



APN: PORTION OF 012-230-08

When recorded, mail to:
Sears Law Firm
Richard W. Sears
1330 Aultman St
Ely, NV 89301

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) SS
COUNTY OF WHITE PINE)

On this 15 day of August, 2014, I, SHIRLEY COWL, SUCCESSOR TRUSTEE OF THE JOSEPH P. BURTON AND DOROTHY M. BURTON REVOCABLE FAMILY TRUST, of lawful age, being duly sworn, state as follows:

On the 27th day of June, 1981, property was conveyed to JOSEPH BURTON AND DOROTHY BURTON, husband and wife, as joint tenants, and not as tenants in common, with right of survivorship;

the following described real property situated in White Pine County, Nevada, to wit:

That portion of the Southwest Quarter (SW ¼) of the Northeast Quarter (NE ¼) of Section 35, Township 2, Range 67 East, M.D.B.&M., Lincoln County, Nevada described as follows:

Parcel Two (2) as shown by Amended Parcel Map for Glenn and Jean Wright, recorded December 5, 1980, in Plat A, Page 169 of Official Records, Lincoln County, Nevada Records, as Document No. 70375

A certified copy of the death certificate of JOSEPH BURTON, deceased, issued by the Department of Health for the State of California, showing that the deceased joint tenant died on the 6th day of August, 1995, is attached to this affidavit.



NEVADA
OFFICE OF VITAL RECORDS

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

95 007706

TYPE OF DEATH
 PERMANENT BLACK INK

PRECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Joseph Bartlett BURTON Jr.		2. August 6, 1995		3a. Lincoln		95 007706	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Panaca		3. Highway 93 MM 103		3c. 7		4. Male	
RACE—(e.g. White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 67		8. 2-23-1928	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 8		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		14a. Bulldozer Operator 855		14b. Heavy Equipment 060		12. Dorothy Whisman	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Panaca		15d. Hwy 93 MM 103	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. No	
		16. Joseph Bartlett Burton		17. Eva Mae Copelin			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Dorothy M. Burton		18b. P.O. Box 403 Panaca, Nevada 89042					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Desert Memorial		19c. Las Vegas, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 15		20c. P.O. Box 994 Caliente, Nevada 89008 09			
To be completed by CERTIFYING PHYSICIAN		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)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
		[Signature]		21b. 8-7-95		21c. 1330	
		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
		21d. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008					
		21e. LICENSE NUMBER		21e. 4798			
To be completed by Coroner's Office		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)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
		[Signature]		22b.		22c.	
		22d. ON		22e. AT			
		22d. ON		22e. AT			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. 8-7-95		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) Bullet wound to the head		DUE TO, OR AS A CONSEQUENCE OF:		immediate.			
(b) Depression		DUE TO, OR AS A CONSEQUENCE OF:		months			
(c) Terminal, Metastatic Prostate Cancer		DUE TO, OR AS A CONSEQUENCE OF:		2 Years			
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. No		27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. Suicide		28b. 8-6-95		28c. Approx. 1:00 p.m.		28d. Self Inflicted Gunshot wound to head	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. No		28f. Residence		28g. Hwy 93 MM103		Panaca, Nevada	

STATE REGISTRAR

No. 74578

CERTIFIED COPY OF VITAL RECORDS

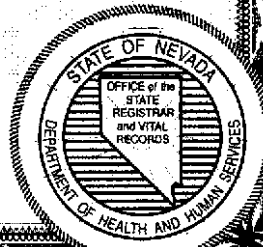
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SEP 05 2013

STATE REGISTRAR

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



[Signature]