

AFFIDAVIT

HAROLD L. LEMLER, being first duly sworn, deposes and says:

THAT AFFIANT is the widower of HELEN LEMLER, both joint tenants in the JOINT TENANCY DEED dated the 8th. day of September, A.D., 1980, and recorded on Book 87, pages 69 and 70, file No. 76547 in the office of the Eureka County Recorder,

THAT said JOINT TENANCY DEED is a Joint Tenancy Deed to the following real property:

All those certain lots, pieces or parcels of land situate in the Town of Beowawe of the County of Eureka, State of Nevada, more particularly described as follows:

Lots 1, 2, 3, 4 and 5 in Block 17 of the Town of Beowawe as shown on the plat filed in the Office of the County Recorder as File #2166, Eureka County, Nevada records on June 15, 1908. Filed in Book 1 of Surveys at page 182.


THAT said HELEN LEMLER died October 17, 1983, in the town of Elko, County of Elko, Nevada.

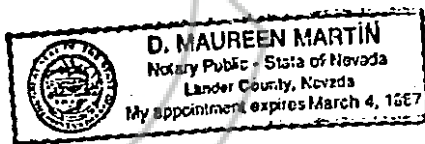
FURTHER aifiant sayeth not.

  
Harold L. Lemler

STATE OF NEVADA        )  
                                  ) SS:  
COUNTY OF LANDER    )

On this 30th. day of November, 1983, before me, a Notary Public in and for the County of Lander, State of Nevada, duly commissioned and sworn, personally appeared HAROLD L. LEMLER known to me to be the person whose name is subscribed to the within instrument, and who acknowledged to me that he executed the same freely and voluntarily and for the uses and purpose therein mentioned.

  
Notary Public



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

14,858 (104)

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECLASED - NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1		Helen LEMLER		October 17, 1983		3a Elko	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name of institution, give street and number		INSIDE CITY LIMITS (Specify Yes or No)		Place of death indicate DOA, OP/Inm or Institution (Specify)	
	2a Elko		3a Elko General Hospital		3b yes		3c Inpatient	
DATE ISSUED IN REGISTRY	RACE - If of White, Black, American Indian, etc. (Specify)		AGE - Last Birthday (Years; Months; Days)		UNDER 1 YEAR (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
	4a White		5a 66		6a		7a Jan. 1, 1917	
DATE ISSUED IN REGISTRY	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, DIVORCED, SEPARATED (Specify)		SURVIVING SPOUSE (If give maiden name)	
	9 Kentucky		9 USA		10 Married		11 Harold Lemler	
DATE ISSUED IN REGISTRY	SOCIAL SECURITY NUMBER		USUAL OCCUPATION - If in kind of Work Done During Week of Working Life (Even if Retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
	13		14a Post Mistress		14b US Post Office		17 No	
DATE ISSUED IN REGISTRY	RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
	15a Nevada		15b Eureka		15c Beowawe		15d	
DATE ISSUED IN REGISTRY	FATHER - NAME First Middle Last		MOTHER - MAIDEN NAME First Middle Last		INFORMANT - NAME (Type of Person)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	16		17		18a Harold Lemler		18b P. O. Box 146 Beowawe, Nevada 89821	
DATE ISSUED IN REGISTRY	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - NAME		CITY, STATE, ZIP		COUNTY	
	19a Burial		19b Beowawe Cemetery		Beowawe, Nevada		20	
DATE ISSUED IN REGISTRY	FUNERAL DIRECTOR - SIGNATURE (If Person Acting as Such)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
	21		20a Burns Funeral Home, Inc. Box 689, Elko, NV 89801		21a		21c 2245	
DATE ISSUED IN REGISTRY	NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)		DATE RECEIVED BY REGISTRY (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		Interval between onset and death	
	23 Douglas A. Hunter, M.D. 762-14th Street, Elko, Nevada 89801		24a 10/19/83		24b		25	
DATE ISSUED IN REGISTRY	IMMEDIATE CAUSE - (ENTER ONLY ONE CAUSE PER LINE FOR PART I)		PART I		PART II		PART III	
	25a Obvian... of ...		25b		25c		25d	
DATE ISSUED IN REGISTRY	OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I		AUTOPSY		WAS CASE REFERRED TO CORONER (Specify Yes or No)		Interval between onset and death	
	26		26		27		27	
DATE ISSUED IN REGISTRY	ACC. SUICIDE, HOMICIDE, OR PLACING IN JEOPARDY		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28a		28b		28c		28d	
DATE ISSUED IN REGISTRY	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		28f		28g		28h	

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: NOV 16 1983

VITAL RECORDS SEAL Affixed

By: William L. M... Deputy Registrar

48798

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

RECORDED AT REQUEST OF  
D. Maurreen Martin  
BOOK 118 PAGE 440

83 DEC 12 A 8: 45

OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
PHONE 91436  
6.00

BOOK 1 | 8 PAGE 44 |