

Official Record

Recording requested By
ESTELLE FOREMASTER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: DP

Book- 245 Page- 0400

APN: 4-031-01
When Recorded, mail to:
Estelle Foremaster
P.O. Box 345
ALAMO NEV 89001



0132829

AFFIDAVIT OF SURVIVING
JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Estelle Foremaster 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 Estelle Foremaster, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded as Document # 73768 in Book 46, Page 696 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 _____, Town of ALAMO, Lincoln County, Nevada, and more specifically described as follows, to wit:

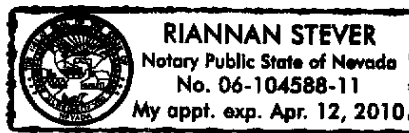
Legal Description: See deed book 46 Page 696 Assessor's
Parcel Number(s): 4-031-01

4. _____, also one of the grantees named in said deed is the identical _____, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am _____'s widow/widower.
5. As recited in the above described Certificate of Death, Robert Gerald Foremaster Sr. died on July 25, 2008 in the City of ALAMO, County of LINCOLN, State of NEVADA.

Estelle Foremaster
Signature of Declarant

SUBSCRIBED AND SWORN to before
me this 17th day of OCT., 2008

Riannan Stever
NOTARY PUBLIC



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

2008011551 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

Form with fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Gerald FOREMASTER SR; 2. DATE OF DEATH (Mo/Day/Year) July 25, 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) 141 N. 1st E.; 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify); 4. SEX Male; 5. RACE White (Specify); 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 68; 7b. UNDER 1 YEAR MOS; 7c. UNDER 1 DAY HOURS MINS; 8. DATE OF BIRTH (Mo/Day/Yr) August 25, 1939; 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) Estelle STEWART; 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Foreman; 14b. KIND OF BUSINESS OR INDUSTRY Construction; Ever in US Armed Forces? No; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Lincoln; 15c. CITY, TOWN OR LOCATION Alamo; 15d. STREET AND NUMBER 141 N. 1st E.; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER - NAME (First Middle Last Suffix) Arthur Richard FOREMASTER; 17. MOTHER - NAME (First Middle Last Suffix) Blanche SHUMWAY; 18a. INFORMANT- NAME (Type or Print) Estelle FOREMASTER; 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 141 N. 1st E. Alamo, Nevada 89001; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial; 19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery; 19c. LOCATION City or Town State Alamo Nevada 89001; 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED; 20b. FUNERAL DIRECTOR LICENSE 823; 20c. NAME AND ADDRESS OF FACILITY La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GARY L DAVIS SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) August 01, 2008; 21c. HOUR OF DEATH 14:05; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print); 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) GARY L DAVIS SIGNATURE AUTHENTICATED; 22b. DATE SIGNED (Mo/Day/Yr) August 01, 2008; 22c. HOUR OF DEATH 14:05; 22d. PRONOUNCED DEAD (Mo/Day/Yr) July 25, 2008; 22e. PRONOUNCED DEAD AT (Hour) 14:05; 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Gary L Davis PO Box 390 Alamo, NV 89001; 23b. LICENSE NUMBER; 24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 01, 2008; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Metastatic Colon Carcinoma; (b) DUE TO, OR AS A CONSEQUENCE OF:; (c) DUE TO, OR AS A CONSEQUENCE OF:; (d) DUE TO, OR AS A CONSEQUENCE OF:; PART II Diabetes, Hypertension and Coronary Artery Disease; 26. AUTOPSY (Specify Yes or No) No; 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes; 28a. ACC., SUICIDE, HOMICIDE, 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

223869 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:

08/05/2008

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

PHNCO (Rev.) 11/06

Rod White STATE REGISTRAR SIGNATURE AUTHENTICATED

