

APN# 003-098-07

WHEN RECORDED MAIL TO:
Willima R Revell
PO Box 831
Caliente NV 89008-0831



ESCROW NO. 8102669erw
ORDER NO. 9015-2395059

AFFIDAVIT - DEATH OF JOINT TENANT

The Undersigned hereby affirms that this document submitted for recording contains a social security number of a person as required by law: NRS 40.525.

William R Revell, PO Box 831, Caliente, NV 89008-0831, of legal age, being first duly sworn, deposes and says: That Lorena Mae Revell, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Lorena M Revell named as one of the parties in that certain Deed of Trust with Assignment of Rents dated December 17, 2001 executed by Tina Osborn to William R Revell and Lorena M Revell, husband and wife as joint tenants, recorded as Instrument No. 117488 on December 31, 2001 in Book 160, Page 555 of Official Records of Lincoln County, NEVADA covering the following described property situated in the County of Lincoln, State of Nevada:

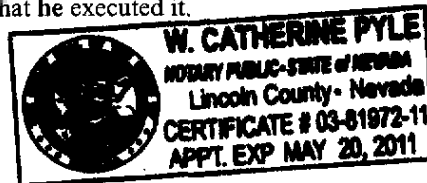
Lots Seven (7), Eight (8) and the West Half (W 1/2) of Lot Nine (9), in Block Thirty Eight (38) of The Thos. E. Dixon addition to Caliente Town dated August 12, 1936 of File in the Office of the County Recorder of Lincoln County, Nevada.

April 28, 2010

William R Revell

STATE OF Nevada, COUNTY OF Lincoln ss

On April 29, 2010 Before me, a Notary Public, appeared William R Revell personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that he executed it.



Signature W. Catherine Pyle (Notary Public)

My Commission Expires May 20, 2011
(Notary Seal in box)



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

2008000834
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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lorena Mae REVELL		2. DATE OF DEATH (Mo/Day/Year) January 06, 2008		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 31, 1924		9a. STATE OF BIRTH (If not U.S.A., name country) Colorado		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) William R REVELL	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dental Assistant		14b. KIND OF BUSINESS OR INDUSTRY Oral Surgery	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 60 Meadowlark Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Oscar MATTHEWS.	
17. MOTHER - NAME (First Middle Last Suffix) Rose MILLER		18a. INFORMANT - NAME (Type or Print) William R REVELL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 831 Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Removal		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah	
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) RICHARD WILLIAM KATSCHKE JR. M.D. SIGNATURE AUTHENTICATED			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) January 11, 2008		21c. HOUR OF DEATH 20:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. 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) January 15, 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) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiopulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death Days Interval between onset and death Years Interval between onset and death Years Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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

189286 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: 01/24/2008

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

PSNCO (REV) 11/06

[Signature]
SIGNATURE AUTHENTICATED
STATE REGISTRAR

