



A.P.N. 04-011-06 & 04-141-23

R.P.T.T. \$0.00

Escrow No.

Recording Requested By:

Clarence G. Cox

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Clarence G. Cox

P.O. Box 192

Alamo, NV 89001

AFFIDAVIT DEATH OF JOINT TENANT

CLARENCE G. COX, of legal age, being first duly sworn, deposes and says: That PHYLLIS MARLENE COX, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PHYLLIS M. COX named as one of the parties in that certain Quitclaim Deed dated June 27, 2005 executed by JULIA J. WATSON to CLARENCE G. and/or PHYLLIS M. COX, Husband and Wife as joint tenants, recorded as Instrument No. 124862, on July 8, 2005 in Book 203, Page 377 of Official Records of, Nevada, covering the following described property situated in County, State of Nevada:

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

Dated: September 22, 2008

Clarence G. Cox
CLARENCE G. COX

State of Nevada)

County of: Lincoln }



This instrument was acknowledged before me on September 23, 2008
By CLARENCE G. COX _____

Signature: Betty Jo Jarvis
Notary Public



Exhibit A

PARCEL 1:

Situate in the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section 5, Township 7 South, Range 61 East, M.D.B. & M., more particularly described as follows:

Commencing at the center of Section 5, Township 7 South, Range 61 East, M.D.B. & M., as marked on the side of the irrigation ditch, thence due west along said center section line, a distance of 43 feet to the True Point of Beginning.

- Thence continuing due West a distance of 400 feet;
- Thence due South a distance of 82 feet;
- Thence East 4.85° North, a distance of 336.72 feet;
- Thence East 24.58° North, a distance of 70.9 feet;
- Thence due North a distance of 24 feet to the True Point of Beginning.

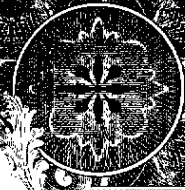
EXCEPTING THEREFROM that parcel of land conveyed by Deed in favor of LES CHANDLER and GALE CHANDLER, husband and wife, recorded July 25, 1985 in Book 66 of Official Records, Page 285 as File No. 82984, Lincoln County, Nevada records.

PARCEL 2:

A portion of the Northwest Quarter (NW 1/4), Section 5, Township 7 South, Range 61 East, M.D.B.&M., Town of Alamo, County of Lincoln, State of Nevada, being more particularly described as follows:

Commencing at C-1/4, corner of said Section 5, being an "x" inside of concrete ditch; Thence North 89° 05'36" West along the C-1/4 section line a distance of 79.09 feet to the True Point of Beginning.

- Thence continuing North 89° 05' 36" West, a distance of 172.05 feet;
- Thence North 17° 04' 38" East, a distance of 21.00 feet;
- Thence South 82° 10' 28" East, a distance of 167.42 feet to the True Point of Beginning.



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

2008004563
 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,MIDDLE,LAST,SUFFIX) Phyllis Marlene COX		2. DATE OF DEATH (Mo/Day/Year) March 15, 2008		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 285 North Main		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 22, 1932	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Clarence COX		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 285 North Main		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Milford WILKINSON	
17. MOTHER - NAME (First Middle Last Suffix) Elma BURKE		18a. INFORMANT- NAME (Type or Print) Clarence COX		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 193 Alamo, Nevada 89001	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Parson Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) TYRELL WALSH DEP. COR SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) March 17, 2008		21c. HOUR OF DEATH 08:00	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) March 15, 2008		22b. PRONOUNCED DEAD AT (Hour) 08:00	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TYRELL WALSH DEP. COR. PO Box 570 Ploche, NV 89043				23b. LICENSE NUMBER P047	
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 17, 2008		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 I (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death Years Interval between onset and death Interval between onset and death Interval between onset and death	
PART II				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

202143 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: 03/26/2008

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

PBNC0 (Rev) 11/06

Rod White
 SIGNATURE AUTHENTICATED

