

**DOC # 0147974**

07/20/2015

01:27 PM

**Official Record**

Recording requested By  
SWEN A MORTENSON

**Lincoln County - NV**  
**Leslie Boucher - Recorder**

Fee: **\$41.00** Page 1 of 3

RPTT: Recorded By: AE

Book- 297 Page- 0056



0147974

AFFIDAVIT OF SURVIVORSHIP

COVER PAGE

COPY



AFFIDAVIT OF SURVIVORSHIP

STATE OF UTAH )  
 ) ss.  
COUNTY OF SALT LAKE )

ROBERT C. CUMMINGS, being first duly sworn, upon oath, deposes and says:

1. That I am of legal age, a resident of Salt Lake County, Utah, competent and make this affidavit on personal knowledge. My address is 225 South 200 East, Suite 150, Salt Lake City, UT 84111.
2. That I was well acquainted with Earl S. Johnson also known as Earl Silver Johnson (hereinafter "Earl"), with his brother, Richard S. Johnson also known as Richard Silver Johnson (hereinafter "Richard") and with their father, M. B. Johnson also known as Melvin B. Johnson during their respective lifetimes.
3. Earl died on November 7, 1977, at Salt Lake County, Utah. A certified copy of his Utah Department of Health Death Certificate is attached hereto as Ex. A and recorded herewith. Earl was survived by his brother Richard, and Richard appears as the "Informant" on the attached death certificate.
4. Earl is the same person as the Earl S. Johnson, who is named as a grantee in that certain Mining Deed recorded in the office of the County Recorder of Lincoln County, Nevada on May 12, 1971 in Book 1 on Page 292 of Official Records of Lincoln County, Nevada. Richard is the same person as the Richard S. Johnson who is also named as a grantee in said mining deed.
5. The said mining deed describes the following real property, situate in Lincoln County, Nevada, to-wit:

PRICE LODGE MINING CLAIM, U. S. Survey No. 3678, and for a more particular description of which, Page 379 of Book "A-1" of Mining Deeds, Lincoln County Recorder's Office, and following pages, are herein incorporated by reference as if fully again set forth herein for the description as contained in the recorded United States Patent to said claims.

Together with all and singular the tenements, hereditament, and appurtenances thereunto belonging, or in any wise appertaining, expressly including all lodes and veins, with their dips, spurs, angles and variations, subject to the terms contained in said United States Patent, and together with all improvements thereon.

Dated this 18 day of May, 2015.

*Robert C. Cummings*  
\_\_\_\_\_  
AFFIANT

Subscribed and sworn to before me this 18 day of May, 2015.

*W. L. Allison Love*  
\_\_\_\_\_  
Notary Public





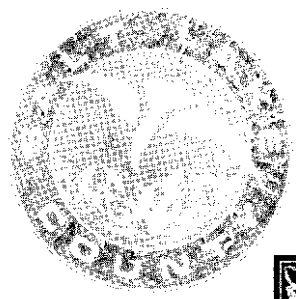
DIVISION OF VITAL STATISTICS

UTAH STATE DIVISION OF HEALTH  
**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER <b>18-3815</b>		STATE FILE NUMBER	
1a NAME OF DECEDENT FIRST MIDDLE LAST <b>Earl Silver JOHNSON</b>			
2a DATE OF DEATH MONTH DAY YEAR		2b TIME OF DEATH (24 HOUR)	
3 SEX <b>Male</b>		4 RACE (WHITE, BLACK, OTHER) <b>White</b>	
5 BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Salt Lake City, Utah</b>		6 DATE OF BIRTH (MONTH, DAY, YEAR) <b>July 1, 1910</b>	
7 AGE (LAST BIRTHDAY) <b>67</b> YEARS		IF UNDER 1 YEAR MONTHS DAYS	
8 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		9 SOCIAL SECURITY NUMBER	
10 MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) <b>Never Married</b>		11 NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAID NAME)	
12a USUAL OCCUPATION (GIVE KIND OF WORK (HIND DURING MOST OF WORKING LIFE, EVEN IF RETIRED)) <b>Mining Engineer</b>		12b KIND OF BUSINESS OR INDUSTRY <b>Mining Consultant</b>	
13 EDUCATION SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY 10-12) COLLEGE 11, 14, 16			
14 NAME OF FATHER <b>Melvin B. Johnson</b>		15 MAIDEN NAME OF MOTHER <b>Katherine Silver</b>	
16 USUAL RESIDENCE STREET ADDRESS (Street and number or location) <b>370 Center Street</b>		17b INSURE BY LIFE, ACCIDENT, SICKNESS (Specify Yes or No)	
17c CITY OR TOWN <b>Salt Lake City</b>		17d STATE <b>Utah</b>	
17e COUNTY <b>Salt Lake</b>		18 NAME & MAILING ADDRESS OF INFORMANT <b>Richard S. Johnson 378 Quince Street Salt Lake City, Utah 84103</b>	
18a NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (If other than your street address or location) <b>370 Center Street</b>		19a CITY OR TOWN <b>Salt Lake City</b>	
19b COUNTY <b>Salt Lake</b>		19c DATE SIGNED <b>Nov 7 1977</b>	
20a MEDICAL EXAMINER I hereby certify that death occurred at the hour, date & place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances		20b PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <b>SERGE M. MOORE, M.D.</b>	
20c PHYSICIAN I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I attended the decedent and I last saw the decedent alive on month day year		20d PHYSICIAN'S NAME AND TITLE (If other than Dr.) <b>SERGE M. MOORE, M.D.</b>	
21 IF NOT CERTIFIED BY MEDICAL EXAMINER WAS DEATH REPORTED TO HIM? (Yes or No)		20e PHYSICIAN'S UTA LICENSE NO. <b>4831</b>	
22a Burial, entombment, cremation or other disposition (Specify)		23 SIGNATURE OF FUNERAL DIRECTOR <b>Harry L. Gibbons</b>	
22b DATE <b>Nov. 11, 1977</b>		24 FUNERAL HOME NAME AND ADDRESS <b>LARKIN MORT., 260 E. So. Temp Salt Lake City, Utah 84111</b>	
25 NAME AND LOCATION OF CEMETERY OR CREMATORY <b>Salt Lake City Cemetery - Salt Lake City, UT.</b>		26 LOCAL HEALTH DEPARTMENT SIGNATURE <b>Harry L. Gibbons</b>	
27 Date accepted for registration local register <b>Nov. 8, 1977</b>			
28 PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) DUE TO OR AS A CONSEQUENCE OF (B) DUE TO OR AS A CONSEQUENCE OF (C)			
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST			
28 PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I			
31 Apparent cause homicide, undetermined or pending investigation (Specify)		32a DATE OF INJURY (month, day, year)	
32b TIME OF INJURY (24 HOUR CLOCK)		33 INJURY AT WORK (Specify Yes or No)	
34 PLACE OF INJURY (Specify Home, Factory, Store, Street, Office, Building)		35a AUTOPSY (Specify Yes or No)	
36a LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35b If YES, were findings useful in determining cause of death? (Specify Yes or No)	
36b Distance from place of injury to usual residence (Specify 1-7)		36c Were laboratory tests done for drugs or toxic chemicals? (Specify Yes or No)	
36c Were laboratory tests done for alcohol? (Specify Yes or No)		37	
38 DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28)		39 If motor vehicle accident specify if driver was driver, passenger or pedestrian	

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as amended.

*Harry L. Gibbons*  
Harry L. Gibbons, M.D., M.P.H.  
Director of Health



Date Issued **NOV 18 1987**

*Mary Lynn Mackay*  
REGISTRAR

EXA