

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

First American Title Company
P.O. Box 308
Elko, Nevada 89801

Attn: Sheryl Harris

Order No. Reconveyance
Escrow No. _____
Loan No. _____

132138

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,
County of _____ } ss.

MAE B. JANACEK of legal age, being first duly sworn, deposes and says:
That CHARLES F. JANACEK, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as CHARLES F. JANACEK
named as one of the parties in that certain Deed of Trust dated July 19, 1988
executed by CONRAD J. KERSCH AND DORIS G. KERSCH
to MAE B. JANACEK AND CHARLES F. JANACEK

as joint tenants, recorded as Instrument No. 120584 on August 4, 1988 in
Book 182, Page 136 of Official Records of Eureka County, ~~XXXXXX~~ Nevada
covering the following described property situated in the County of Eureka, State of ~~XXXXXX~~ Nevada

TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M

SECTION 9: SW $\frac{1}{2}$ SW $\frac{1}{2}$

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived
therefrom as excepted and reserved by SOUTHERN PACIFIC LAND COMPANY in
Deed recorded September 24, 1951 in Book 24 of Deeds at Page 168, Eureka
County, Nevada.

Dated: January 15, 1990
X Mae B. Janacek
MAE B. JANACEK

SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,

this 15 day of January, 1990
WITNESS my hand and official seal.
Signature: William R. Hollifield
William R. Hollifield
Name (typed or Printed)



BOOK 209 PAGE 470 (Notary Seal)

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE



COOPERATIVE CENTER FOR
HEALTH STATISTICS - VITAL
STATISTICS

450 W. STATE ST.
BOISE, IDAHO 83720

CERTIFICATE OF DEATH

DATE FILED: SEPTEMBER 28, 1988 STATE FILE NUMBER: 88-05265
 DECEDENT: CHARLES F. JANACEK
 DATE OF DEATH: SEPT. 04, 1988 PLACE OF DEATH: MURPHY HOT SPRINGS, IDAHO
 DATE OF BIRTH: MARCH 11, 1906 PLACE OF BIRTH: NEW YORK
 AGE: 82 YEARS SEX: MALE CITIZENSHIP: UNITED STATES VETERAN? YES
 MARITAL STATUS: MARRIED SURVIVING SPOUSE: MAE COLEMAN
 SOCIAL SECURITY NUMBER: ██████████ RESIDENCE: MURPHY HOT SPRINGS, IDAH
 FATHER:
 MOTHER:
 MORTUARY: WHITE MORTUARY, INC. TWIN FALLS, ID
 CERTIFIER: RANDALL J. SKEEM, MD AUTOPSY: NO

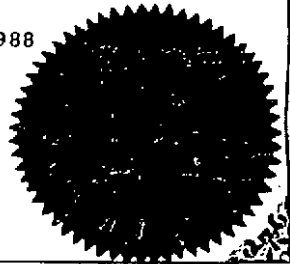
1. CAUSE OF DEATH, UNDERLYING CAUSE LAST: INTERVAL
 VENTRICULAR FIBRILLATION IMMEDIATE
 PROBABLE ACUTE MYOCARDIAL INFARCTION IMMEDIATE
 ASHD 2- 3 MOS
 2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:
 HYPERTENSION, RECENT ANTEROLATERAL M.I.

DATE ISSUED: SEPTEMBER 29, 1988

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Idaho Department of Health & Welfare, Boise, Idaho

See Biggs, R.N.

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF IDAHO
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.
Section 39-273, Idaho Code



DEPARTMENT OF HEALTH AND WELFARE

132138
 EUREKA COUNTY, N.Y. 44
 P.M. REBALANCE, RECORDS
 FILE NO. 69
 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
 BOOK 209
 FILE 471
 State American
 APR 19 1981
 State 6-