

Official Record

Recording requested By
BARNEY MCKENNA & OLMSTEAD

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 269 Page- 0340



WHEN RECORDED MAIL TO:

Jeffery J. McKenna, Esq.
BARNEY MCKENNA & OLMSTEAD, P.C.
P. O. Box 2910
St. George, UT 84771-2710

MAIL TAX NOTICE TO:

Dustin L. Cole
PO Box 246
Pioche, NV 89043

APN: 6-241-22

AFFIDAVIT OF SURVIVING JOINT TENANT

RE: DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF LINCOLN)

Dustin L. Cole, of legal age, being first duly sworn, declares as follows:

That Betty Joe Lytle, aka Betty Lytle, the decedent mentioned in the attached certified copy of Certificate of Death, who died November 25, 2004, is the same person as Betty Lytle, named as one of the parties in that certain Quitclaim Deed dated April 13, 1987 executed by Ruth Prince and Sandra Hulse, to Gordon Lytle and Betty Lytle, husband and wife, recorded on April 16, 1987, in Book 74, Page 469, of Official Records of Lincoln County, Nevada, covering the following described property situated in the County of Lincoln, State of Nevada:

"Beginning at the southwesterly corner of Lot Five (5), whence the corner common to Sections Two (2) and Three (3) in Township One (1) North and Sections Thirty-Four (34) and Thirty-five (35) in Township Two (2) North, Range Sixty-nine (69) East, MDB&M, bears South 87°14' West 2361.0 feet (said corner being actually North 1°53' East 679 feet from where it should be); thence South 73°26' East 447.3 feet to the southwesterly corner, the TRUE POINT OF BEGINNING; thence North 18°26' East 250.7 feet to the northwesterly corner; thence South 69°43' East 177.9 feet to the northeasterly corner; thence South 18°26' West 239.2 feet to the southeasterly corner; thence North 73°26' West 177.9 feet to the southwesterly corner, the TRUE POINT OF BEGINNING; containing 1.00 acre, more or less, together with



any and all improvements situate thereon and together with any water and water rights appurtenant thereto.”

APN: 6-241-22

Dated: 20 JAN 2012

DUSTIN L. COLE, Affiant

SUBSCRIBED AND SWORN to before me this 20 day of Jan, 2012.

NOTARY PUBLIC

Address: Pioche, NV

My Commission Expires: April 12, 2014

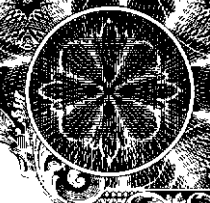
Gordon Lytle is the beneficiary.

The address is: PO Box 246, Pioche, NV 89043





STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF VITAL RECORDS



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

20040016509

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED--NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Betty Joe LYTLE		2. November 25, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b Caliente		3a. Lincoln	
HOSPITAL OR OTHER INSTITUTION--Name (If not either, give street and number)		if Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c Grover C. Dils Medical Center		3e Emergency Room 2	
RACE--(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4 Female	
Was Decedent of Hispanic Origin? Specify "1" yes "X" no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE--Last Birthday (Years)	
6. X		7a 79	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
7b. :		7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. March 25, 1925		11. Married	
STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a Utah		9b. U.S.A.	
Decedent's Education. Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name)	
10. 12		12. Gordon R. Lytle	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED]		14a. Secretary	
KIND OF BUSINESS OR INDUSTRY		11b School District	
RESIDENCE--STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Eagle Valley	
COUNTY		STREET AND NUMBER	
15b. Lincoln		15d. 10 Ranch Road	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER--NAME First Middle Last		MOTHER--MAIDEN NAME First Middle Last	
16. Alfred Morris		17. Josephine Sullivan	
INFORMANT--NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Gordon R. Lytle		18b. HC 74 Box 240 Pioche, Nevada 89043	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY--NAME	
19a. Burial		19b. Lytle Family Cemetery	
LOCATION		City or Town State	
19c. Eagle Valley, Nevada			
FUNERAL DIRECTOR--SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 15	
NAME AND ADDRESS OF FACILITY		20c. 730 Front Street Caliente, Nevada 89008	
20d. [Signature]		20e. 09 Wiscombe Funeral Home, Inc.	
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)		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) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 11-29-04		22b. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0648		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.)		LICENSE NUMBER	
23a. Shailendra Singh, M.D.; P.O. Box 1010 Caliente, Nevada 89008		23b. 9978	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. 11-29-04	
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))		Interval between onset and death	
PART I (a) Cardio-Pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF.		: Immediate	
(b) Decompensated Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF.		: Weeks	
(c)		: 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.		AUTOPSY (Specify Yes or No)	
Coronary Artery Disease		26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify)	
28e. [REDACTED]		28f. [REDACTED]	
LOCATION.		STREET OR R.F.D. No.	
28g. [REDACTED]		CITY OR TOWN STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

STATE REGISTRAR

No. 269877

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:

NOV 21 2011

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

[Signature] STATE REGISTRAR

