

132191

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : SS.
COUNTY OF ELKO)

WILLIAM J. TATUM, being first duly sworn, deposes and says:

That he is one of the surviving joint tenants of the property described and granted in the following Deed:

That certain Deed dated November 7, 1989, and recorded in Book 205 of Official Records, Page 515, Office of the Eureka County Recorder, Eureka, Nevada, on November 9, 1989, wherein ANNA TATUM, a widow, and WILLIAM J. TATUM, a single man, are the Grantors, and ANNA TATUM, a widow, WILLIAM J. TATUM, a single man, and MORRIS C. TATUM, a single man, are the Grantees, as joint tenants with right of survivorship, of the following described real property situate in the County of Eureka, State of Nevada:

The E $\frac{1}{4}$ of the S $\frac{1}{4}$ of the SE $\frac{1}{4}$ of the SW $\frac{1}{4}$ of Section 33, Township 30 North, Range 48 East, MDB&M., as per government survey. Approx. 10 acres more or less.

SUBJECT TO all prior reservations, restrictions, easements and rights-of-way of record.

TOGETHER with any and all buildings and improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

That ANNA TATUM, named as one of the Grantees in the above mentioned Deed, died on March 21, 1990, at Elko, Nevada, and is the same person as ANNA FRIEDA TATUM named in the certified copy of the Certificate of Death attached hereto as Exhibit "A", which Exhibit is

-1-

ROSS P. EARDLEY
ATTORNEY AT LAW
469 IDAHO STREET - P. O. BOX 391
ELKO, NEVADA 89801
(702) 738-4046

BOOK 209 PAGE 590

hereby referred to and incorporated herein as though set forth in full.

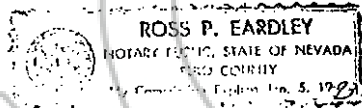
That by reason of the death of ANNA TATUM, the title to the above described property is now vested in WILLIAM J. TATUM, a single man, and MORRIS C. TATUM, a single man, as surviving joint tenants.

DATED: 4/25/90, 1990.

William J. Tatum
WILLIAM J. TATUM

STATE OF NEVADA)
: SS.
COUNTY OF ELKO)

Subscribed and sworn to this 25th day of April, 1990, by WILLIAM J. TATUM, who personally appeared before me, a notary public, and who is personally known (or proved) to me to be the person whose name is subscribed to the above instrument, and acknowledged that he executed the instrument.



Ross P. Eardley
NOTARY PUBLIC

APN 5-240-15

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

19,452 (32)

