



APN: 002-052-02

When recorded mail to:
ROWA A. LEE
P.O. Box 595
Panaca, NV 89042

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Rowa A. Lee 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 Rowa A. Lee, the same person named as Rowa A. Lee, one of the grantees as joint tenant named in that certain Deed recorded as Document number 84816 in Book 70 Pages 229 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-entitle Deed, is located in the County of Lincoln, State of Nevada, and is known as 279 North Second Street, Panaca, Lincoln County, Nevada, and is more specifically described as follows:

A portion of lot numbered Three (3) in Block numbered Three (3) in the Town of Panaca, County of Lincoln, bounded and described as follows, to-wit:

Beginning at the Southeast corner of said Lot 3, and running thence West along the south line of said lot 3, a distance of 150 feet; thence running at right angles North a distance of 150 feet; thence running East at right angles a distance of 150 feet to the East line of said lot 3; thence running South along the East line of said lot 3 a distance of 150 feet to the place of beginning.

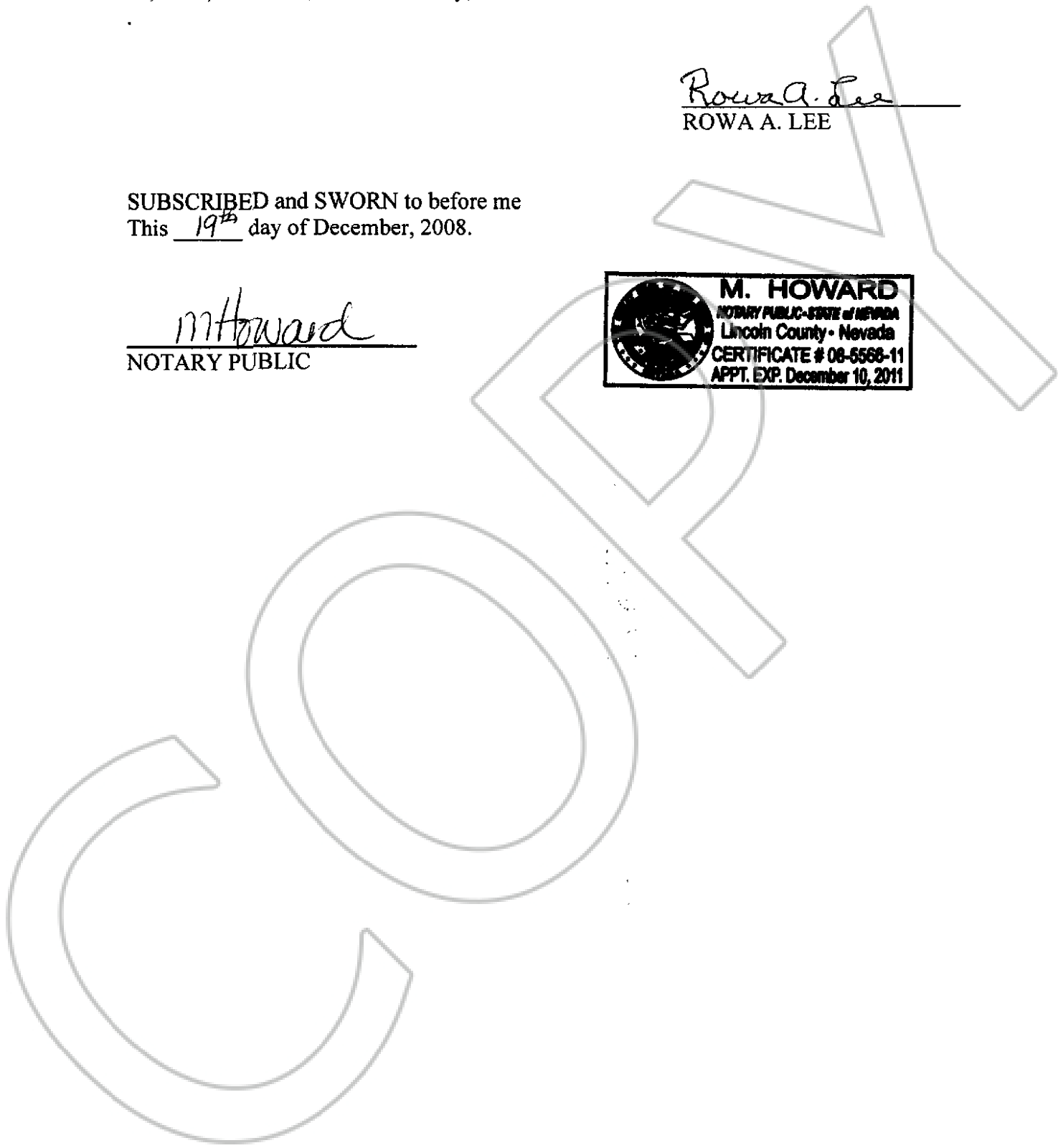
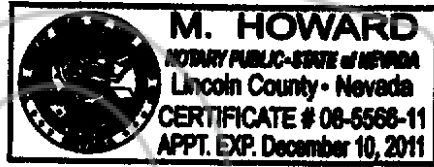


4. James I. Lee, also one of the grantees named in said Deed, died on August 12, 2008, in Panaca, Lincoln County, Nevada. I am James I. Lee's wife.

Rowa A. Lee
ROWA A. LEE

SUBSCRIBED and SWORN to before me
This 19th day of December, 2008.

M. Howard
NOTARY PUBLIC





0132987

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



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

2008012687 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) James Irvin LEE		2. DATE OF DEATH (Mo/Day/Year) August 12, 2008		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 205 North 2nd Street		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Rowa ALLEN		13. SOCIAL SECURITY NUMBER	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Clark County Agent		14b. KIND OF BUSINESS OR INDUSTRY Agriculture		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 205 North 2nd Street		16. FATHER - NAME (First Middle Last Suffix) James Irvin LEE		17. MOTHER - NAME (First Middle Last Suffix) Alice Otilla GUBLER	
18a. INFORMANT- NAME (Type or Print) Rowa Allen LEE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 595 Panaca, Nevada 89042			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person 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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)					
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH			
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) TIM UMINA SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) August 12, 2008	
		22c. HOUR OF DEATH 07:10		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 12, 2008	
		22e. PRONOUNCED DEAD AT (Hour) 07:10		23b. LICENSE NUMBER P033	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043					
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 18, 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) Cardiomyopathy					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Type 2 Diabetes Mellitus (Uncontrolled)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II Hyperlipidemia, Hyperthyroidism				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

225829

CERTIFIED COPY OF VITAL RECORDS

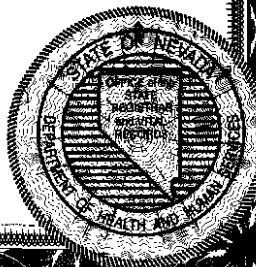
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar.

PNBCO (Rev.) 11/06

STATE REGISTRAR SIGNATURE AUTHENTICATED



VRS-Rev-2008T