

AFFIDAVIT-DEATH OF A JOINT TENANT

LORAIN J. FORBES, of legal age, being duly sworn, deposes and says:
 That JAMES ELMER FORBES, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as JAMES E. FORBES named as one of the parties in that certain DEED dated SEPTEMBER 24, 1971, executed by FIRST AMERICAN TITLE COMPANY OF NEVADA, FORMERLY KNOWN AS NEVADA TITLE GUARANTY COMPANY, A NEVADA CORPORATION to JAMES E. FORBES AND LORAIN J. FORBES, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 55175, on OCTOBER 22, 1971, in Book 40, Page 556 of Official Records of EUREKA County, Nevada, covering the following described property situated in the County of EUREKA, State of Nevada.

THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 35, TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M., AS PER GOVERNMENT SURVEY.

Dated NOVEMBER 29, 1994

STATE OF NEVADA

SS.

COUNTY OF Lyon

On November 2, 1994 before me,

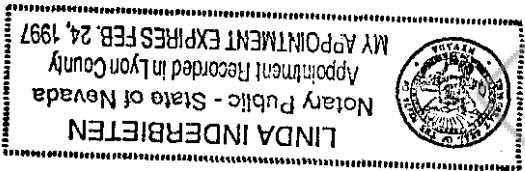
the undersigned, a Notary Public in and for said State and County, personally appeared LORAIN J. FORBES

known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

Signature Notary Public

(This area for official notarial seal)

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.



Type or print names under signatures

LORAIN J. FORBES
Loraine J. Forbes

AND WHEN RECORDED MAIL TO

NAME LORAIN J. FORBES

STREET ADDRESS

CITY & STATE

Escrow No.

SPACE BELOW FOR RECORDER'S USE

APN # 05-180-36

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 8-2249

19. NAME OF DECEDENT - FIRST, MIDDLE, LAST JAMES ELMER FORBES		20. DATE OF DEATH - MONTH, DAY, YEAR; 21. TIME OF DEATH - (24 HOUR CLOCK) JUNE 26, 1977 1730	
3. SEX MALE	4. RACE (WHITE, BLACK, INDIAN, ETC.) white	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oregon	6. DATE OF BIRTH (MONTH, DAY, YEAR) December 22, 1915
8. CITIZEN OF WHAT COUNTRY U.S.A.	9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Lorraine J. Bradt
12. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) construction		13. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED 12	
14. NAME OF FATHER Elmer L. Forbes		15. MAIDEN NAME OF MOTHER constaxton	
17A. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OF LOCATION) P. O. Box 209		17B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) no	
17C. CITY OR TOWN Utah		17D. STATE Utah	
17E. COUNTY Kane		17F. CITY OR TOWN WHERE DEATH OCCURRED (IF NOT IN VETERANS ADMINISTRATION HOSPITAL) Utah	
18. NAME & MAILING ADDRESS OF INFORMANT Lorraine J. Forbes P. O. Box 209 Cedar City, Utah 84720		19A. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (IF NOT IN VETERANS ADMINISTRATION HOSPITAL) Utah	
20A. MEDICAL EXAMINER: I hereby certify that death occurred at the hour, date & place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. June 27, 1977		20B. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE [Signature]	
20C. PHYSICIAN'S NAME AND TITLE (Type of name) GERASIM TIKOFF, M.D.		20D. CERTIFIER'S ADDRESS 3864	
21. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM? (YES OR NO) NO		21. IF "YES", DATE & HOUR REPORTED: JUNE 26 1977	
22A. BURIAL, ANTONMENT, CREMATION OR REMOVAL (SPECIFY) Burial		22B. DATE June 29, 1977	
23. SIGNATURE OF FUNERAL DIRECTOR [Signature]		24. FUNERAL HOME - NAME AND ADDRESS Caaman & Evans & Gandy 54 E. Lindsouth St. Salt Lake City, Utah	
25. NAME AND LOCATION OF CEMETERY OR CREMATORY Salt Lake City Cemetery Salt Lake City, Utah		26. LOCAL REGISTRATION - CEMETERY [Signature]	
27. Date accepted for registration by local registrar June 29, 1977		28. PART I. DEATH WAS CAUSED BY: (A) IMMEDIATE CAUSE: Probable septic shock (B) INTERMEDIATE CAUSE: Probable aspiration pneumonia (C) UNDERLYING CAUSE LAST: Left Middle cerebral artery thrombosis	
29. PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Rt. Middle cerebral artery thrombosis (1972)		30A. AUTOPSY (SPECIFY YES OR NO) NO	
31. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (SPECIFY) NO		32A. DATE OF INJURY (MONTH, DAY, YEAR) NO	
32B. TIME OF INJURY (24 HOUR CLOCK) NO		33. INJURY AT WORK (SPECIFY YES OR NO) NO	
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, TRAWAY, STREET, OFFICE BUILDING, ETC.) NO		35A. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) NO	
35B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (MILES) NO		36. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO) NO	
37. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO) NO		38. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY, NATURE OF ACCIDENT, SPECIFY IF DECEDENT ENTERED IN ITEM 28) 800K 29 196007	

STATE FILE NUMBER

504-845-12 Rev. 1/76

COPY

BOOK 281 PAGE 008

THIS IS TO CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF THIS RECORD AS IT READS
IN THIS OFFICE.

Harry Debban Lee D. D. D.

Registrar City - County Vital Statistics

June H. Gopp
Chief Deputy Registrar Vital Statistics

JUN 29 1977

157021
BOOK 281 PAGE 006
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
William B. O'Neil
95 FEB - 2 PM 12:40
EUREKA COUNTY NEVADA
M.N. REBATEATI, RECORDER
FILE NO. FEES 9.00