

AFFIDAVIT OF SURVIVORSHIP

STATE OF NEVADA)
) ss:
))
COUNTY OF WASHOE)

JULIA S. BOWER, of 3216 Markridge Avenue, Reno, Nevada, being first duly sworn, under penalty of perjury, deposes and

says:

1. That pursuant to NRS 40.470(5) and 111.365 affiant states:

(a) That affiant is the wife of LYLE W. BOWER, deceased; that affiant and LYLE W. BOWER held certain property in the County of Eureka, State of Nevada, as joint tenants, with right of survivorship; said property being described in Paragraph (c) hereof;

(b) A description of the instrument by which the joint tenancy was created is as follows: a Joint Tenancy Deed dated September 24, 1979, between CATTLEMEN'S TITLE GUARANTEE COMPANY, Grantor, and LYLE W. BOWER and JULIA S. BOWER, as joint tenants with right of survivorship and not as tenants in common, grantees; said deed was recorded September 27, 1979 in Book 74, Page 85, of Official Records of Eureka County, Nevada, as File No. 69983;

(c) A description of the real property subject to the aforesaid joint tenancy is as follows:

AP#5-040-22 TOWNSHIP 31 NORTH, RANGE 48 EAST, M.D.B.&M. SECTION 21: SW 1/4 SE 1/4 NW 1/4

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and

reversions, remainder and remainders, rents, issues and profits thereof.

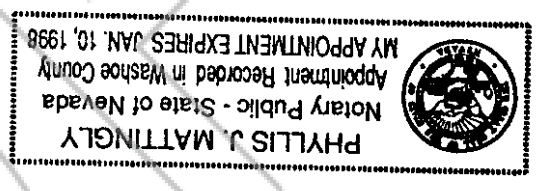
(d) The date and place of death of LYLE WAYNE BOWER, deceased joint tenant, was May 9, 1995, in San Francisco, California.

A certified copy of the death certificate of the aforementioned joint tenant is attached hereto and made a part of this affidavit.

Julia S. Bower
Julia S. Bower

Subscribed and sworn to before me this 14th day of October, 1995.

Phyllis J. Mattingly
Notary Public



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CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

8 95 38

1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		4. DATE OF BIRTH M/M/DD/CYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/DD/CYY		8. HOUR	
LYLE		WAYNE		BOWER		10/03/1917		77		M		05/09/1995		1300	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED		14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
IA.		[REDACTED]		NONE		Married		16		White		U.S. Navy		Military	
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTRY		25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
825 Geary Blvd. #603		San Francisco		San Francisco		94109		25		CA.		Julia Bower - Wife		825 Geary Blvd. #603, S.F., CA. 94109	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE		35. NAME OF MOTHER—FIRST	
Julia		Niles		Steddom		Paul		F.		Bower		IA.		Margaret	
36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE		39. DATE M/M/DD/CYY		40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
-		Kingsley		IN.		05/11/1995		At Sea, Off Marin County Coast, CA.		CR/SEA		Not Embalmed		None	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CYY		48. NAME OF FUNERAL HOME		49. LICENSE NO.		50. SIGNATURE OF LOCAL REGISTRAR		51. DATE M/M/DD/CYY	
Neptune Society of S.F.		FD 1306		[Signature]		05/11/1995		S.F. Community Convalescent		None		[Signature]		05/11/1995	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	
S.F. Community Convalescent		IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. <input checked="" type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER <input type="checkbox"/>		San Francisco		San Francisco		2655 Bush Street		San Francisco		(A) Immediate Cause: Pulmonary fibrosis (B) Due to: Pulmonary fibrosis (C) Due to: None (D) Due to: None		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
109. BIOPSY PERFORMED		110. AUTOPSY PERFORMED		111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NONE		NONE		I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		[Signature]		[Signature]	
119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/DD/CYY		122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		126. SIGNATURE OF CORONER OR DEPUTY CORONER	
NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> PENDING <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> PENDING <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/>		NO <input type="checkbox"/> YES <input type="checkbox"/>		NO <input type="checkbox"/> YES <input type="checkbox"/>		NO <input type="checkbox"/> YES <input type="checkbox"/>		NO <input type="checkbox"/> YES <input type="checkbox"/>		NO <input type="checkbox"/> YES <input type="checkbox"/>		2200 O'Farrell St., S.F., CA. 94115		[Signature]	
127. DATE M/M/DD/CYY		128. FULL NAME, TITLE OF CORONER OR DEPUTY CORONER		129. PLACE OF INJURY		130. SIGNATURE AND TITLE OF CERTIFIER		131. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP		132. DATE M/M/DD/CYY		133. LICENSE NO.		134. DATE M/M/DD/CYY	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		Roy Berry, MD, 2200 O'Farrell St., S.F., CA. 94115		05/10/1995		05/10/1995		05/10/1995	
135. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		136. DATE M/M/DD/CYY		137. FULL NAME, TITLE OF CORONER OR DEPUTY CORONER		138. DATE M/M/DD/CYY		139. FULL NAME, TITLE OF CORONER OR DEPUTY CORONER		140. DATE M/M/DD/CYY		141. FULL NAME, TITLE OF CORONER OR DEPUTY CORONER		142. DATE M/M/DD/CYY	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

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SAN FRANCISCO, CALIFORNIA

SANDRA R. FERNANDEZ, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

05 / 11 / 1995

DATED:

Sandra R. Fernandez, M.D.

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS
A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

COPY

159603

EUREKA COUNTY NEVADA
M.N. REBALLET, RECORDER
FILE NO. FEES 10.00

95 OCT 13 AM 11:57

RECORDED AT THE REQUEST OF
OFFICIAL RECORDS
Cook, Kibler + Reed, etc.

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