

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF MISSOURI)
) ss.)
COUNTY OF STONE)

JOHN L. WOODS, also known as LINTON WOODS, being first
duly sworn, deposes and says:

That Affiant was the son of JOHN V. WOODS, also known
as JOHN VICTOR WOODS, who died on March 6, 1988, in Costa Mesa,
California, that Affiant was one of the Grantees in that certain
Deed to Joint Tenants dated March 11, 1985, wherein JOHN V.
WOODS, a single man is Grantor, and JOHN V. WOODS, a single man,
and JOHN T. WOODS, a married man are Grantees, as Joint Tenants,
which said Deed was recorded in the Office of the County Recorder
of the County of Eureka County, State of Nevada, in Book 134 of
Official Records at page 384, under File No. 98577, which said
Deed to Joint Tenants conveys to Grantees those certain lots,
pieces or parcels of land situate in the County of Eureka, State
of Nevada, and more particularly described as follows, to-wit:

The Northeast quarter of the Southwest
quarter of Section 19, Township 29 North,
Range 49 East, MDB&M, as per Government
Survey. (APN 5-520-20)

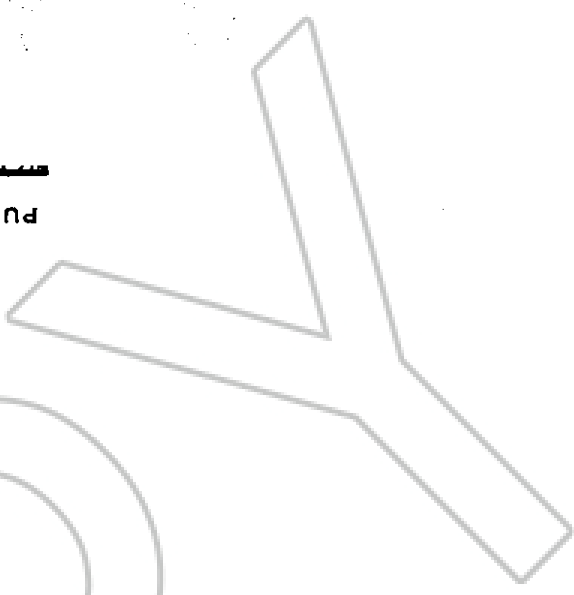
TOGETHER WITH all the right, title, and
interest of the grantor in and to the mineral
rights appurtenant thereto.
SUBJECT TO any and all exceptions, reserva-
tions, restrictions, restrictive covenants,
assessments, easements, rights and rights of
way of record.
TOGETHER with all buildings and improvements
thereon.

PUCGINELLI & PUCGINELLI
ATTORNEYS AT LAW
P. O. BOX 530
ELKO, NEVADA 89801
(702) 738-7293
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NOTARY PUBLIC STATE OF MISSOURI
KAREN S. BACK
MY COMMISSION EXPIRES MAY 14, 1993

Karen S. Back
NOTARY PUBLIC Karen S. Back

Subscribed and sworn to before me
this 8th day of December, A. D., 1992.

State of Missouri
County of Stone

John T. Woods
JOHN T. WOODS, also known as
LINTON WOODS

DATED this 8 day of December, A. D., 1992.

TOGETHER with the tenements, hereditaments
and appurtenances thereunto belonging or
appertaining, and the reversion and rever-
sions, remainder and remainders, rents,
issues and profits thereof.
That the said JOHN V. WOODS, one of the Grantees in
said Deed, who died on March 6, 1988, and JOHN VICTOR WOODS,
named in that certain certified copy of the Certificate of Death,
attached hereto, are one and the same person; that the said
Certificate of Death is hereby referred to and by such reference
is incorporated into this paragraph as though herein fully set
forth.

