

Official Record

Recording requested By
JESSIE FIELD

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: LB

Book- 246 Page- 0633

APN: 002-103-26

When recorded mail to:
JESSIE FIELD
P.O. Box 284
Panaca, Nevada 89042



AFFIDAVIT
OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Jessie Field 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 Jessie Field, the same person named as Jessie Field, one of the grantees as joint tenants with right of survivorship named in that certain Deed recorded as Document number 81365 in Book 62 Pages 382-383 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-entitled Deed, is located in the County of Lincoln, State of Nevada, and is known as 640 Wadsworth, Panaca, Lincoln County, Nevada, and is more specifically described as follows:

All of Lot Thirteen (13) in Sun Gold Manor Unit No. 1, in the Town of Panaca, County of Lincoln, State of Nevada, together with any and all improvements situated thereon, consisting of a dwelling house with attached garage.

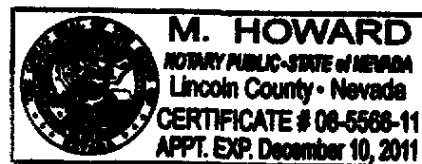
4. Wilbur T. Field, Jr., also one of the grantees named in said Deed, is the identical Wilbur T. Field, Jr., named as decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof. I am Wilbur T. Field, Jr.'s wife.

5. As recited in the above-described Certificate of Death, Wilbur T. Field, Jr. died on October 20, 2008, in Panaca, Lincoln County, Nevada.

Jessie Field
JESSIE FIELD

SUBSCRIBED and SWORN to before me
This 8th day of January, 2009.

M. Howard
NOTARY PUBLIC





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

2008016025
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) Wilbur T FIELD JR | | 2. DATE OF DEATH (Mo/Day/Year) October 20, 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) 640 Wadsworth Road | | 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) 76 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) August 29, 1932 | | 9a. STATE OF BIRTH (If not U.S.A., name country) California | | 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) Jessie SPRAGUE | |
| 13. SOCIAL SECURITY NUMBER | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Civil Service | | 14b. KIND OF BUSINESS OR INDUSTRY Nellis Afb | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 15c. CITY, TOWN OR LOCATION Panaca | |
| 15d. STREET AND NUMBER 640 Wadsworth Road | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? Yes | |
| 16. FATHER - NAME (First Middle Last Suffix) Wilbur T FIELD | | | 17. MOTHER - NAME (First Middle Last Suffix) Hannah SWARTZMAN | | |
| 18a. INFORMANT- NAME (Type or Print) Jessie FIELD | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 640 Wadsworth Road 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 | |
| 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 RICHARD WILLIAM KATSCHKE JR. 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) October 21, 2008 | | 21c. HOUR OF DEATH 05:00 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 22a. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Richard William Katschke Jr. M.D. P.O. Box 1010 Caliente, NV 89008 | | | |
| 23b. LICENSE NUMBER 10509 | | | | 24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 23, 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) Metastatic Colon Cancer | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (d) | | | | | |
| PART II | | | | | |
| 26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 28d. DESCRIBE HOW INJURY OCCURRED | |
| 28g. LOCATION | | STREET OR R.F.D. No. | | CITY OR TOWN STATE | |

STATE REGISTRAR

561663



240290

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.

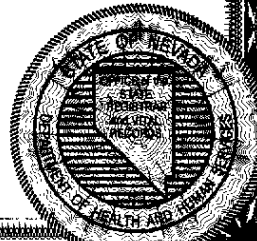
DATE ISSUED:

10/28/2008

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

PBNC0 (Rev) 11/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-2008T