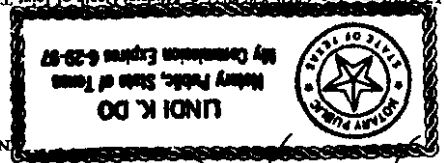


Nevada Legal Forms, Inc. (702) 870-9977 • Affidavit Death of Joint Tenant • AFP 111 G
C 1991 • rv 930512 • 14 • 20 pt CAUTION: If the ink on this form is BROWN it is an original.
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(Notary Public)
the instrument.
to the above instrument who acknowledged that he executed
personally known to me to be the person whose name(s) is subscribed

STATE OF NEVADA
COUNTY OF HARRIS
On this 11th day of February, 1995
personally appeared before me, a Notary Public

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

RECORDING REQUESTED BY AND MAIL TO
NAME: Curtis Eckhardt
ADDRESS: 4637 S. Yates St.
CITY/ST/ZIP: Denver, CO 80236
If applicable mail tax statements to

(Print or type name here)

(Signature) Lloyd Eckhardt

In Witness Whereof, I/We have hereunto set my hand/our hands this 11th day of Feb 1995

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 40,000.

ASSESSORS PARCEL NO. (APN#) ATN# 5-410-12 R011 02212 Dist. 4.0

SUBJECT TO: 1. Taxes due not heretofore paid.
2. Covenants, conditions, restrictions, reservations, easements, rights, and/or rights of way of record.

RESERVING THEREFROM an easement of 30 feet along all boundaries for ingress and egress, with power to dedicate.

The Northwest quarter of the Northwest quarter of Section 23, Township 29 North, Range 48 East, M.D.B.M., as per Government Survey.

all that certain lot, piece or parcel of land situated in the County of Eureka, State of Nevada, that is described as follows:

None, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Records of County, Nevada, covering the following described property situated in the City of _____, of Official _____, in book 2, page 7, 19 63, day of November 4th

as "Grantor(s)", as Joint Tenants, and recorded as Instrument No. File No. 39274 on the _____, known

to Edward J. Nelson (1/2) and Lloyd Eckhardt and Ruth Eckhardt (1/2 joint) known as "Grantor(s)" dated on the 4th day of November 19 63, and executed by Crescent Valley Ranch & Farms, A2. Seltzer and Arthur J. Duperron

named as one of the parties in that certain deed (Type of Document)

Ruth Eckhardt (Decedent Name as shown on Deed)

mentioned in the attached certified copy Certificate of Death, is the same person as (Decedent Name as shown on Death Certificate)

That Ruth Marie Eckhardt, the decedent

being of legal age, and being first duly sworn, deposes and says: I, Lloyd Eckhardt, the Affiant,

157192

Attidavit-Determination of Joint Tenancy (Death of a Joint Tenant)