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

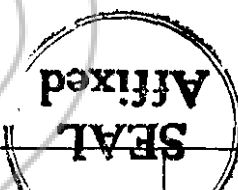
3-88-30-003230

1A. NAME OF DECEDENT—FIRST: **JOHN** 1B. MIDDLE: **VICTOR** 1C. LAST: **WOODS**
 2A. DATE OF DEATH (MONTH, DAY, YEAR): **MARCH 6, 1988** 2B. HOUR: **0855**
 3. SEX: **MALE** 4. RACE/ETHNICITY: **CAUCASIAN** 5. SPANISH/HISPANIC: NO
 6. NAME AND BIRTHPLACE OF FATHER: **PAT S. WOODS, MISSOURI** 7. AGE: **76** YEARS
 8. NAME AND BIRTHPLACE OF MOTHER: **MARY BUTLER, MISSOURI**
 9. BIRTHPLACE OR DECENT (STATE OR FOREIGN COUNTRY): **MISSOURI**
 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: **MARY BUTLER, MISSOURI**
 11A. CITIZEN OR WHAT COUNTRY: **U.S.A.** 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: **19-- TO 19--**
 12. SOCIAL SECURITY NUMBER: **[REDACTED]** 13. MARITAL STATUS: **WIDOWED**
 14. NAME OF SURVIVING SPOUSE IF WIFE ENTER (BIRTH NAME): **AIRCRAFT MFG.**
 15. PRIMARY OCCUPATION: **SUPERVISOR OF TRANSPORTATION** 16. NUMBER OF YEARS THIS OCCUPATION: **36**
 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): **MC DONNELL-DOUGLAS**
 18. KIND OF INDUSTRY OR BUSINESS: **AIRCRAFT MFG.**
 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): **5335 REESE RD.**
 19B. CITY OR TOWN: **TORANCE** 19C. STATE: **CALIFORNIA**

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: **JOHN L. WOODS (SON) 1130 PAULARINO AVE. COSTA MESA, CA 92626**
 21A. PLACE OF DEATH: **LOS ANGELES CALIFORNIA**
 21B. COUNTY: **ORANGE**
 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): **COLLEGE HOSPITAL 301 VICTORIA ST. COSTA MESA**
 22A. DATE AND PLACE STATED FROM THE CAUSES: **12-4-87**
 22B. PHYSICIAN—SIGNATURE AND DEGREE ON TITLE: **Stuart Wong M.D., 3440 Lomita Blvd., Torrance, CA. 90505**
 22C. DATE SIGNED: **3-7-88**
 22D. PHYSICIAN'S LICENSE NUMBER: **5-7-88 (2213)**
 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: **None**
 24. WAS DEATH REPORTED TO CORONER? **No**
 25. WAS DEATH REPORTED TO CORONER? **No**
 26. WAS AUTOPSY PERFORMED? **No**
 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?
 28. TYPE OF OPERATION: **Metastasis**
 29. DATE OF OPERATION: **3 months**
 30. DATE SIGNED: **12-12-87**
 31. PHYSICIAN'S LICENSE NUMBER: **5-7-88 (2213)**

29. SPECIFIC ACCIDENT, SUICIDE, ETC.: **3-9-88**
 30. PLACE OF INJURY: **STUART WONG M.D., 3440 LOMITA BLVD., TORANCE, CA. 90505**
 31. INJURY AT WORK: **NO**
 32A. DATE OF INJURY—MONTH, DAY, YEAR: **3-9-88**
 32B. HOUR: **12-4-87**
 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): **GREEN HILLS MORTUARY 1175 WESTERN AVE., SAN PEDRO, CALIFORNIA**
 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): **None**
 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW. I HAVE HELD AN INQUEST- INVESTIGATION.
 35B. CORONER—SIGNATURE AND DEGREE OR TITLE: **[Signature]**
 35C. DATE SIGNED: **12-12-87**
 36. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM: **GREEN HILLS MEMORIAL PARK 27501 SO. WESTERN AVE., SAN PEDRO, CALIFORNIA**
 37. DATE—MONTH, DAY, YEAR: **MARCH 10, 1988**
 38. NAME AND ADDRESS OF PERSON ACTING AS SUCH: **GREEN HILLS MORTUARY 1175 WESTERN AVE., SAN PEDRO, CALIFORNIA**
 39. LICENSE NO.: **1175**
 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): **GREEN HILLS MORTUARY**
 41. LOCAL DEATH STRIKE—SIGNATURE: **[Signature]**
 42. DATE ACCEPTED BY LOCAL REGISTRAR: **MAR 8 1988**

36. DISPOSITION: **BURIAL**
 37. DATE—MONTH, DAY, YEAR: **MARCH 10, 1988**
 38. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM: **GREEN HILLS MEMORIAL PARK 27501 SO. WESTERN AVE., SAN PEDRO, CALIFORNIA**
 39. LICENSE NO.: **1175**
 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): **GREEN HILLS MORTUARY**
 41. LOCAL DEATH STRIKE—SIGNATURE: **[Signature]**
 42. DATE ACCEPTED BY LOCAL REGISTRAR: **MAR 8 1988**



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 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
 (Circled signature)
 93 JAN 19 P3:14
 EUREKA COUNTY, NEVADA
 M.N. REBALEATI, RECORDER
 FILE NO. 143952
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THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: \$7.00 No Fee Veterans Purposes
 MAR 15 1988
 Health Officer and Local Registrar of Births and Deaths of Orange County
 Santa Ana, California
 L. Rex Blotnik, R.D.