

AFFIDAVIT OF SURVIVORSHIP

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

COMES NOW the Affiant, JACQUELINE PATON, and being first duly sworn upon oath, deposes and says:

1. That your Affiant did obtain, by Warranty Deed, title to the real property hereinafter identified as a joint tenant with Jacqueline Paton and R. Earl Paton, said Warranty Deed recorded in book 101 page 74 file no. 83244 Eureka County Recorder, State of Nevada.

2. That R. Earl Paton has predeceased your Affiant in that the said R. Earl Paton died on the 5th day of October, 1981, is evidenced by the Certificate of Death attached hereto as exhibit A and incorporated herein by reference.

3. That your affiant is a surviving joint tenant, along with Gerald I. Paton, and as such has become fully vested, along with the said Gerald I. Paton, with title to the property described herein-after.

4. That the real property affected by these representations is located in the County of Eureka, State of Nevada, and more particularly described as follows:

The South half of the Southwest Quarter of the Northwest Quarter and the Southeast Quarter of the Northwest Quarter of Section Three, Township Thirty North, Range Forty-Nine East, MDBM.

DATED this 5th day of February, 1982.

Jacqueline Paton
JACQUELINE PATON

SUBSCRIBED AND SWORN TO BEFORE me this 5th day of

February, 1982.



My Commission Expires:

11-10-85

Janet Whitsett
NOTARY PUBLIC

Residing at:

Salt Lake City, UT

STATE OF UTAH - DIVISION OF HEALTH

STATE FILE NUMBER

LOCAL FILE NUMBER 18-3436

IDENTIFICATE OF DEATH

DECEDENT PERSONAL DATA	NAME OF DECEDENT FIRST MIDDLE LAST R. Earl Paton		SEX Male	RACE (White, Black, Am and An, etc.) White	DATE OF DEATH (Mo., Day, Year) October 5, 1981	
	WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If yes, indicate type: Mexican, Puerto Rican, Cuban, Other: _____)		DATE OF BIRTH (Mo., Day, Year) July 4, 1913	AGE (Last Birth Day) 68 Yrs	IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Minutes _____	
	BIRTHPLACE (State or foreign country) Canada	CITIZEN OF what country U.S. A.	Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/>	EDUCATION—(Specify only highest grade completed): Elementary or Secondary 10-12; College 13-16 or 17— & Not Given		SOCIAL SECURITY NUMBER [REDACTED]
	USUAL OCCUPATION (Give kind of work done during most of reporting life, even if retired) General Insurance Agent		KIND OF BUSINESS OR INDUSTRY Self Employed	NAME of surviving spouse (if wife, enter maiden name) None		
USUAL RESIDENCE	NAME OF FATHER Robert John Paton		MAIDEN NAME OF MOTHER Mabel Fanny Otto		Was decedent ever in U.S. Armed Forces? NO	
	USUAL RESIDENCE—(Street and number or location and zip code)					
	18a. 3389 West 4460 South CITY OR TOWN West Valley City COUNTY Salt Lake	18b. 84119 STATE Utah	18c. Mr. Gerald I. Paton NAME & MAILING ADDRESS OF INFORMANT 3315 Blueridge Drive CITY OR TOWN Taylorville, Utah COUNTY Utah ZIP CODE 84118			
PLACE OF DEATH	NAME of hospital, nursing home or other institution where death occurred (if outside an institution, give street address or location) St. Marks Hospital		<input checked="" type="checkbox"/> In patient <input type="checkbox"/> E.D. patient <input type="checkbox"/> D.O.A.	CITY OR TOWN Salt Lake City 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 an examination of the body and/or investigation of the circumstances. 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. I attended the decedent, and I last saw the decedent alive on _____ month _____ day _____ year _____.					
	CERTIFIER'S name and title (Type or print) Randall Daynes M.D.		DATE SIGNED (Mo., Day, Year) 10/7/81		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>Randall Daynes</i>	
	CERTIFIER'S address and zip code 2920 S. 11th. E.S.I.C. UT. 84117		UTAH PHYSICIAN LICENSE NUMBER 6490			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	72 HOUR MO DAY YEAR October 8, 1981		SIGNATURE of Funeral Director <i>[Signature]</i>		FUNERAL HOME 1811 S. Donnell St. #508 CITY OR TOWN S.L.C. UT. 84111	
	NAME AND LOCATION OF CEMETERY OR CREMATORY Oakwood Memorial Park Chatsworth, Calif.					
	LOCAL REGISTRAR—Signature <i>[Signature]</i> Date accepted for registration by local registrar Oct. 8, 1981					
CAUSE OF DEATH	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (A) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF: (B) GI bleed, renal failure DUE TO, OR AS A CONSEQUENCE OF: (C) COPD					
	PART II OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I					
INJURY INFORMATION	29. ACCIDENT <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if injured <input type="checkbox"/> Accident or Purposely		DATE OF INJURY (Mo., Day, Year) 10/5/81	TIME OF INJURY (24 Hour Clock) 12:30	INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	32. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN		33a. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (Item 18)	33b. FROM LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	33c. WERE LABORATORY TESTS DONE FOR DRUGS FOR ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	34. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury). NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.					

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RECORDED AT REQUEST OF
Snow & Halliday
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82 FEB 28 AM 11:14

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DEPAOLI, RECORDER
FILE NO. 83317
FEE 3.60

THIS IS TO CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF THIS RECORD AS IT READS
IN THIS OFFICE.

H. S. D. ...
Registrar City-County Vital Statistics
Mary Lee J. MacKay
Chief Deputy Registrar Vital Statistics



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