161301

AFFIDAVIT OF IDENTITY

JULE C. KEYSER, being first sworn upon oath deposes and says that she is a citizen of the United States of America and is over the age of 18 years; that she knows of her own knowledge that WILFRED R. KEYSER, SR. who appears in the death certificate (certified copy), attached hereto, is the same person who appears in that certain JOINT TENANCY DEED dated MAY 17, 1977, recorded MAY 24, 1977, as Entry No. 62989, in Book 59, at page 92, Eureka County Recorder's Office, Eureka County, Nevada.

The legal description appearing on said Deed covers the following described real property:

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B. & M. SECTION 33: SW1/4SE1/4SE1/4

Dated this 31st day of January, 1996.

Jule C. Keyser
JULE C. KEYSER

State of Utah)
: ss.
County of Utah)

On the 31st day of January, 1996, personally appeared before me JULE C. KEYSER the signer(s) of the within and foregoing instrument, who duly acknowledged to me that she executed the same.

Marnae Ballantyne
NOTARY PUBLIC

NOTARY PUBLIC
MARNAE BALLANTYNE
313 East 1200 South #200
Orem, Utah 84058
My Commission Expires: Feb. 10, 1999
State of Utah

BOOK 293 PAGE 334

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA

CERTIFICATE OF DEATH
FLORIDA 88 114253

LOCAL FILE NO. 88 866

1. DECEDENT—NAME FIRST	MIDDLE	LAST	2. SEX	DATE OF DEATH (Mo. Day. Yr.)
wilfred	R	keyser, sr.	Male	Nov 23, 1988

4. RACE—e.g. White, Black, Am. Indian etc. (Specify)	5a. AGE—Last Birthday (Yrs.)	UNDER 1 YEAR: 5b. MOS	DAYS	UNDER 1 DAY: 5c. HOURS	MINS	6. DATE OF BIRTH (mo. Day. Yr.)	7a. COUNTY OF DEATH
White	84					April 4 1904	Highlands

7b. CITY, TOWN OR LOCATION OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION Name (If not in either, give street and number)	7d. IF HOSP OR INST (Indicate DOA, OP/Emer. Rm. Inpatient) (Specify)
Lorida	#2 Fourth Ave.	

8. STATE OF BIRTH (If not in U.S.A. name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)
Conn.	U S A	Married	Jule C. Philbin

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)	13b. KIND OF BUSINESS OR INDUSTRY	13c. WAS DECEDENT EVER IN U.S. ARMED SERVICES?
[redacted]	Supervisor	U S Postal Service	YES ☐ NO ☒

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN OR LOCATION	14d. STREET AND NUMBER	14e. INSIDE CITY LIMITS (Specify Yes or No)
Florida	Highlands	Lorida	#2 Fourth Ave	No

15. FATHER—NAME FIRST	MIDDLE	LAST	16. MOTHER—NAME FIRST	MIDDLE	MAIDEN
William		Keyser	Mary		Shorten

17a. INFORMANT—NAME (Type or Print)	17b. MAILING ADDRESS STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
Jule C. Keyser	#2 Fourth Av	Lorida	Florida	33857

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	18b. CEMETERY OR CREMATORY—NAME	18c. LOCATION CITY OR TOWN	STATE
Cremation	Lake Forest Crematory	Avon Park, Fl	

19a. FUNERAL DIRECTOR—Signature)	19b. FUNERAL HOME ADDRESS
► W J Dowden jr	Dowden Funeral Home 239 NE Lakeview Dr. Sebring Fl 33870

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ► David Holmes, D.O.	21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ►
20b. DATE SIGNED (Mo., Day, Yr.) 11-28-88	20c. HOUR OF DEATH 5:40 P.M. M
	21b. DATE SIGNED (Mo., Day, Yr.)
	21c. HOUR OF DEATH M
20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON
	21e. PRONOUNCED DEAD (Hour) AT M

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
David Holmes, D.O. 3019 U.S. 27 North, Sebring FL 33872

REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
23a. (Signature) ► Louise Costello, Deputy	23b. November 30, 1988

BK 293 PAGE 335

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY _____ JAN 19 1996

C Mack Bryan
State Registrar

GREAT SEAL OF THE STATE OF FLORIDA — IN GOD WE TRUST

WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

7303189

HRS

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

HRS FORM 1564 (6-93)

CERTIFICATION OF VITAL RECORD

BOOK 293 PAGE 334
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Jill K Forder
96 FEB -5 AM 8:42

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 9.00

161301

BOOK 293 PAGE 336