TYPE OR POINT OF PERMANENT BLACK INK DECEDENT F DEATH OCCURRED IN INSTITUTION OR UNDER CARE OF NURSING HOME PARENTS DISPOSITION CERTIFIER CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">LOCAL FILE NUMBER</td> <td colspan="2">STATE FILE NUMBER</td> </tr> <tr> <td colspan="2">DECEASED—NAME First Middle Last</td> <td colspan="2">DATE OF DEATH (Month, Day, Year)</td> </tr> <tr> <td colspan="2">1. Anna Frieda TATUM</td> <td colspan="2">2. March 21, 1990</td> </tr> <tr> <td colspan="2">CITY, TOWN, OR LOCATION OF DEATH</td> <td colspan="2">COUNTY OF DEATH</td> </tr> <tr> <td colspan="2">3. Elko</td> <td colspan="2">4. Elko</td> </tr> <tr> <td colspan="2">HOSPITAL OR OTHER INSTITUTION—Name (If not enter, give street and number)</td> <td colspan="2">SEX</td> </tr> <tr> <td colspan="2">5. Old Hot Springs Road</td> <td colspan="2">6. female</td> </tr> <tr> <td colspan="2">RACE—(e.g., White, Black, American Indian, etc.) (Specify)</td> <td colspan="2">DATE OF BIRTH (Mo., Day, Yr.)</td> </tr> <tr> <td colspan="2">7. white</td> <td colspan="2">8. February 9, 1917</td> </tr> <tr> <td colspan="2">WAS DECEDENT OF HISPANIC ORIGIN? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.</td> <td colspan="2">AGE—Last Birthday (Year)</td> </tr> <tr> <td colspan="2">9. no</td> <td colspan="2">7a. 73</td> </tr> <tr> <td colspan="2">STATE OF BIRTH (If not U.S.A., name country)</td> <td colspan="2">CITIZEN OF WHAT COUNTRY</td> </tr> <tr> <td colspan="2">11. California</td> <td colspan="2">10. USA</td> </tr> <tr> <td colspan="2">SOCIAL SECURITY NUMBER</td> <td colspan="2">DECEDENT'S EDUCATION—Specify highest grade completed</td> </tr> <tr> <td colspan="2">13. [REDACTED]</td> <td colspan="2">12. 12th</td> </tr> <tr> <td colspan="2">USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</td> <td colspan="2">MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</td> </tr> <tr> <td colspan="2">14. Nurses Aid</td> <td colspan="2">11. widowed</td> </tr> <tr> <td colspan="2">RESIDENCE—STATE</td> <td colspan="2">KIND OF BUSINESS OR INDUSTRY</td> </tr> <tr> <td colspan="2">15a. Nevada</td> <td colspan="2">14b. Nursing Home</td> </tr> <tr> <td colspan="2">COUNTY</td> <td colspan="2">STREET AND NUMBER</td> </tr> <tr> <td colspan="2">15b. Elko</td> <td colspan="2">15c. Old Hot Springs Rd</td> </tr> <tr> <td colspan="2">CITY, TOWN, OR LOCATION</td> <td colspan="2">INSIDE CITY LIMITS (Specify Yes or No)</td> </tr> <tr> <td colspan="2">15d. Elko</td> <td colspan="2">15e. Yes</td> </tr> <tr> <td colspan="2">FATHER—NAME First Middle Last</td> <td colspan="2">MOTHER—MAIDEN NAME First Middle Last</td> </tr> <tr> <td colspan="2">16. John zillich</td> <td colspan="2">17. Dora Hackbarth</td> </tr> <tr> <td colspan="2">INFORMANT—NAME (Type or Print)</td> <td colspan="2">MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)</td> </tr> <tr> <td colspan="2">18a. William J. Tatum</td> <td colspan="2">18b. P.O. Box 825 Elko, Nevada 89801</td> </tr> <tr> <td colspan="2">BURIAL, CREMATION, REMOVAL, OTHER (Specify)</td> <td colspan="2">CEMETERY OR CREMATORY—NAME</td> </tr> <tr> <td colspan="2">19a. Cremation</td> <td colspan="2">19b. Sunset Crematory</td> </tr> <tr> <td colspan="2">FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)</td> <td colspan="2">LOCATION</td> </tr> <tr> <td colspan="2">20a. [Signature]</td> <td colspan="2">19c. Elko Nevada</td> </tr> <tr> <td colspan="2">FUNERAL DIRECTOR LICENSE NUMBER</td> <td colspan="2">NAME AND ADDRESS OF FACILITY</td> </tr> <tr> <td colspan="2">20b. 7</td> <td colspan="2">20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89801</td> </tr> <tr> <td colspan="2">21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.</td> <td colspan="2">22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.</td> </tr> <tr> <td colspan="2">21b. DATE SIGNED (Mo., Day, Yr.)</td> <td colspan="2">22b. DATE SIGNED (Mo., Day, Yr.)</td> </tr> <tr> <td colspan="2">21c. HOUR OF DEATH</td> <td colspan="2">22c. HOUR OF DEATH</td> </tr> <tr> <td colspan="2">21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</td> <td colspan="2">22d. PRONOUNCED DEAD (Mo., Day, Yr.)</td> </tr> <tr> <td colspan="2">21e. [REDACTED]</td> <td colspan="2">22e. 3-30-90</td> </tr> <tr> <td colspan="2">21f. [REDACTED]</td> <td colspan="2">22f. 7:00 A.M.</td> </tr> <tr> <td colspan="2">21g. [REDACTED]</td> <td colspan="2">22g. ON-21-90</td> </tr> <tr> <td colspan="2">21h. [REDACTED]</td> <td colspan="2">22h. AT 7:00 A.M.</td> </tr> <tr> <td colspan="2">21i. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER), (Type or Print)</td> <td colspan="2">22i. LICENSE NUMBER</td> </tr> <tr> <td colspan="2">21j. William Z. Webb, Ex-Officio Coroner Elko County, Nev. 89801</td> <td colspan="2">22j. [REDACTED]</td> </tr> <tr> <td colspan="2">REGISTRAR</td> <td colspan="2">DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)</td> </tr> <tr> <td colspan="2">24a. [Signature] (Deputy)</td> <td colspan="2">24b. April 3, 1990</td> </tr> <tr> <td colspan="2">25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))</td> <td colspan="2">DEATH DUE TO COMMUNICABLE DISEASE</td> </tr> <tr> <td colspan="2">PART I (a) Cancer of the Breast</td> <td colspan="2">24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">DUE TO, OR AS A CONSEQUENCE OF:</td> <td colspan="2">Interval between onset and death</td> </tr> <tr> <td colspan="2">(b) [REDACTED]</td> <td colspan="2">Months</td> </tr> <tr> <td colspan="2">DUE TO, OR AS A CONSEQUENCE OF:</td> <td colspan="2">Interval between onset and death</td> </tr> <tr> <td colspan="2">(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.</td> <td colspan="2">Interval between onset and death</td> </tr> <tr> <td colspan="2">PART II</td> <td colspan="2">AUTOPSY (Specify Yes or No)</td> </tr> <tr> <td colspan="2">26. [REDACTED]</td> <td colspan="2">27. yes</td> </tr> <tr> <td colspan="2">ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)</td> <td colspan="2">DATE OF INJURY (Mo., Day, Yr.)</td> </tr> <tr> <td colspan="2">28a. [REDACTED]</td> <td colspan="2">28b. [REDACTED]</td> </tr> <tr> <td colspan="2">HOUR OF INJURY</td> <td colspan="2">DESCRIBE HOW INJURY OCCURRED</td> </tr> <tr> <td colspan="2">28c. [REDACTED]</td> <td colspan="2">28d. [REDACTED]</td> </tr> <tr> <td colspan="2">INJURY AT WORK (Specify Yes or No)</td> <td colspan="2">PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)</td> </tr> <tr> <td colspan="2">28e. [REDACTED]</td> <td colspan="2">28f. [REDACTED]</td> </tr> <tr> <td colspan="2">28g. [REDACTED]</td> <td colspan="2">LOCATION</td> </tr> <tr> <td colspan="2">28h. [REDACTED]</td> <td colspan="2">STREET OR R.F.D. No.</td> </tr> <tr> <td colspan="2">28i. [REDACTED]</td> <td colspan="2">CITY OR TOWN</td> </tr> <tr> <td colspan="2">28j. [REDACTED]</td> <td colspan="2">STATE</td> </tr> </table>	LOCAL FILE NUMBER		STATE FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		1. Anna Frieda TATUM		2. March 21, 1990		CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH		3. Elko		4. Elko		HOSPITAL OR OTHER INSTITUTION—Name (If not enter, give street and number)		SEX		5. Old Hot Springs Road		6. female		RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)		7. white		8. February 9, 1917		WAS DECEDENT OF HISPANIC ORIGIN? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Year)		9. no		7a. 73		STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		11. California		10. USA		SOCIAL SECURITY NUMBER		DECEDENT'S EDUCATION—Specify highest grade completed		13. [REDACTED]		12. 12th		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		14. Nurses Aid		11. widowed		RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY		15a. Nevada		14b. Nursing Home		COUNTY		STREET AND NUMBER		15b. Elko		15c. Old Hot Springs Rd		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (Specify Yes or No)		15d. Elko		15e. Yes		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		16. John zillich		17. Dora Hackbarth		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		18a. William J. Tatum		18b. P.O. Box 825 Elko, Nevada 89801		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		19a. Cremation		19b. Sunset Crematory		FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		LOCATION		20a. [Signature]		19c. Elko Nevada		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		20b. 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89801		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		21b. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		21e. [REDACTED]		22e. 3-30-90		21f. [REDACTED]		22f. 7:00 A.M.		21g. [REDACTED]		22g. ON-21-90		21h. [REDACTED]		22h. AT 7:00 A.M.		21i. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER), (Type or Print)		22i. LICENSE NUMBER		21j. William Z. Webb, Ex-Officio Coroner Elko County, Nev. 89801		22j. [REDACTED]		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24a. [Signature] (Deputy)		24b. April 3, 1990		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE		PART I (a) Cancer of the Breast		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		(b) [REDACTED]		Months		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death		PART II		AUTOPSY (Specify Yes or No)		26. [REDACTED]		27. yes		ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		28a. [REDACTED]		28b. [REDACTED]		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		28c. [REDACTED]		28d. [REDACTED]		INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]		LOCATION		28h. [REDACTED]		STREET OR R.F.D. No.		28i. [REDACTED]		CITY OR TOWN		28j. [REDACTED]		STATE	
