

141598

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
(ss.
COUNTY OF Eureka)

I, Joyce I. Bates, of legal age, being first
duly sworn, deposes and says:

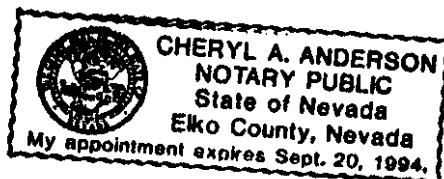
That Charles B. Bates the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as Charles B. Bates named as one of the parties in
that certain parcel dated August 16, 1988, executed by
John D. Pitman and Tressa E. Pitman Charles B. Bates
Joyce I. Bates as joint tenants, recorded as Instrument No.
120876 on August 25, 1988, in the Official Records of
Eureka, Nevada, covering the following described
property situate in the Crescent Valley, County of Eureka,
State of Nevada, more particularly described as follows:
See Attachment "A"

Joyce I. Bates
Joyce I. Bates

SUBSCRIBED AND SWORN TO before me

this 14th day of July
19 92.

Cheryl A. Anderson



Attachment " A "

All that certain lot, piece or parcel of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

A parcel of land located in Section 33, T 30 N, R 48 E, MDB & M. , Eureka County, Nevada, and being a portion of.

S $\frac{1}{2}$ S $\frac{1}{2}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$: N $\frac{1}{2}$ N $\frac{1}{2}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$
(portion of lot 3) containing 5 acres more or less.

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom within or underlying said land or that may be produced therefrom and all rights thereto, together with the right at all times to enter upon or in said land to prospect for and to drill, recover and remove the same as reserved in Deed dated August 28, 1951 executed by SOUTHERN PACIFIC LAND COMPANY to H. J. BUCHENAU, et ux, recorded September 24, 1951 in Book 24 of Deeds at Page 168, Eureka County, Nevada.

Together with all buildings and improvements thereon.

SUBJECT TO all taxes and other assessments, reservations, exceptions, and all easements rights of way, liens, leases, covenants, condition and restrictions, as may appear of record.

APN 05-240-08

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

19,779 (56)

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1. Charles Billy BATES			DATE OF DEATH (Month, Day, Year) 2. April 26, 1992		COUNTY OF DEATH 3a. Elko
CITY, TOWN, OR LOCATION OF DEATH 3b. Elko		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Elko General Hospital		If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify) 3e. DOA	SEX 4. male
RACE—(a.g. White, Black, American Indian, etc) (Specify) 5. white	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. no	AGE—Last Birthday (Years) 7a. 56	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. November 16, 1935
STATE OF BIRTH (If not U.S.A., name country) 9a. Georgia	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Joyce Swaisgood
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Power Plant Operator		KIND OF BUSINESS OR INDUSTRY 14b. Power Co.	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Eureka	CITY, TOWN, OR LOCATION 15c. Crescent Valley	STREET AND NUMBER 15d. RFD	INSIDE CITY LIMITS (Specify Yes or No) 15e. No	
FATHER—NAME First Middle Last 16. James Lee Bates			MOTHER—MAIDEN NAME First Middle Last 17. Johnnie Mae Worsham		
INFORMANT—NAME (Type or Print) 18a. Joyce Bates			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 211425 Crescent Valley, Nevada 89821		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sunset Crematory		LOCATION City or Town State 19c. Elko Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 7	NAME AND ADDRESS OF FACILITY 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. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. : NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. :		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. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. 5-18-92 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 4-26-92 22e. AT 18:00		HOUR OF DEATH 21c. : 22c. 18:00 PRONOUNCED DEAD (Hour) 22f. : LICENSE NUMBER 23b. :	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. William Z. Webb Chief Deputy Coroner Elko County Nev. 89801			23c. :		
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 20, 1992		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Cancer		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death : months	
(b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death :	
(c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death :	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. no		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. :	DATE OF INJURY (Mo., Day, Yr.) 28b. :	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d. :		
INJURY AT WORK (Specify Yes or No) 29a. :	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 29b. :	LOCATION 29c. :	STREET OR R.F.D. No. 29d. :	CITY OR TOWN 29e. :	STATE 29f. :

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

Date Issued:

MAY 26 1992

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 236 PAGE 442



COPY

BOOK 236 PAGE 440
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Joyce Bates
92 JUL 17 P1:46

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE \$ 700

141598

BOOK 236 PAGE 443