

141599

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 parcels dated November 8, 1989, executed by
Eureka County
Joan Shangle, Trustee to Charles B. Bates

Joyce I. Bates as joint tenants, recorded as Instrument No.

130633 on November 9, 1989, in the Official Records of

Eureka County, Nevada, covering the following described

property situate in the Crescent Valley, County of Eureka

State of Nevada, more particularly described as follows:

Parcel 05-320-11: The NE $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$ Section 25, TOWNSHIP 30 N,
RANGE 49 E, M.D. B. & M., containing 10 acres more or less

Parcel 05-230-07: The NW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ SECTION 27, TOWNSHIP 30 N
RANGE 48E, M.D.B. & M., containing 10 acres more or less.

TOGETHER with any improvements situate thereon.

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

EXCEPT any and all oil, gas, and mineral rights, including the
right of entry for exploration and production of oil, gas and
minerals, and subject to rights of way of record, easements,
reservations, restrictions, covenants and conditions of record.

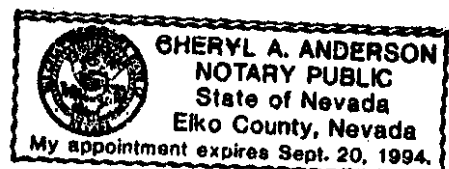
Joyce I. Bates
Joyce I. BATES

SUBSCRIBED AND SWORN TO before me

this 14th day of July

19 92.

Gheryl A Anderson



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 Charles Billy BATES			DATE OF DEATH (Month, Day, Year) 2 April 26, 1992		COUNTY OF DEATH Elko
CITY, TOWN, OR LOCATION OF DEATH Elko		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Elko General Hospital		If Hosp. or Inst. indicate DOA, OPI/Emar. Rm. Inpatient (Specify) DOA	SEX male
RACE—(s.g. White, Black, American Indian, etc) (Specify) white	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. no	AGE—Last Birthday (Years) 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) Georgia	CITIZEN OF WHAT COUNTRY USA	Decedent's Education. Specify highest grade completed. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Joyce Swaisgood
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Power Plant Operator	KIND OF BUSINESS OR INDUSTRY Power Co.			
RESIDENCE—STATE Nevada	COUNTY Eureka	CITY, TOWN, OR LOCATION Crescent Valley	STREET AND NUMBER RFD	INSIDE CITY LIMITS (Specify Yes or No) NO	
FATHER—NAME First Middle Last James Lee Bates			MOTHER—MAIDEN NAME First Middle Last Johnnie Mae Worsham		
INFORMANT—NAME (Type or Print) Joyce Bates			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 211425 Crescent Valley, Nevada 89821		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	CEMETERY OR CREMATORY—NAME Sunset Crematory		LOCATION City or Town State Elko Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 7	NAME AND ADDRESS OF FACILITY 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.) HOUR OF DEATH			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.) HOUR OF DEATH		
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. 5-18-92 PRONOUNCED DEAD (Mo., Day, Yr.) 22c. 18:00 PRONOUNCED DEAD (Hour)		
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) William Z. Webb Chief Deputy Coroner Elko County Nev. 89801			22d. ON 4-26-92 22e. AT 18:00		
23a. LICENSE NUMBER			23b. LICENSE NUMBER		
REGISTRAR 24a. (Signature) [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 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) 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) no		WAS CASE REFERRED TO CORONER (Specify Yes or No) yes
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 25a.	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d.		
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.	LOCATION. 25g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

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**

By: **[Signature]**
Deputy Registrar

SEAL
Affixed

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Joyce Bates
92 JUL 17 P1:47

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE \$600

141599

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