LOCAL FILE NUMBER		STATE FILE NUMBER																																																																																																																																																																																																																																																											
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)																																																																																																																																																																																																																																																											
1. Anna Frieda TATUM		2. March 21, 1990																																																																																																																																																																																																																																																											
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH																																																																																																																																																																																																																																																											
3. Elko		4. Elko																																																																																																																																																																																																																																																											
HOSPITAL OR OTHER INSTITUTION—Name (If not enter, give street and number)		SEX																																																																																																																																																																																																																																																											
5. Old Hot Springs Road		6. female																																																																																																																																																																																																																																																											
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)																																																																																																																																																																																																																																																											
7. white		8. February 9, 1917																																																																																																																																																																																																																																																											
WAS DECEDENT OF HISPANIC ORIGIN? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Year)																																																																																																																																																																																																																																																											
9. no		7a. 73																																																																																																																																																																																																																																																											
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY																																																																																																																																																																																																																																																											
11. California		10. USA																																																																																																																																																																																																																																																											
SOCIAL SECURITY NUMBER		DECEDENT'S EDUCATION—Specify highest grade completed																																																																																																																																																																																																																																																											
13. [REDACTED]		12. 12th																																																																																																																																																																																																																																																											
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)																																																																																																																																																																																																																																																											
14. Nurses Aid		11. widowed																																																																																																																																																																																																																																																											
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY																																																																																																																																																																																																																																																											
15a. Nevada		14b. Nursing Home																																																																																																																																																																																																																																																											
COUNTY		STREET AND NUMBER																																																																																																																																																																																																																																																											
15b. Elko		15c. Old Hot Springs Rd																																																																																																																																																																																																																																																											
CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (Specify Yes or No)																																																																																																																																																																																																																																																											
15d. Elko		15e. Yes																																																																																																																																																																																																																																																											
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last																																																																																																																																																																																																																																																											
16. John zillich		17. Dora Hackbarth																																																																																																																																																																																																																																																											
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)																																																																																																																																																																																																																																																											
18a. William J. Tatum		18b. P.O. Box 825 Elko, Nevada 89801																																																																																																																																																																																																																																																											
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME																																																																																																																																																																																																																																																											
19a. Cremation		19b. Sunset Crematory																																																																																																																																																																																																																																																											
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		LOCATION																																																																																																																																																																																																																																																											
20a. [Signature]		19c. Elko Nevada																																																																																																																																																																																																																																																											
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY																																																																																																																																																																																																																																																											
