

AFFIDAVIT RE: TERMINATION OF LIFE ESTATE

STATE OF NEVADA)
) SS.
COUNTY OF ELKO)

RICHARD J. MATTHEWS, being first duly sworn, deposes and says:

That Affiant is the President of MATTHEWS AND WINES, P.C., the duly appointed and qualified Executor of the ESTATE OF GEORGE

TOMERA, deceased. Said Decedent, GEORGE TOMERA, by and through his representatives, executed, delivered and recorded that certain

guardians and Executors' grant, Bargain and Sale Deed, dated March 27, 1989, wherein GEORGE TOMERA was one of the grantors, and JULIAN

TOMERA RANCHES, INC., STONEHOUSE DIVISION, was the grantee; said Deed conveyed certain lots, pieces and parcels of land situate in

both the County of Elko, State of Nevada, and the County of Eureka, State of Nevada.

That said Deed, dated March 27, 1989, was recorded on April 18, 1989, in Book 674, at Page 185, as File Number 273879, Official

Records of Elko County Recorder's Office. The same Deed, dated March 27, 1989, was subsequently recorded on May 15, 1989, in Book

196, Page 481, as File Number 127181, Official Records, Eureka County Recorder's Office. The legal description set forth on the

Deed, dated March 27, 1989, is hereby referred to and incorporated by reference herein. By said document, GEORGE TOMERA reserved a

life estate in certain portions of that property. That the said GEORGE TOMERA, the party reserving the life

estate in the aforesaid Deed, died in the County of Elko, State of

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Matthews & Wines, P.C.
687 Sixth Street, Suite 1
Elko, Nevada 89601

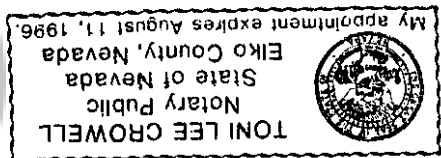
Nevada, on February 29, 1992, and is the identical person named as GEORGE TOMERA, in that certificate of Death, duly certified, attached hereto as Exhibit "A"; that said certified copy of certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

FURTHER AFFIANT SAITH NOT.

Richard J. Matthews
RICHARD J. MATTHEWS

Subscribed and sworn to before me, this 25th day of November, 1992.

Toni Lee Crowell
TONI LEE CROWELL
NOTARY PUBLIC



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687 Sixth Street, Suite 1
Elko, Nevada 89801

BOOK 243 PAGE 06

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

19,748 (25)

1. DECEASED—NAME George Louis TOMERA		2. DATE OF DEATH (Month, Day, Year) February 29, 1992		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Rural of Carlin		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Tomera Ranch		3d. If Hosp. or Inst. indicate DOA, OP/emer. (Specify) Fm. inpatient (Specify)	
4. SEX Male		5. AGE—Last Birthday (Years) 78		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes, etc.	
7. STATE OF BIRTH Nevada		8. CITIZEN OF WHAT COUNTRY USA		9. SOCIAL SECURITY NUMBER [REDACTED]	
10. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Rancher		11. KIND OF BUSINESS OR INDUSTRY Ranching		12. SURVIVING SPOUSE (If wife, give maiden name) Never Married	
13. RESIDENCE—STATE Nevada		14. CITY, TOWN, OR LOCATION Rural of Carlin		15. STREET AND NUMBER Tomera Ranch	
16. FATHER—NAME Elko		17. MOTHER—MAIDEN NAME Rural of Carlin		18. INSIDE CITY LIMITS (Specify Yes or No) NO	
19a. INFORMANT—NAME (Type or Print) Tomera, SR		19b. ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Balsamina, Louisiana		19c. SIGNATURE (Type or Print) Tomera, SR	
19d. BIRTHAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19e. CEMETERY OR CREMATORY—NAME Elko City Cemetery		19f. CITY or Town, State Elko, Nevada	
19g. FUNERAL DIRECTOR—SIGNATURE [Signature]		19h. FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89801		19i. LICENSE NUMBER 07 89801	
20. 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]		21. DATE SIGNED (Mo., Day, Yr.) 3-4-92		22. HOUR OF DEATH 16:55	
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]		21b. DATE SIGNED (Mo., Day, Yr.) 3-4-92		21c. HOUR OF DEATH 16:55	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]		21e. DATE SIGNED (Mo., Day, Yr.) 2-29-92		21f. PRONOUNCED DEAD (Mo., Day, Yr.) 2-29-92	
21g. 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		21h. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 6, 1992		21i. LICENSE NUMBER 16:55	
22. IMMEDIATE CAUSE Cardiac Arrest		23. INTERVAL BETWEEN ONSET AND DEATH limited.		24. INTERVAL BETWEEN ONSET AND DEATH days.	
25. PART I (a) DUE TO, OR AS A CONSEQUENCE OF Cardiac Arrest		25. PART I (b) DUE TO, OR AS A CONSEQUENCE OF Pneumonia		25. PART I (c) DUE TO, OR AS A CONSEQUENCE OF [REDACTED]	
26. ACC. SUICIDE, HOM. UNDER, OR PENDING INVEST. (Specify Yes or No) [REDACTED]		27. DATE OF INJURY (Mo., Day, Yr.) [REDACTED]		28. HOUR OF INJURY [REDACTED]	
29. PLACE OF INJURY—At home, farm, street, factory, office (Specify Yes or No) [REDACTED]		30. LOCATION [REDACTED]		31. STREET OR R.F.D. No. [REDACTED]	
32. CITY OR TOWN [REDACTED]		33. STATE [REDACTED]		34. [REDACTED]	

DEATH
 CAUSE OF DEATH
 STATE THE UNDERLYING CAUSE LAST
 IMMEDIATE CAUSE
 WHICH GAVE RISE TO
 CONDITIONS

CERTIFIER
 To be Completed by
 CERTIFYING PHYSICIAN

DISPOSITION
 OCCURRED IN INSTITUTION
 SEE HANDBOOK
 REGIONAL
 COMPLETION OF RESIDENCE ITEMS

PARENTS
 RESIDENCE ITEMS

DECEDENT
 OR PRINT
 PERMANENT
 BLACK INK
 TYPE

No. 036926

By: *[Signature]*
 Deputy Registrar

State Registrar

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

Date Issued: APR 13 1992

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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330569

BOOK 243 PAGE 08

RECORDED BY 804
JERRY D. REYNOLDS
ELKO CO. RECORDER

804 639

92 NOV 30 P 3:55

Matthews + Wynn

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INDEXED

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EUREKA COUNTY, NEVADA
M.N. REBAL EATH, RECORDER
FILE NO. FEE \$8.00

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Matthews + Wynn

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OFFICIAL RECORDS
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