

141600

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 Sept. 30, 1984, executed by
Thomas F. Sleeter to Charles B. Bates
Joyce I. Bates as joint tenants, recorded as Instrument No.
96140 on Oct. 8, 1984, 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:

TOWNSHIP 31 NORTH, RANGE 49 EAST, M.D.B.&M.
Section 27; NW 1/4 NE1/4; SW1/4 NE1/4
EXCEPTION THEREFROM all petroleum, oil, natural gas and
products derived therefrom in and under said land,
reserved by Southern Pacific Company, in Deed recorded
April 23, 1959, in Book 25, Page 290, Deed Records, Eureka
County, Nevada.

Together with all buildings and improvements situate
thereon.
Together with the tenements, hereditaments and
appurtenances thereunto belonging or in any wise
appertaining, and the reversions, remainder and remainders,
rents, issues and profits thereof.

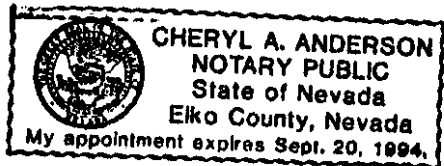
APN 05-090-27

Joyce I. Bates
Joyce I. Bates

SUBSCRIBED AND SWORN TO before me

this 14th day of July
19 92.

Cheryl 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

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First: <u>Charles</u> Middle: <u>Billy</u> Last: <u>BATES</u>			2. DATE OF DEATH (Month, Day, Year) <u>April 26, 1992</u>		3a. COUNTY OF DEATH <u>Elko</u>	
DECEDENT	3b. CITY, TOWN, OR LOCATION OF DEATH <u>Elko</u>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <u>Elko General Hospital</u>		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) <u>DOA</u>		4. SEX <u>male</u>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE—(e.g., White, Black, American Indian, etc) (Specify) <u>white</u>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <u>no</u>		7a. AGE—Last Birthday (Years) <u>56</u>	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) <u>November 16, 1935</u>
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) <u>Georgia</u>		9b. CITIZEN OF WHAT COUNTRY <u>USA</u>	10. Decedent's Education. Specify highest grade completed. <u>12</u>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	12. SURVIVING SPOUSE (If wife, give maiden name) <u>Joyce Swaisgood</u>
DISPOSITION	13. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <u>Power Plant Operator</u>		14b. KIND OF BUSINESS OR INDUSTRY <u>Power Co.</u>		
CERTIFIER	15a. RESIDENCE—STATE <u>Nevada</u>		15b. COUNTY <u>Eureka</u>	15c. CITY, TOWN, OR LOCATION <u>Crescent Valley</u>		15d. STREET AND NUMBER <u>RFD</u>	15e. INSIDE CITY LIMITS (Specify Yes or No) <u>NO</u>
CAUSE OF DEATH	16. FATHER—NAME First: <u>James</u> Middle: <u>Lee</u> Last: <u>Bates</u>			17. MOTHER—MAIDEN NAME First: <u>Johnnie</u> Middle: <u>Mae</u> Last: <u>Worsham</u>			
		18a. INFORMANT—NAME (Type or Print) <u>Joyce Bates</u>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <u>P.O. Box 211425 Crescent Valley, Nevada 89821</u>		
		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <u>Cremation</u>		19b. CEMETERY OR CREMATORY—NAME <u>Sunset Crematory</u>		19c. LOCATION City or Town: <u>Elko</u> State: <u>Nevada</u>	
		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <u>7</u>	20c. NAME AND ADDRESS OF FACILITY <u>Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89801</u>		
		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. HOUR OF DEATH 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <u>William Z. Webb Chief Deputy Coroner, Elko County, Nev. 89801</u>		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. PRONOUNCED DEAD (Hour) 22e. LICENSE NUMBER <u>4-26-92</u> <u>18:00</u> <u>18:00</u>			
		23a. REGISTRAR <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>May 20, 1992</u>		23c. 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: <u>months</u>	
		(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 (d) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) <u>no</u>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <u>yes</u>	
		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED		
		28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION	28h. STREET OR R.F.D. No.	28i. CITY OR TOWN

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

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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 \$6.00

141600

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