

APNs: 001-192-01
001-192-02
001-192-04



RECORDED AT THE REQUEST OF,
AND WHEN RECORDED, RETURN
TO:

Edward J. Hanigan, Esq.
2580 Anthem Village Drive
Henderson, NV 89052

SEND TAX STATEMENTS TO:

Juanita Patricia Franks
PO Box 514
Pioche, NV 89043

AFFIDAVIT OF DEATH PURSUANT TO NRS 111.365

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

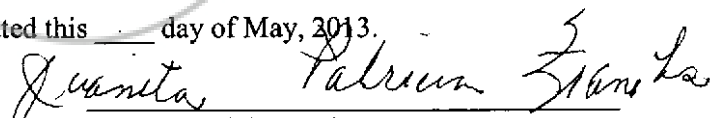
Juanita Patricia Franks, also known as Patsy Franks, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

1. That affiant is the surviving spouse of the decedent, John J. Franks, and is the person named as one of the grantees in those certain deeds recorded on February 5, 1982, in Book 48, Pages 420 and 421 as Instrument No.74503 and Instrument No. 74504 in the Official Records of the County Recorder of Lincoln County, State of Nevada, conveying the real property described as:


SEE EXHIBIT "A" ATTACHED HERETO

2. That John J. Franks died in Clark County, Nevada on January 28, 1991, and is one of the grantees named in said deeds and was the identical person named as John J. Frank, the decedent, in the attached Death Certificate.

Dated this 6 day of May, 2013.


Juanita Patricia Franks

SUBSCRIBED AND SWORN TO before me
this 8 day of May, 2013, by Juanita Patricia Franks.



Notary Public


 JEANETTE A. HITCHMAN
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 09-9228-1
My Appt. Expires Jan. 27, 2017

