When Recorded, Return to:

R. Earl Paton

3389 West - 4 460 South

Salt Lake City, Utah, 84119

76762

SURVIVORSHIP AFFIDAVIT

STATE OF UTAH)
:ss
County of)

The undersigned, R. EARL PATON upon being duly sworn and upon oath does say and depose as follows:

1. That your affiant did acquire title to the real property hereafter identified as a joint tenant with M. MARGUERITE PATON

2. That the said M. MARGUERITE PATON has predeceased your affiant as is represented by Certificate of Death which shows the date of death as: April 27, 1980.

3. That your affiant is the surviving joint tenant and as such has become fully vested with title to the property described hereafter.

4. That the real property affected by these representations is situate in the County of Eureka, State of Nevada, to-wit:

The South ½ of the Southwest ¼ of the Northwest ¼ and the Southeast ¼ of the Northwest ¼ of Section 3, Township 30 North, Range 49 East, MDBM recorded in Book 59, Page 169, File #63054.

5. That this affidavit is given as an inducement for Transamerica Title Insurance Company to issue its policy or policies of title insurance; and your affiant knows that reliance will be made thereon.

FURTHER THE AFFIANT SAYETH NAUGHT

R. Earl Paton

SUBSCRIBED AND SWORN before me this 15th day of May, 19 80 by the above named person

Vera M. Perkins
Notary Public

Residing at: Salt Lake City, Utah

My Commission Expires: 8-8-83

SEAL Affixed

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CERTIFICATE OF DEATH

STATE OF UTAH — DIVISION OF HEALTH

LOCAL FILE NUMBER 18-1517

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT — FIRST: M. MARGUERITE; MIDDLE: ; LAST: PATON
2. SEX: Female
3. RACE (White, Black, Am. Indian, etc.) Specify: White
4. DATE OF DEATH (Mo., Day, Year): April 27, 1980
5. WAS DECEDENT OF SPANISH ORIGIN? YES NO X (If yes, indicate type: Mexican, P.R., S.A., Cuban, Other) (If other specify)
6. DATE OF BIRTH (Mo., Day, Year): Jan. 18th. 1918
7. AGE (Last Birthday): 62 Yrs.
IF UNDER 1 year: Months; Days
IF UNDER 24 HOURS: Hours; Minutes
8. PLACE OF BIRTH (State or foreign country): Alberta, Canada
9. CITIZEN OF WHAT COUNTRY: USA
10. Married; Never Married X; Divorced; Widowed; Other
11. EDUCATION — (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-18 or 17+): 16 Years
12. SOCIAL SECURITY NUMBER: [redacted]
13a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.): Secretary
13b. KIND OF BUSINESS OR INDUSTRY: Self employed Retired Insurance -
14. NAME OF SURVIVING SPOUSE (If wife, enter maiden name.)
15. NAME OF FATHER: Robert John Paton
16. MAIDEN NAME OF MOTHER: Mable F. Otto
17. Was decedent ever in U.S. Armed Forces? YES NO X

USUAL RESIDENCE

18a. USUAL RESIDENCE (Street and number or location and zip code): 3389 W. 4460 South 84119
18b. INSIDE CITY LIMITS? YES NO X
18c. CITY OR TOWN: Salt Lake City
18d. COUNTY: Salt Lake
18e. STATE: Utah
19. NAME & MAILING ADDRESS OF INFORMANT: R. Earl Paton, 3389 W. 4460 South, Salt Lake City, Utah 84119

PLACE OF DEATH

20a. NAME of hospital, nursing home or other institution where death occurred (If outside an institution give street address or location.): L.D.S. Hospital — X In patient; E.D. patient; DOA
20b. CITY OR TOWN: Salt Lake
20c. COUNTY: Salt Lake

MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION

MEDICAL EXAMINER. I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the Causes stated below based on examination of the body and/or investigation of the circumstances.
21a. Decedent was pronounced dead at HOUR DATE
PHYSICIAN. I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the Causes stated below, that I attended the deceased and I last saw the deceased alive on
21d. Month 4 Day 27 Year 1980
Was death reported to medical examiner? YES NO X (If yes, enter the date and hour reported. (24 hour clock.)
21f. HOUR MI. DAY YEAR
21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE: [signature]
21c. TIME OF DEATH (24 hr. clock): 1840
21e. CERTIFIER'S name, title (Type or print): Henry M. Jackson M.D.
21i. DATE SIGNED (Mo. Day, Year): April 28, 1980
21g. CERTIFIER'S address and zip code: 350 South 700 East S.L.C., Utah 84102
21h. UTAH PHYSICIAN LICENSE NUMBER: 1641

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. Burial X; Cremation; Entombment; Other
22b. DATE: April 30, 1980
23. SIGNATURE OF FUNERAL DIRECTOR: [signature]
FUNERAL HOME (Name, address and license number): Neil O'Donnell Mort. #58, 372 E. 1st. So. Salt Lake City, Ut. 8411
24. NAME AND LOCATION OF CEMETERY OR CREMATORY: Oakwood Memorial Park Chatsworth, Calif.
25. LOCAL REGISTRAR — Signature: [signature]
28. Date accepted for registration by local registrar: April 28, 1980

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for A, B and C.)
IMMEDIATE CAUSE (A): [illegible] — Interval between onset and death: 1-2 days
DUE TO, OR AS A CONSEQUENCE OF (B): [illegible] — Interval between onset and death: 1 yr.
DUE TO, OR AS A CONSEQUENCE OF (C): [illegible] — Interval between onset and death:
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST
30. PART II. OTHER SIGNIFICANT CONDITIONS — CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I
31a. AUTOPSY YES NO X
31b. IF YES, were findings considered in determining cause of death? YES NO

INJURY INFORMATION

32. Accident; Suicide; Homicide; Pending Investigation; Undetermined if injury Accidental or Purposely
33a. DATE of injury (Mo. Day, Year)
33b. TIME OF INJURY (24 Hour Clock)
34. INJURY AT WORK? YES NO X
35. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)
36a. LOCATION OF INJURY — STREET AND NUMBER OR LOCATION AND CITY OR TOWN
36b. Distance from place of injury to usual residence (Item 18) Miles
37. Were laboratory tests done for drugs or toxic chemicals? YES NO
38. Were laboratory tests done for alcohol? YES NO
39. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)
40. If motor vehicle accident, specify if the decedent was driver, passenger or pedestrian

RECORDED AT REQUEST OF
R. E. Paton
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80 SEP 18 A10:50

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DERCOLI, RECORDER
FILE NO. 76762
FEE $ 4.00

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