

AFFIDAVIT—DEATH OF JOINT TENANT OR SPOUSE

STATE OF NEVADA }
COUNTY OF CLATSOP }
ss. XXXXXX
NYE

KLAUDIA G. SCALES being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is the person named as KLAUDIA G. SCALES, one of the grantees in that certain deed recorded OCTOBER 10, 1986 as Document No. 105168 in Book 149 of Page 582, 583 of OFFICIAL RECORDS in the office of the County Recorder of CLATSOP County, State of Nevada.

That KIRBY W. SCALES was one of the grantees named in said deed and was the identical person named as KIRBY WAYNE SCALES, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

Description of real property:

LOT 1, BLOCK A, RUBY HILLS ESTATES SUBDIVISION TOWNSITE OF EUREKA, NEVADA, as per map recorded in the Office of the Eureka County Recorder as File No. 98941, excepting all utility easements existant on the aforesaid at time of transfer.

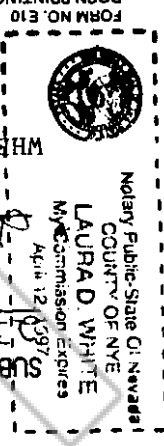
PARCEL NO. 1-143-05

SUBSCRIBED AND SWORN TO BEFORE ME THIS

23 DAY OF April, 1993

Notary Public

WHEN RECORDED MAIL TO:
Mrs. K. W. Scales
HCR-66 Box 55100
Pahrump, Nv., 89041



FORM NO. E10
DORN PRINTING INC.—(702) 734-0664

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[Handwritten Signature]
(Signature) KLAUDIA G. SCALES

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1		Wayne Kibby		2 August 19, 1992		Nye	
3a. Nye		SEX		3b. Male		DATE OF BIRTH (Mo., Day, Yr.)	
8 November 19, 1920		UNDER 1 YEAR		UNDER 1 YEAR		UNDER 1 YEAR	
11		MARRIED		MARRIED		MARRIED	
10		13 Years		13 Years		13 Years	
9b. U.S.A.		CITIZEN OF WHAT COUNTRY		U.S.A.		U.S.A.	
9a. Texas		STATE OF BIRTH		Texas		Texas	
13		RESIDENCE—STATE		Nevada		Nevada	
14b. Electronic Technician/Ret.		CITY, TOWN, OR LOCATION		Pahrump		Pahrump	
14a. Electrical/Engineering		STREET AND NUMBER		Leslie		Leslie	
15d. Scales Way &		INSIDE CITY LIMITS		Scales Way &		Scales Way &	
15c. Pahrump		CITY, TOWN, OR LOCATION		Pahrump		Pahrump	
15b. Nye		COUNTY		Nye		Nye	
15a. Nevada		RESIDENCE—STATE		Nevada		Nevada	
16. Charles		FATHER—NAME		Charles		Charles	
17. Nellie		MOTHER—MAIDEN NAME		Nellie		Nellie	
18. Charles		MARRIAGE ADDRESS		Scales		Scales	
18b. Star Route Box 55100 Pahrump Nevada 89041		CITY, TOWN, OR LOCATION		Pahrump Nevada 89041		Pahrump Nevada 89041	
18a. Klaudia G. Scales - wife		INFORMANT—NAME (Type or Print)		Kludia G. Scales - wife		Kludia G. Scales - wife	
19a. Burial		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		Burial		Burial	
19b. Memory Gardens		CEMETERY OR CREMATORY—NAME		Memory Gardens		Memory Gardens	
19c. Las Vegas, Nevada		LOCATION		Las Vegas, Nevada		Las Vegas, Nevada	
19d. Nevada		CITY OR TOWN		Nevada		Nevada	
20a. Signature of Person Ailing as Such		FURNERAL DIRECTOR		Signature of Person Ailing as Such		Signature of Person Ailing as Such	
20b. License Number		FURNERAL DIRECTOR		License Number		License Number	
20c. Palm Redrock Mort. 1600 So. Jones Blvd. Las Vegas Nevada 89012		NAME AND ADDRESS OF FACILITY		Palm Redrock Mort. 1600 So. Jones Blvd. Las Vegas Nevada 89012		Palm Redrock Mort. 1600 So. Jones Blvd. Las Vegas Nevada 89012	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		8/20/92		8/20/92	
21b. HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		1700 hrs		1700 hrs	
21c. HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		Before		Before	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		DATE SIGNED (Mo., Day, Yr.)		Name of Attending Physician		Name of Attending Physician	
21e. NAME OF ATTENDING PHYSICIAN (Physician, Medical Examiner, or Coroner) (Type or Print)		DATE SIGNED (Mo., Day, Yr.)		Name of Attending Physician		Name of Attending Physician	
21f. PRONOUNCED DEAD (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		Pronounced Dead		Pronounced Dead	
21g. PRONOUNCED DEAD (Hour)		DATE SIGNED (Mo., Day, Yr.)		Pronounced Dead		Pronounced Dead	
22a. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Charles Lindsay, D.O., P.O. Box 1535 Pahrump Nevada 89041		Charles Lindsay, D.O., P.O. Box 1535 Pahrump Nevada 89041	
22b. LICENSE NUMBER		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		August 24 1992		August 24 1992	
22c. DEATH DUE TO COMMUNICABLE DISEASE		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Death Due to Communicable Disease		Death Due to Communicable Disease	
22d. YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Death Due to Communicable Disease		Death Due to Communicable Disease	
22e. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Immediate Cause		Immediate Cause	
22f. PART I (a) DUE TO OR AS A CONSEQUENCE OF		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Immediate Cause		Immediate Cause	
22f. PART I (b) DUE TO OR AS A CONSEQUENCE OF		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Immediate Cause		Immediate Cause	
22f. PART I (c) DUE TO OR AS A CONSEQUENCE OF		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Immediate Cause		Immediate Cause	
22g. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Other Significant Conditions		Other Significant Conditions	
22h. AUTOPSY (Specify Yes or No)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Autopsy		Autopsy	
22i. YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Autopsy		Autopsy	
22j. WAS CASE REFERRED TO CORONER (Specify Yes or No)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Case Referred to Coroner		Case Referred to Coroner	
22k. YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Case Referred to Coroner		Case Referred to Coroner	
22l. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVEST.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Accident, Suicide, Homicide, or Pending Invest.		Accident, Suicide, Homicide, or Pending Invest.	
22m. DATE OF INJURY (Mo., Day, Yr.)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Date of Injury		Date of Injury	
22n. HOUR OF INJURY		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Hour of Injury		Hour of Injury	
22o. DESCRIBE HOW INJURY OCCURRED		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Describe How Injury Occurred		Describe How Injury Occurred	
22p. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Place of Injury		Place of Injury	
22q. LOCATION		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Location		Location	
22r. STREET OR R.F.D. No.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		Street or R.F.D. No.		Street or R.F.D. No.	
22s. CITY OR TOWN		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		City or Town		City or Town	
22t. STATE		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		State		State	

No. 038122

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT



CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127

702-383-1223
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BOOK 247 PAGE 136
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF

Kludia Scales
APR 28 P2:08

EURASIA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 145311

145311