20b. 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89801																																																																																																																																																																																																																																																											
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.																																																																																																																																																																																																																																																											
21b. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)																																																																																																																																																																																																																																																											
21c. HOUR OF DEATH		22c. HOUR OF DEATH																																																																																																																																																																																																																																																											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)																																																																																																																																																																																																																																																											
21e. [REDACTED]		22e. 3-30-90																																																																																																																																																																																																																																																											
21f. [REDACTED]		22f. 7:00 A.M.																																																																																																																																																																																																																																																											
21g. [REDACTED]		22g. ON-21-90																																																																																																																																																																																																																																																											
21h. [REDACTED]		22h. AT 7:00 A.M.																																																																																																																																																																																																																																																											
21i. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER), (Type or Print)		22i. LICENSE NUMBER																																																																																																																																																																																																																																																											
21j. William Z. Webb, Ex-Officio Coroner Elko County, Nev. 89801		22j. [REDACTED]																																																																																																																																																																																																																																																											
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)																																																																																																																																																																																																																																																											
24a. [Signature] (Deputy)		24b. April 3, 1990																																																																																																																																																																																																																																																											
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE																																																																																																																																																																																																																																																											
PART I (a) Cancer of the Breast		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																																																																																																																																																																																																											
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death																																																																																																																																																																																																																																																											
(b) [REDACTED]		Months																																																																																																																																																																																																																																																											
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death																																																																																																																																																																																																																																																											
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death																																																																																																																																																																																																																																																											
PART II		AUTOPSY (Specify Yes or No)																																																																																																																																																																																																																																																											
26. [REDACTED]		27. yes																																																																																																																																																																																																																																																											
ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)																																																																																																																																																																																																																																																											
28a. [REDACTED]		28b. [REDACTED]																																																																																																																																																																																																																																																											
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED																																																																																																																																																																																																																																																											
28c. [REDACTED]		28d. [REDACTED]																																																																																																																																																																																																																																																											
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)																																																																																																																																																																																																																																																											
28e. [REDACTED]		28f. [REDACTED]																																																																																																																																																																																																																																																											
28g. [REDACTED]		LOCATION																																																																																																																																																																																																																																																											
28h. [REDACTED]		STREET OR R.F.D. No.																																																																																																																																																																																																																																																											
28i. [REDACTED]		CITY OR TOWN																																																																																																																																																																																																																																																											
28j. [REDACTED]		STATE																																																																																																																																																																																																																																																											

STATE REGISTRAR

No. 014042

By: *[Signature]*
Deputy Registrar

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date issued: APR 09 1990



WARNING—IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

Book 209 Page 592

OFFICIAL RECORDS
RECORDED AS THE REQUEST OF *Goss Eardley*
BOOK *209* PAGE *590*
90 APR 30 P232

EUREKA COUNTY, NEVADA
M.M. REGALEATI, RECORDER
FILE NO. *132191* FEE \$ *8.00*

COPY

BOOK 209 PAGE 593