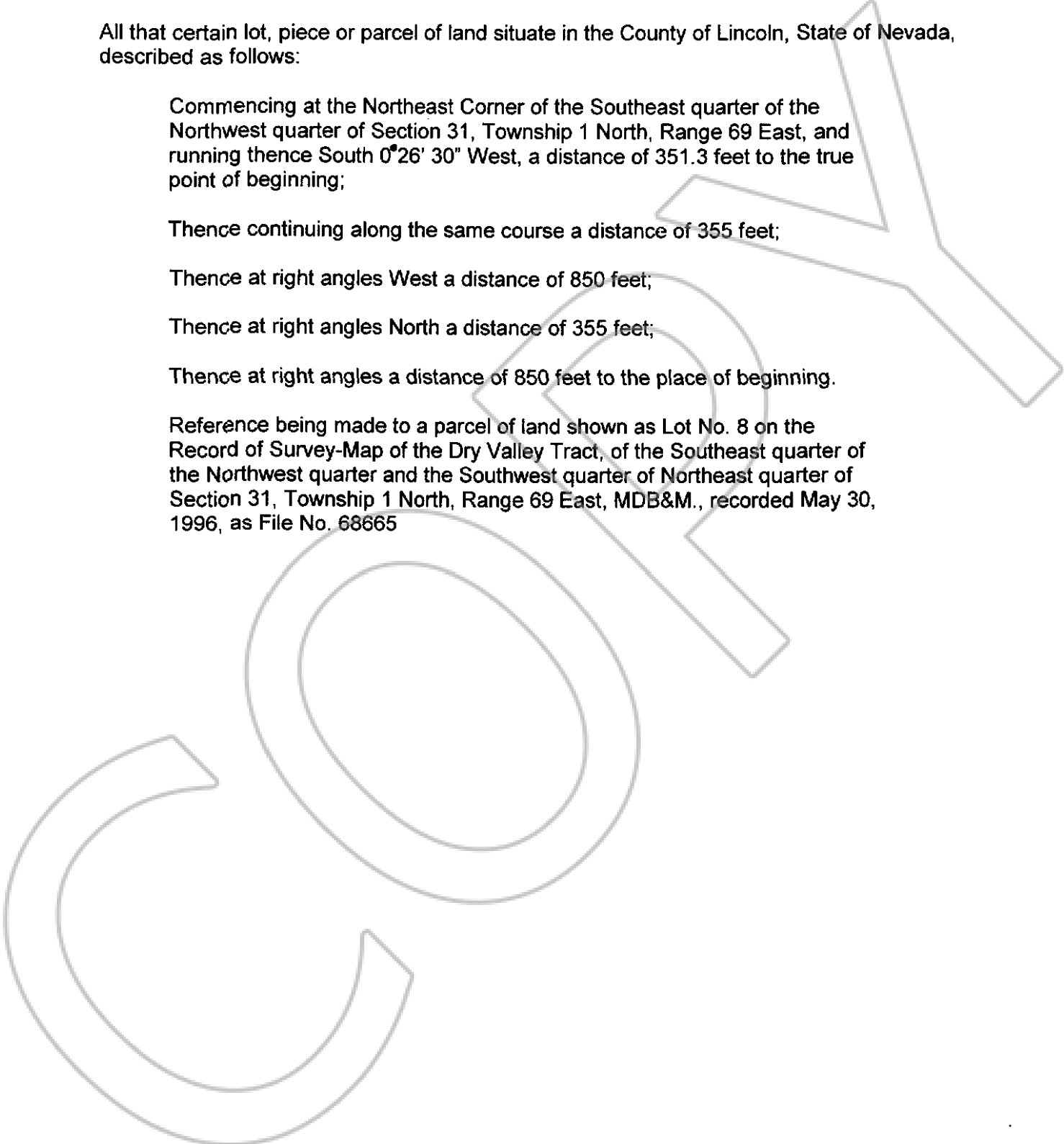
Thence continuing along the same course a distance of 355 feet;

Thence at right angles West a distance of 850 feet;

Thence at right angles North a distance of 355 feet;

Thence at right angles a distance of 850 feet to the place of beginning.

Reference being made to a parcel of land shown as Lot No. 8 on the Record of Survey-Map of the Dry Valley Tract, of the Southeast quarter of the Northwest quarter and the Southwest quarter of Northeast quarter of Section 31, Township 1 North, Range 69 East, MDB&M., recorded May 30, 1996, as File No. 68665





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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Harold Dean DREWRY		2. April 17, 2001	3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	SEX
3b. Dry Valley		3c. SR 58 MM5	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. 56	8. March 6, 1945
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. California	9b. U.S.A.	10.	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	
13. [REDACTED]	14a. Steam Fitter	14b. Construction	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Lincoln	15c. Dry Valley	15d. SR 58 MM5
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Theodore Drewry		17. Lorene Killiam	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Virginia Drewry		18b. H.C. 74 Box 318 Pioche, Nevada 89043	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. Hites Crematory	19c. Henderson, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>	20b. 15	20c. 730 Front Street Caliente, Nevada 89008	
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.)		DATE SIGNED (Mo., Day, Yr.)	
21b.		22b. April 18, 01	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22c. Before 0528	
21c. HOUR OF DEATH		22d. ON April 17, 2001	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)		22e. AT 0528	
23a. Maribah Cowley; P.O. Box 570 Pioche, Nevada 89043		23b. LICENSE NUMBER	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>	24b. 04-18-01	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) Arteriosclerotic cardiovascular disease	: Years	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(b)	:	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(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)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
		26. Yes	27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c.	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.	

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

No.177109

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

[Signature: Dianne Silva]
 State Registrar

Date Issued: **MAY 04 2001**