ATN# 5-410-12 R011 02212 Dist. 4.0

City of Houston, Texas

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. NAME OF DECEASED (a) First RUTH	(b) Middle MARIE	(c) Last ECKHARDT	2. SEX FEMALE	3. DATE OF DEATH 2-09-1992	4. RACE CAUCASIAN	5a. WAS THE DECEASED OF HISPANIC ORIGIN? NO	5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)	6. DATE OF BIRTH 8-31-23	7. AGE (in years last birthday) 68	8. PLACE OF BIRTH (check only one) HOSPITAL OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify)
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9a. CITY OR TOWN (if outside city limits, give street address) HOSPITAL ON	9b. NAME OF (if not in hospital, give street address) HERMANN HOSPITAL	9c. CITY OR TOWN (if outside city limits, give street address) HOUSTON	9d. PRECINCT NUMBER NO	10. BIRTHPLACE (city and state and country if foreign) HOUSTON, TEXAS, U.S.A.	11. WAS DECEASED EVER IN U.S. ARMED SERVICES? NO	12. EXAMINED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	13. SURVIVING SPOUSE (if wife, give maiden name) LLOYD ECKHARDT	14. USUAL OCCUPATION (give kind of work done during most of working life. Do not use retired) OWN HOME	15. DECEASED'S EDUCATION (highest grade completed) 12 College (1-4 or 5+)	16. RESIDENCE - STATE TEXAS	17. COUNTY HARRIS	17c. CITY OR TOWN (if outside city limits, show rural) ZIP CODE HOUSTON 77035	17d. STREET ADDRESS (if rural, give location) 4510 KINGLETT	18. FATHER'S NAME RUSSELL NELSON	19. MOTHER'S MAIDEN NAME AGNES JUNGWIRTH	20. SIGNATURE OF REGISTRAR LLOYD B. ECKHARDT	20a. MAILING ADDRESS OF REGISTRAR (street and number or Rural Route Number, City or Town, State, Zip Code) 4510 KINGLETT, HOUSTON, TEXAS 77035
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21. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	22a. TIME OF INJURY (Month, Day, Year) 2/11/92	22b. TIME OF INJURY 12:45 P.M.	22c. PLACE OF INJURY - At home, farm, street, factory, office (building, etc. (specify)) 6431 FANNIN, HOUSTON, TEXAS 77030	22d. DESCRIBE HOW INJURY OCCURRED	23. DATE OF DEATH (Month, Day, Year) 2/11/92	23a. HOUR OF DEATH 12:45 P.M.	23b. NAME OF CERTIFYING PHYSICIAN (Type or print) Victor S. Schneider M.D.	23c. DATE SIGNED (Month, Day, Year) 2/11/92	23d. HOUR OF DEATH 12:45 P.M.	23e. SIGNATURE OF CERTIFYING PHYSICIAN (Type or print) Victor S. Schneider M.D.	24. On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title) Victor S. Schneider M.D.	24a. DATE SIGNED (Month, Day, Year) 2/11/92	24b. HOUR OF DEATH 12:45 P.M.	24c. PRONOUNCED DEAD (Month, Day, Year) AT	24d. NAME OF CERTIFYING PHYSICIAN (Type or print) Victor S. Schneider M.D.	25. MAILING ADDRESS OF CERTIFIER (Type or print) 6431 FANNIN, HOUSTON, TEXAS 77030	26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify) BARTHMAN RESTHAVEN CREMATORY	26a. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) BARTHMAN RESTHAVEN CREMATORY	26b. DATE OF DISPOSITION 2-13-1992	26c. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Victor S. Schneider #9752	26d. LOCATION - City or Town, State HOUSTON, TEXAS	26e. NAME AND ADDRESS OF FUNERAL HOME BARTHMAN FUNERALS, P.O. BOX 1598 HOUSTON, TEXAS 77251-1598	27. DATE RECD. BY LOCAL REGISTRAR FEB. 12, 1992	27a. SIGNATURE OF LOCAL REGISTRAR R.W. Hanks	28. REGISTRATION NO. 01381
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28. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	29. Was decedent pregnant at time of death? <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NO	30. Was decedent pregnant during the last 12 months? <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NO	31. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Blunt Force Injury	32. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	33. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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34. IMMEDIATE CAUSE (final disease or condition resulting in death) Blunt Force Injury	35. UNDERLYING CAUSE (disease or injury that initiated events leading to immediate cause. Enter sequentially list conditions, if any, resulting in death) LAST M. O. Schneider	36. DUE TO OR AS A LIKELY CONSEQUENCE OF: years	37. DUE TO OR AS A LIKELY CONSEQUENCE OF: months	38. DUE TO OR AS A LIKELY CONSEQUENCE OF: Approximate Interval Between Onset and Death
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WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000. (Health and Safety Code, Chapter 678, Sec. 195)

CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS
COUNTY OF HARRIS

DATE ISSUED

15 FEB 1995

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R. W. Hanks, Registrar
BUREAU OF VITAL STATISTICS

This copy not valid unless prepared on engraved paper during normal office hours and signed by the Registrar.

LAMINATION MAY VOID CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

2155661

VS-112 REV. 12/89

Texas Department of Health - Bureau of Vital Statistics

BOOK 281 PAGE 229

COPY

157192

BOOK 281 PAGE 227
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
D. K. Calhoun
95 FEB 27 PM 1:48
EUREKA COUNTY NEVADA
M.N. REBALATI, RECORDER
FILE NO.
FEES \$9.00