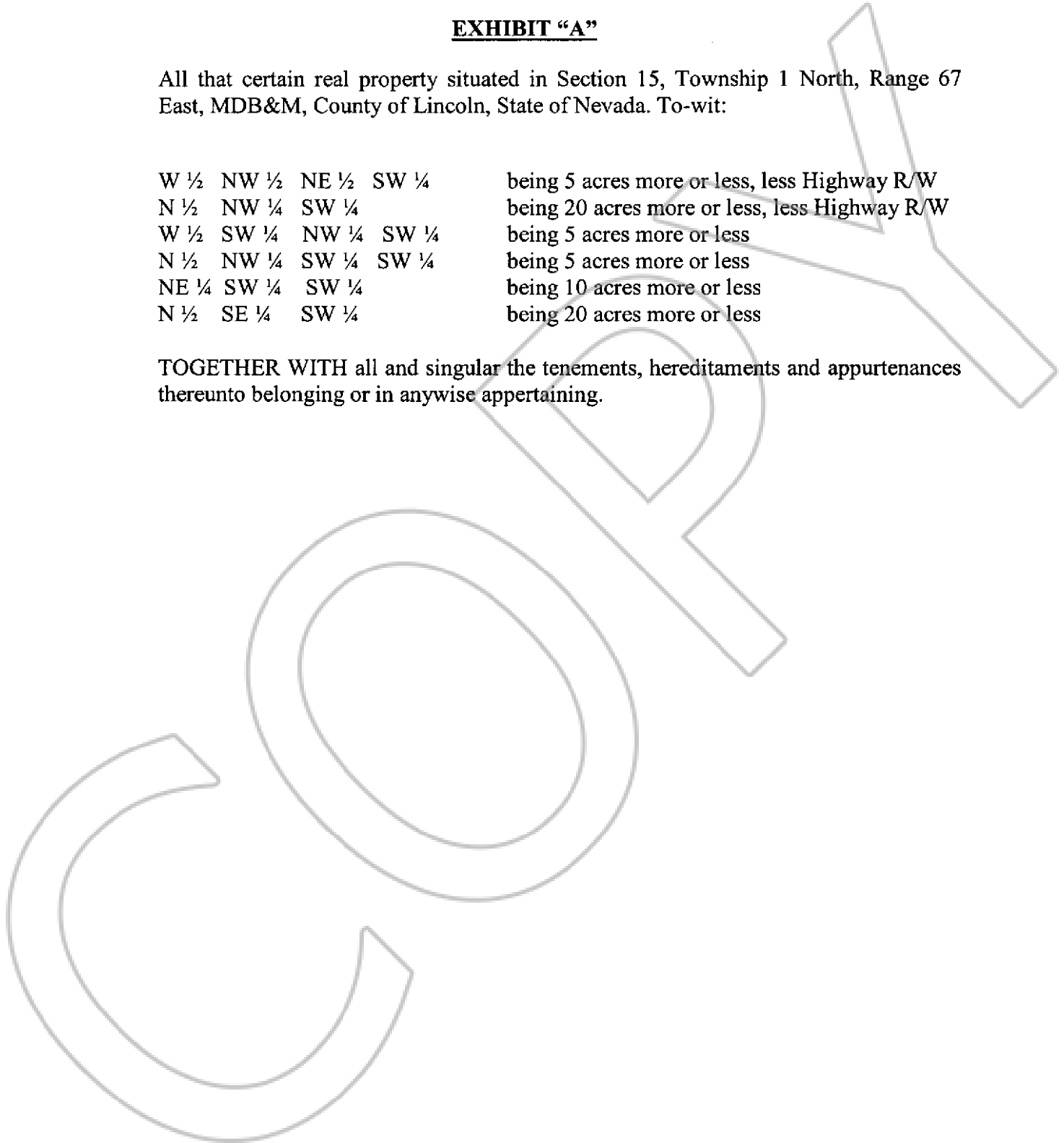


EXHIBIT "A"

All that certain real property situated in Section 15, Township 1 North, Range 67 East, MDB&M, County of Lincoln, State of Nevada. To-wit:

W ½	NW ½	NE ½	SW ¼	being 5 acres more or less, less Highway R/W
N ½	NW ¼	SW ¼		being 20 acres more or less, less Highway R/W
W ½	SW ¼	NW ¼	SW ¼	being 5 acres more or less
N ½	NW ¼	SW ¼	SW ¼	being 5 acres more or less
NE ¼	SW ¼	SW ¼		being 10 acres more or less
N ½	SE ¼	SW ¼		being 20 acres more or less

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.





NEVADA
VITAL RECORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

000420

91 001002

TYPE PRINT IN PERMANENT INK
IDENT
DEATH SPIRED IN STITCH HANDBOOK RECORD SECTION OF DEATH ITEMS
POSITION
CERTIFIER
CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH
USE OF DEATH

1. DECEASED—NAME First Middle Last John Jacob FRANKS			DATE OF DEATH (Month, Day, Year) 2. January 28, 1991		COUNTY OF DEATH 3a. Clark
CITY, TOWN, OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. University Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient /	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 69	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
DATE OF BIRTH (Mo., Day, Yr.) 8. Sept. 24, 1921		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 15	
STATE OF BIRTH (If not U.S.A., name country) 9a. California		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Pat Sullivan	
SOCIAL SECURITY NUMBER 13. XXXXXXXXXX		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner/Operator		KIND OF BUSINESS OR INDUSTRY 14b. Mining	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Pioche		STREET AND NUMBER 15d. Main & Hoffman
INSIDE CITY LIMITS (Specify Yes or No) 15e. YES		FATHER—NAME First Middle Last 16. George W. Franks			
MOTHER—MAIDEN NAME First Middle Last 17. Lena Johnson		INFORMANT—NAME (Type or Print) 18a. Jim Crockett			
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 700 South 3rd, Las Vegas, Nevada 89101		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial			
CEMETERY OR CREMATORY—NAME 19b. Masonic Cemetery		LOCATION City or Town State 19c. Pioche Nevada		FUNERAL DIRECTOR'S SIGNATURE (Of Person Acting as Such) 20a. <i>[Signature]</i>	
FUNERAL DIRECTOR LICENSE NUMBER 20b. 28		NAME AND ADDRESS OF FACILITY 20. DAVIS FUNERAL HOME 25 2127 W. Charleston Blvd., Las Vegas, Nevada 89102			
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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH 21c.		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22b. 1-30-91		22c. 9:15 A.M.	
21e. G. Sheldon Green, M.D.—Chief Med Exam., 1704 Pinto, Las Vegas, NV		22d. ON 1-28-91		22e. AT 9:15 A.M.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. G. Sheldon Green, M.D.—Chief Med Exam., 1704 Pinto, Las Vegas, NV		LICENSE NUMBER 23b. 3004		REGISTRAR 24a. (Signature) <i>[Signature]</i>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 30 1991		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 myocardial infarct		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		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. Multiple non-lethal trauma		AUTOPSY (Specify Yes or No) 26. Yes		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident		DATE OF INJURY (Mo., Day, Yr.) 28b. Jan 26 1991	HOUR OF INJURY 28c. 12:03 P.M.	DESCRIBE HOW INJURY OCCURRED 28d. MVA/driver. Two car collision.	
INJURY AT WORK (Specify Yes or No) 28e. No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. street		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. Tropicana & Rainbow, Las Vegas, NV	

STATE REGISTRAR
CERTIFIED COPY OF VITAL RECORDS

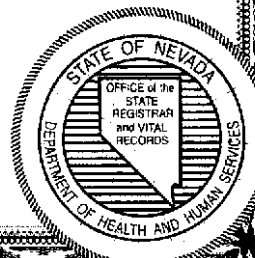
No. 023774



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: **APR 30 2013**

[Signature]
STATE REGISTRAR



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