

Official Record

Recording requested By
COW COUNTY TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$18.00 Page 1 of 5

RPTT: Recorded By: AE

Book- 248 Page- 0419



A.P.N. 06-041-12
R.P.T.T. \$0.00

Escrow No.

Recording Requested By:

Beverly Ann Jeffers

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Beverly Ann Jeffers
2609 Centerville Court
Henderson, NV 89052

CERTIFICATE OF INCUMBENCY

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.5.

Kim Williams
Signature

Escrow Officer
Title



Exhibit A

All of the East half of the U.S. Government Lot Numbered two (2) in Section 2, T4N., R67E., MDB&M., and also,

A parcel of land situate in the Northeast corner of U.S. Government Lot Numbered Seven (7) of Section 2, T4N, R67E., MDB&M., described as follows:

Beginning at the Northeast corner of said Lot 7, running thence South 330 feet, thence West 660 feet, thence North 330 feet and thence East 660 feet to the place of beginning, and being the North half of the Northeast Quarter (N1/2NE1/4) of said Lot 7. SUBJECT TO the conditions contained on page 2 thereof.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, rents, issues and profits thereof.

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

S.S. 456-12-9912

000691 LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

Form with sections: DECEASED-NAME, CITY, TOWN, OR LOCATION OF DEATH, RACE, AGE, DATE OF BIRTH, STATE OF BIRTH, CITIZEN OF WHAT COUNTRY, DECEASED'S EDUCATION, MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SOCIAL SECURITY NUMBER, USUAL OCCUPATION, KIND OF BUSINESS OR INDUSTRY, RESIDENCE-STATE, COUNTY, CITY, TOWN, OR LOCATION, STREET AND NUMBER, INSIDE CITY LIMITS, FATHER, MOTHER, INFORMANT, MAILING ADDRESS, BURIAL, CEMETERY OR CREMATORY, LOCATION, FUNERAL DIRECTOR, NAME AND ADDRESS OF FACILITY, DATE RECEIVED BY REGISTRAR, IMMEDIATE CAUSE, PART I, PART II, ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST., INJURY AT WORK, PLACE OF INJURY, LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE.

DECEDENT

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. 043599

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

By: [Signature]

Date Issued: JUL 13 1993

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 4426 Las Vegas, Nevada 89127 702-383-1223



TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last Raymond D. JEFFERS			DATE OF DEATH (Month, Day, Year) May 10, 1992		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Humana Hospital Sunrise		SEX Male	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.) April 8, 1926	
IF OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM	STATE OF BIRTH (If not U.S.A., name country) Texas		CITIZEN OF WHAT COUNTRY U.S.A.		DECEDENT'S EDUCATION. Specify highest grade completed. 17+	
	SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Attorney/Retired		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
PARENTS	FATHER—NAME First Middle Last Rollie Jeffers			MOTHER—MAIDEN NAME First Middle Last Lela Hunnery		
	INFORMANT—NAME (Type or Print) Dr. Mel E. Jeffers - wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3696 Spencer Street Las Vegas Nevada 89109		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—NAME Palm Valley View Cemetery		LOCATION City or Town State Las Vegas Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 27		NAME AND ADDRESS OF FACILITY Palm Valley View Mort., 7600 So. Eastern Ave. Las Vegas NV	
CERTIFIER	21a. DATE SIGNED (Mo., Day, Yr.) 5-12-92		21c. HOUR OF DEATH 9:18 P.M.		22a. DATE SIGNED (Mo., Day, Yr.)	
	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. ON		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Frank Gruber M.D. 3650 So. Eastern Ave. Las Vegas NV		21f. LICENSE NUMBER NV 3699		22c. PRONOUNCED DEAD (Hour)	
	21g. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		21h. LICENSE NUMBER		22d. AT	
CAUSE OF DEATH	24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 13 1992		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Acute pulmonary edema with respiratory failure + arrest		Interval between onset and death few days			
	(b) HASAD		Interval between onset and death			
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Multiple Atherosclerotic Arteries						
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		
26a. INJURY AT WORK (Specify Yes or No)		26b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26c. DESCRIBE HOW INJURY OCCURRED		
26d. LOCATION		26e. STREET OR R.F.D. No.		26f. CITY OR TOWN		
26g. STATE		26h. STATE		26i. STATE		

No. 037845

STATE REGISTRAR

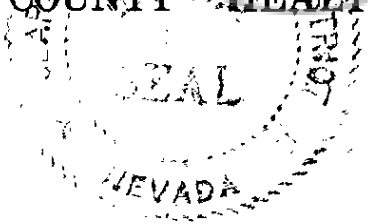
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OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics

By: *[Signature]*

Date Issued: OCT 06 1993



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 Las Vegas, Nevada 89127
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