

RECORDING REQUESTED BY, AND
WHEN RECORDED MAIL TO:

Thomas M. Dunipace, Esq.
P.O. Box 1600
Colfax, CA 95713

140178

PARCEL 5-260-48

AFFIDAVIT OF SURVIVING JOINT TENANT


State of California)
)ss
County of Placer)

I, Howard L. Brown, of legal age, being duly sworn, depose and say,
under penalty of perjury:

That Velma Brown the Decedent mentioned in the attached certified
copy of Certificate of Death, is the same person as the wife of the Affiant
and same person as named as one of the parties in that certain Deed
creating a joint tenancy with right of survivorship, dated the ____ day of
_____, 1968, executed by and between George W. Burgess, a
married man dealing with his sole and separate property, to Howard and
Velma Brown, recorded as follows:

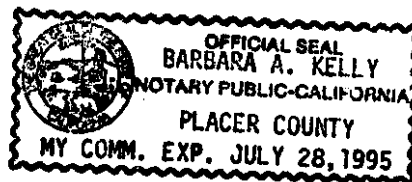
Real property, situated in the County of Eureka, State of Nevada, described
as follows, to wit: hereinafter referred to as "said realty", described as
follows: the NE 1/4 of the NE 1/4 of section 15, Township 30 N. Range
49E, M.D.B.&M.; excepting an easement on all boundaries thereof 30 feet in
width for utility and public road purposes; subject to a reservation of 90%
of all coal, oil, gas and other minerals, including the right of entry, as
reserved in that certain deed from Strathearn Cattle Company, a
corporation, et al, to Mae Nichols, dated May 2, 1959, and reservations,
restrictions, covenants, easements and rights of way of record.

Dated: 3/26/92


Howard L. Brown

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State of California)
)ss
County of Placer)



On this 6th day of March, 1992, Howard L. Brown, personally appeared before me a Notary Public for the State of California, and who acknowledged to me that he executed the above instrument.

Barbara A. Kelly
Notary Public

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WHEN CERTIFIED IN PURPLE INK THIS IS A TRUE AND
CORRECT COPY OF THE RECORD ON FILE IN THE
OFFICE OF THE PLACER COUNTY RECORDER.

Mary Ann Hulse, County Recorder

By

SEAL
Affixed

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3913100 1288

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

2A. DATE OF DEATH—MO. DAY, YR. 28. HOUR 2. SEX

DECEMBER 8, 1991 0730 F

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (Given) VELMA	1B. MIDDLE LOUISE	1C. LAST (Family) BROWN	2A. DATE OF DEATH—MO. DAY, YR. 28. HOUR 2. SEX DECEMBER 8, 1991 0730 F			
	4. RACE WHITE	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. MARCH 13, 1905	7. AGE IN YEARS 86	8. IF UNDER 1 YEAR MONTHS DAYS	9. IF UNDER 24 HOURS HOURS MINUTES	
	6. STATE OF BIRTH CA	8. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER CHARLES ALFRED ISBELL	10B. STATE OF BIRTH CA	11A. FULL MAIDEN NAME OF MOTHER GERTRUDE DENA DeYOUNG	11B. STATE OF BIRTH HOLLAND	
	12. MILITARY SERVICE 19 TO 19 <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO. [REDACTED]	14. MARITAL STATUS MARRIED	15. NAME OF SURVIVING SPOUSE (If wife, enter maiden name) HOWARD LEVAR BROWN			
USUAL RESIDENCE	16A. USUAL OCCUPATION CLERK TYPIST	16B. USUAL KIND OF BUSINESS OR INDUSTRY CLERICAL	16C. USUAL EMPLOYER McCLELLAN AFB	16D. YEARS IN OCCUPATION 16	17. EDUCATION—YEARS COMPLETED 13		
	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 22305 CANYON WAY			18B. CITY COLFAX	18C. ZIP CODE 95713		
PLACE OF DEATH	19D. COUNTY PLACER	19E. NUMBER OF YEARS IN THIS COUNTY 58	19F. STATE OR FOREIGN COUNTRY CA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT HOWARD LEVAR BROWN - SPOUSE 22305 CANYON WAY COLFAX, CA 95713			
	19A. PLACE OF DEATH RESIDENCE	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ---	19C. COUNTY PLACER	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) PROBABLE MYOCARDIAL INFARCTION DUE TO (B) DUE TO (C)			
CAUSE OF DEATH	22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 COPD, Alzheimer's Disease, Chronic Renal Failure			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES 080023 <input type="checkbox"/> NO	24. WASopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? IF YES, LIST TYPE OF OPERATION AND DATE. NO			26. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PHYSI- CIAN'S CERTIFI- CATION	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 2/13/80			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER [Signature] 27C. CERTIFIER'S LICENSE NUMBER G17445			
	27D. DATE SIGNED 12/10/91			27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS A. BRANDWEIN, M.D., 3240 ARDEN WAY, SACRAMENTO, CA 95825			
CORONER'S USE ONLY	28. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation if could not be determined			29. DATE SIGNED			
	30A. PLACE OF INJURY			30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)			32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
	34A. DISPOSITION CR/BU			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS CHAPEL OF THE CHIMES, 2601 SANTA ROSA AVE., SANTA ROSA, CA 95407			
STATE REGISTRAR	35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) NEPTUNE SOCIETY OF SACRAMENTO			35B. LICENSE NO. 1335			
	36. SIGNATURE OF EMBALMER [Signature]			36. SIGNATURE OF LOCAL REGISTRAR [Signature]			
37. DATE DEC 14, 1991			38. REGISTRATION DATE DEC 12 1991				
39. CENSUS TRACT			39. CENSUS TRACT				

VS-11 (REV. 3-81)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Howard & Brown
92 MAR -9 P157
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 700
140178