

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF UTAH)
COUNTY OF SALT LAKE)
:SS
)

Anna Louise Waters, being duly sworn, states and represents that:

1. Affiant is the surviving joint tenant with regard to the following described real property located in Crescent Valley, Eureka County, State of Nevada, more particularly described as:

T30N, R48E, SEC. 33 N2E2SW4SE
11 AC

and Affiant is the same person as Anna Louise Waters, named as one of the grantee/joint tenants in that certain Grant Deed dated October 18, 1976, executed by Chalmers M. Keating and Dora E. Keating as Grantors, to Darrell H. Waters and Anna Louise Waters as joint tenants, as grantees, and recorded on October 18, 1976, as Parcel # 5-240-12, Book 57, Page 87, of official records of Eureka County, State Nevada.

2. Affiant was joint tenant with regard to the property with the following person who is now deceased, Darrell H. Waters.

3. A certified copy of the Certificate of Death of the Decedent is attached hereto and incorporated herein by reference.

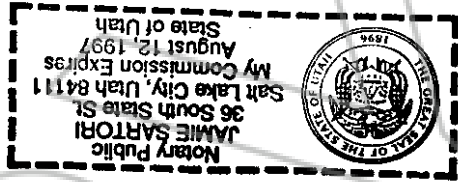
4. Affiant was personally acquainted with the Decedent. The Decedent named in the attached Certificate of Death is one and the same person as the person listed as a record owner of the Property.

5. As surviving joint tenant, Affiant is now the sole owner of the Property.

Anna Louise Waters
Anna Louise Waters

On the 18th day of September, 1995, personally appeared before me Anna Louise Waters, the Affiant named in the foregoing Affidavit, who being by me first duly sworn, acknowledged to me that she executed the same and that the statements contained therein are true.

Jamie Sartori
Notary



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 93 002122

LOCAL FILE NUMBER 19,927 (23)

1. DECEASED—NAME First Middle Last Darrell H. WATERS		1. CITY, TOWN, OR LOCATION OF DEATH WATERS		1. DATE OF DEATH (Month, Day, Year) 2 March 5, 1993		1. COUNTY OF DEATH ELKO	
2. FACE—(e.g., White, Black, American Indian, etc.) (Specify) White		3. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Elko General Hospital		3. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Elko General Hospital		3. SEX male	
3. STATE OF BIRTH Nevada		4. CITIZEN OF WHAT COUNTRY USA		4. DECEASED'S EDUCATION, Specify highest grade completed. 11		4. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SURVIVING SPOUSE (if wife, give maiden name) Married	
5. SOCIAL SECURITY NUMBER Nevada		6. USUAL OCCUPATION (Give kind of work done during most of working life. Even if Retired) Sib		6. KIND OF BUSINESS OR INDUSTRY Heavy Equipment		6. DATE OF BIRTH (Mo., Day, Yr.) February 14, 1923	
7. RESIDENCE—STATE Nevada		7. CITY, TOWN, OR LOCATION Elko		7. STREET AND NUMBER RFD		7. INSIDE CITY LIMITS NO	
8. FATHER—NAME First Middle Last Mark Rolten Waters		8. MOTHER—MAIDEN NAME First Middle Last Maude Laverda Balerline		8. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 28 Crescent Valley, Nevada 89821		8. BIRTHPLACE Utah	
9. BIRTHPLACE Utah		9. CEMETERY OR CREMATORY—NAME Memorial gardens of the valley		9. LOCATION Sandy		9. STATE Utah	
10. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) Mark S. Myers		10. FUNERAL DIRECTOR—LICENSE NUMBER 7		10. NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc. P.O. box 689 Elko, NV 89803		10. DATE SIGNED (Mo., Day, Yr.) 3/22/93	
11. DATE SIGNED (Mo., Day, Yr.) 3/22/93		11. HOUR OF DEATH 1530		11. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) To be completed by Coroner's Office		11. DATE SIGNED (Mo., Day, Yr.) 3/22/93	
12. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) To be completed by Coroner's Office		12. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) To be completed by Coroner's Office		12. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) To be completed by Coroner's Office		12. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) To be completed by Coroner's Office	
13. REGISTAR 23a. NAME AND ADDRESS OF REGISTAR (Mo., Day, Yr.) Mark S. Myers, M.D. 762-14th Street Elko, Nevada 89801		23b. LICENSE NUMBER 6106		23c. DATE RECEIVED BY REGISTAR (Mo., Day, Yr.) March 22, 1993		23d. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. IMMEDIATE CAUSE 24a. (Signature) Robert		24b. DATE RECEIVED BY REGISTAR (Mo., Day, Yr.) March 22, 1993		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. PART I (a) DUE TO, OR AS A CONSEQUENCE OF Left ventricular failure		15. PART I (b) DUE TO, OR AS A CONSEQUENCE OF Coronary Artery Disease		15. PART I (c) DUE TO, OR AS A CONSEQUENCE OF Chronic Obstructive Pulmonary Disease		15. PART II (a) ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION None	
16. PART II (a) ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION None		16. PART II (b) DATE OF INJURY (Mo., Day, Yr.) None		16. PART II (c) HOUR OF INJURY None		16. PART II (d) DESCRIBE HOW INJURY OCCURRED None	
17. PLACE OF INJURY—(Home, farm, street, factory, office building, etc.) (Specify) None		17. LOCATION None		17. STREET OR R.F.D. No. None		17. CITY OR TOWN None	
18. STATE None		18. CITY OR TOWN None		18. STREET OR R.F.D. No. None		18. STATE None	



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

No. 049128
 DELETED BIRTH CERT # M-7536
 STATE REGISTRAR
 Issued: SEP 18 1995
 This is to certify that the above is a true and correct copy of the certificate on file in this office.

TYPE OR PRINT IN PERMANENT BLACK INK
 DECEASED IN INSTITUTION SEE HANDBOOK
 OCCURRED IN INSTITUTION
 SOCIAL SECURITY NUMBER
 RESIDENCE IN THIS STATE
 PARENTS
 POSITION
 CERTIFIER
 CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE LASTING THE CAUSE OF DEATH

BOOK 286 PAGE 491

COPY

159090

BOOK 286 PAGE 489
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Carrie Louise Watson
95 SEP 25 AM 11:30
EUREKA COUNTY NEVADA
M.N. REBAL/ATI. RECORDER
FILE NO.
FEES \$9.00