

AFFIDAVIT OF SURVIVORSHIP

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

COMES NOW the Affiant, GERALD I. 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 R. Earl Paton and Jacqueline 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 Jacqueline Paton, and as such has become fully vested, along with the said Jacqueline 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.

Gerald I. Paton
GERALD I. PATON



SUBSCRIBED AND SWORN TO before me this 5th day of February, 1982.

Janet Whatcott
NOTARY PUBLIC

My Commission Expires:
11-10-85

Residing at:
Salt Lake City, Ut

CERTIFICATE OF DEATH
STATE OF UTAH - DIVISION OF HEALTH

LOCAL FILE NUMBER **18-3436** STATE FILE NUMBER _____

| | | | | | | | |
|---|--|---|---|---|---|--|--|
| DECEDENT PERSONAL DATA | NAME OF DECEDENT R. Earl Paton | | LAST | SEX Male | RACE (White, Black, Am. Indian, 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: (if other, specify)) | | DATE OF BIRTH (Mo., Day, Year) July 4, 1913 | AGE (Last birthday) 68 Yrs | IF UNDER 1 year Months _____ Days _____ Hours _____ Minutes _____ | IF UNDER 24 HOURS Hours _____ Minutes _____ | |
| | BIRTHPLACE (State or foreign country) Canada | CITIZENSHIP (of what country) U.S. A. | EDUCATION (Indicate only highest grade completed: Elementary or Secondary (5-12), College (13-16 or 17+)) Not Given | SOCIAL SECURITY NUMBER [REDACTED] | | | |
| | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Insurance Agent | | KIND OF BUSINESS OR INDUSTRY Self Employed | | NAME OF SURVIVING SPOUSE (if wife, bring maiden name) None | | |
| NAME OF FATHER Robert John Paton | | MAIDEN NAME OF MOTHER Mabel Fanny Otto | | Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| USUAL RESIDENCE | USUAL RESIDENCE—(Street and number of location and zip code) 3389 West 4460 South | | CITY OR TOWN 84119 | STATE Utah | NAME & MAILING ADDRESS OF INFORMANT Mr. Gerald I. Paton 3315 Blueridge Drive Taylorsville, Utah 84118 | | |
| | CITY OR TOWN West Valley City | | COUNTY Salt Lake | | | | |
| 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 | | 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 time 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 time, date and place stated above from the causes stated below, that I attended the decedent, and I first saw the decedent alive on: HOUR _____ DATE: _____ 21c I was visited by a medical examiner, was death reported to him? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | CERTIFIER'S name and title (Type or print) Randall Daynes M.D. | | DATE SIGNED (Mo., Day, Year) 10/7/81 | | |
| | | CERTIFIER'S address and zip code 3920 S. 11th. E.S.J.C. UT, 84117 | | UTAH PHYSICIAN LICENSE NUMBER 6490 | | | |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | Date: October 8, 1981 | | SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | FUNERAL HOME NAME AND ADDRESS Hill O'Donnell & Sons 372 E. 1st. S., 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 (B) GI bleed, renal failure (C) COPD | | PART II OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I | | | | |
| | CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. | | | | | | |
| | PART II OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I | | AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| INJURY INFORMATION | Accident Suicide Homicide | | Parting investigation Undetermined if injured Accidental or Purposely | | DATE OF INJURY (Mo., Day, Year) TIME OF INJURY (24 Hour Clock) INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| | LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN | | DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (From 18) | | Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input type="checkbox"/> Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| DESCRIBE HOW INJURY OCCURRED, enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED BY ITEM 29. | | | | | | | |

RECORDED AT REQUEST OF
Snow & Halliday
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82 FEB 23 AID: 44

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DEPAOLI-RECORDER
FILE NO. 83318
FEE \$ 6.00

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

OCT 8 1981



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