

Official Record

Recording requested By
KAREN CHAMBERLAIN

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By DP
Book- 264 Page- 0700



A.P.N. # 202-088-05
ESCROW NO. _____
RECORDING REQUESTED BY: _____

WHEN RECORDED MAIL TO:

(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA

COUNTY OF _____

Karen L Chamberlain of legal age, being first duly sworn, deposes and says: That Melba Faye Lee the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain quit claundeed dated 1-31-2005 executed by Faye Lee to Faye Lee and Donald S Lee as joint tenants, recorded as Instrument No. 123742 on 8-14-2005 in Book 196, Page 534, of Official Records of Lincoln County County, Nevada, covering the following described property situated in See Att A County, State of Nevada

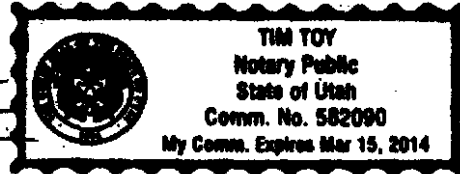
DATE: 7/1/2011

STATE OF UTAH

COUNTY OF WASHINGTON

Karen L Chamberlain
Karen L Chamberlain

This instrument was acknowledged before me on JULY 1, 2011
by KAREN L. CHAMBERLAIN.



Signature _____

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)



0138613

Book 254
Page 7C1

07/01/2011
Page 2 of 2

NEVADA OFFICE OF VITAL RECORD

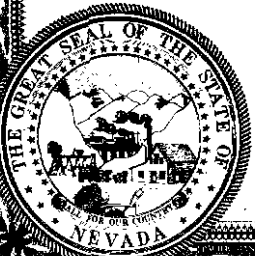


DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

TYPE OR PRINT IN PERMANENT BLACK INK
DECEASED
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS
RENTS
POSITION
CERTIFIER
CONDITIONS ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH
USE OF EARTH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Melba Faye Lee			2. DATE OF DEATH (Month, Day, Year) April 12, 2006		3a. COUNTY OF DEATH Lincoln
CITY, TOWN OR LOCATION OF DEATH Coyotee Mountain		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Burnt Valley		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) SEX Female	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) UNDER 1 YEAR UNDER 1 DAY 7a. 74 7b. 74 7c. 74	
8. DATE OF BIRTH (Mo., Day, Yr.) August 4, 1931		9. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER	
14a. Telephone Operator		14b. Lincoln County Telephone		15. RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) Nevada Lincoln Panaca 15d. Yes	
16. FATHER—NAME First Middle Last Rulon Dewey Gardner			17. MOTHER—MAIDEN NAME First Middle Last Geneva Christensen		
18a. INFORMANT—NAME (Type or Print) Karen Jane Chamberlain		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 598 North 1275 West St. George, Utah 84770			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATION—NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>David E. Boyer</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Wiscombe Southern Nevada Mortuary 730 Front Street Caliente, Nevada 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		21c. HOUR OF DEATH 14:37		22. 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) DATE SIGNED (Mo., Day, Yr.) 22b. 4/17/06 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 4/12/2006 22c. 14:37 22e. AT 14:37	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Tim Umina; P.O. Box 570 Pioche, Nevada 89043					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <i>David E. Boyer</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 17, 2006		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 (a) Exposure / Hypothermia		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 41106 0800 - 1200 hrs	
PART (b) Exposure / Dementia (per family) early onset		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART (c) Family reported signs of dementia		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) WAS CASE REFERRED TO CORONER (Specify Yes or No) 26. No 27. No	
28a. ACC., SUICIDE, HON., UNDET., OR PENDING INVEST. (Specify) Accident		28b. DATE OF INJURY (Mo., Day, Yr.) 04/12/2006		28c. HOUR OF INJURY 14:37	
28d. DESCRIBE HOW INJURY OCCURRED Exposure / Hypothermia in the mountains		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Burnt Valley			
28f. LOCATION Coyotee Mountain		28g. STREET OR R.F.D. No. CITY OR TOWN STATE			



STATE REGISTRAR

120600 CERTIFIED COPY OF VITAL RECORDS

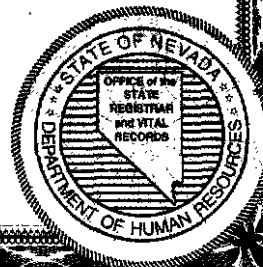
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUN - 8 2006**

STATE REGISTRAR

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

No. 328855





123742

Attachment A

A.P.N.: 002-083-05
File No: 152-2185863 (MJ)

When Recorded Return To: Mail Tax Statements To:
Faye Lee
P.O. Box 205
Panaca, NV 89042

FILED FOR RECORDING
AT THE REQUEST OF
First American Title
2005 FEB 4 PM 1 56
LINCOLN COUNTY RECORDER
FEE 15.00
LESLIE BOUCHER

R.P.T.T.: \$375.090 9

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Faye Lee, an unmarried woman

do(es) hereby RELEASE AND FOREVER QUITCLAIM to

Faye Lee, an unmarried woman and Donald J. Lee, an unmarried man as joint tenants with right of survivorship

all the right, title, and interest of the undersigned in and to the real property situate in the County of Lincoln, State of Nevada, described as follows :

All of Lot 4 in Block 17, of the Town of Panaca, as shown on the map thereof recorded and filed in the Office of the County Recorder, Lincoln County, Nevada.

Excepting therefrom that portion of said Lot 4 in Block 17 described as follows:

Commencing at the Southwest (SW) corner of Lot 4 in Block 17, of the Town of Panaca, as shown on the map thereof recorded and filed in the Office of the County Recorder, Lincoln County, Nevada; thence North 95 feet along the West line of said Lot 4; thence East parallel to the South line of said Lot 4 a distance of 109 feet; thence South parallel to the West line of said Lot 4 a distance of 95 feet; thence West along the South line of said Lot 4 to the Southwest (SW) corner of Lot 4, the point of beginning.

The above metes and bounds description appeared previously in that certain document recorded May 16, 1977 in Book 20, Page 517 as Instrument No. 59663.

The purpose of this Quitclaim document is to relinquish any possible community interest that grantor may have or may acquire in the future.