



A.P.N. 02-083-09
R.P.T.T. \$0.00
Escrow No. 38781
Recording Requested By:
Cow County Title Co.
Mail Tax Statements To:
Same as below
When Recorded Mail To:
TYLER HEATON
230 N. 2nd Street
Panaca, NV 89042

AFFIDAVIT DEATH OF JOINT TENANT

MELINDA NEWSOM, of legal age, being first duly sworn, deposes and says: That JAMES A. GUNN, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES A. GUNN, named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 30, 1973 executed by MELVIN GARN WETZEL and VIRGINIA S. WETZEL to JAMES A. GUNN and MARGIE L. GUNN, husband and wife as joint tenants, recorded as Instrument No. 53300, on August 15, 1973 in Book 8, of Official Records of Lincoln, Nevada, covering the following described property situated in Lincoln County, State of Nevada:

Revised Parcel #2 of the Margie Gunn Nutman Merger and Re-Parcel map recorded May 7, 2007 in the Office of the County Recorder of Lincoln County, Nevada, in Book C of Plats, page 331 as File No. 128874, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2009 - 2010: 02-083-09

Dated: January 7, 2010

Melinda Newsom
MELINDA NEWSOM

State of Montana }

County of: Missoula }

This instrument was acknowledged before me on January 8, 2010
By MELINDA NEWSOM

Signature: Carrie L. Cummings
Notary Public

Carrie L. Cummings
Resides at: Missoula, MT
Commission Expires 3/20/11



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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.

Melinda Neuson
Signature

Daughter
Title



NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

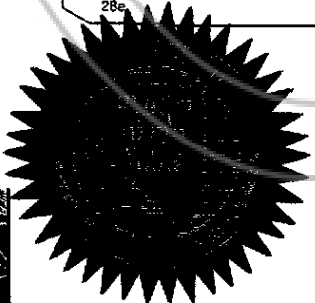
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last James A. GUNN Jr.		DATE OF DEATH (Month, Day, Year) 2 June 15, 2000	
CITY, TOWN OR LOCATION OF DEATH 3b. Caliente		COUNTY OF DEATH 3a. Lincoln	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Grover C. Dils Medical Center		if Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 4. Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes. specify Mexican, Cuban, Puerto Rican, etc. 6.		DATE OF BIRTH (Mo., Day, Yr.) 8. June 19, 1925	
AGE—Last Birthday (Years) 7a. 74		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
STATE OF BIRTH (If not U.S.A., name country) 9a. Texas		SURVIVING SPOUSE (If wife, give maiden name) 12. Margie Lou Maddox	
CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 18	
SOCIAL SECURITY NUMBER 13. [REDACTED]		KIND OF BUSINESS OR INDUSTRY 14b. Federal Aviation Association	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Field Office Chief			
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION 15a. Nevada Lincoln Panaca		STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) 15d. 2nd and D Street 15e. Yes	
FATHER—NAME First Middle Last 16. James A. Gunn Sr.		MOTHER—MAIDEN NAME First Middle Last 17. Cora Alma Sartor	
INFORMANT—NAME (Type or Print) 18a. Margie Gunn		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 314 Panaca, Nevada 89042	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME LOCATION City or Town State 19b. Cremation Center of St. George 19c. St. George, Utah	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY 20b. 15 20c. 730 Front Street Caliente, Nevada 89008	
21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 6-16-00 HOUR OF DEATH 21c. 2125 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22a. To be completed by Coroner's Office 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) and manner stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON PRONOUNCED DEAD (Hour) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		LICENSE NUMBER 23b. 4798	
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24b. 6-16-00 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) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (b) Emphysema DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death hours Interval between onset and death years Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Atherosclerotic Coronary Vascular Disease		AUTOPSY (Specify Yes or No) WAS CASE REFERRED TO CORONER (Specify Yes or No) 26. No 27. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 28b. 28c. M 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28f. 28g.	



STATE REGISTRAR

Sylvia

No. 163866

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **JUL 06 2000**

State Registrar