

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.

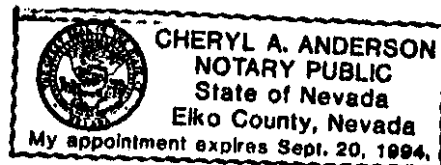
APN 05-090-27

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	
1. DECEASED—NAME First Middle Last Charles Billy BATES		2. DATE OF DEATH (Month, Day, Year) April 26, 1992	
3. CITY, TOWN, OR LOCATION OF DEATH Elko		3a. COUNTY OF DEATH Elko	
3b. Elko		3c. Elko General Hospital	
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) white		5. SEX male	
6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. no		7. AGE—Last Birthday (Years) 7a. 56	
8. STATE OF BIRTH (If not U.S.A., name country) Georgia		9. DATE OF BIRTH (Mo., Day, Yr.) November 16, 1935	
10. CITIZEN OF WHAT COUNTRY USA		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SOCIAL SECURITY NUMBER [REDACTED]		13. SURVIVING SPOUSE (If wife, give maiden name) Joyce Swaisgood	
14. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Power Plant Operator		15. KIND OF BUSINESS OR INDUSTRY Power Co.	
16. RESIDENCE—STATE Nevada		17. COUNTY Eureka	
18. CITY, TOWN, OR LOCATION Crescent Valley		19. STREET AND NUMBER RFD	
20. INSIDE CITY LIMITS (Specify Yes or No) NO			
21. FATHER—NAME First Middle Last James Lee Bates		22. MOTHER—MAIDEN NAME First Middle Last Johnnie Mae Worsham	
23. INFORMANT—NAME (Type or Print) Joyce Bates		24. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 211425 Crescent Valley, Nevada 89821	
25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		26. CEMETERY OR CREMATORY—NAME Sunset Crematory	
27. LOCATION City or Town State Elko Nevada		28. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) [Signature]	
29. FUNERAL DIRECTOR LICENSE NUMBER 7		30. NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89801	
31. To be completed by CERTIFYING PHYSICIAN 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.) 5-18-92 HOUR OF DEATH 18:00 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William Z. Webb 21c. 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 21d. LICENSE NUMBER 89801		32. To be completed by Coroner's Office 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.) 5-18-92 HOUR OF DEATH 18:00 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 4-26-92 22c. AT 18:00 22d. ON 4-26-92 22e. AT 18:00 22f. LICENSE NUMBER 89801	
33. REGISTRAR 24a. (Signature) [Signature] 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 20, 1992 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Cancer PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cancer (b) DUE TO, OR AS A CONSEQUENCE OF: Cancer (c) DUE TO, OR AS A CONSEQUENCE OF: Cancer PART II (d) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. no 26. AUTOPSY (Specify Yes or No) no 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) yes	
28. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) no 28a. INJURY AT WORK (Specify Yes or No) no 28b. DATE OF INJURY (Mo., Day, Yr.) no 28c. HOUR OF INJURY no 28d. DESCRIBE HOW INJURY OCCURRED no 28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) no 28f. LOCATION no 28g. STREET OR R.F.D. No. no 28h. CITY OR TOWN no 28i. STATE no		29. SEAL Affixed	

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 446
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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