

161301

AFFIDAVIT OF IDENTITY

JULIE 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.

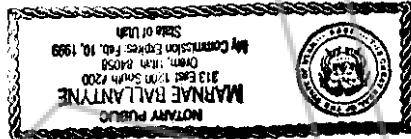
Julia C. Keyser
JULIE C. KEYSER

State of Utah)

: ss.

County of Utah)
On the 31st day of January, 1996, personally appeared before me JULIE 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



BOOK 293 PAGE 334

OFFICE of VITAL STATISTICS

CERTIFIED COPY

100101

CERTIFICATE OF DEATH

1 1 4 2 5 3

88 866

LOCAL FILE NO		DECEASED NAME		MIDDLE		LAST		SEX		DATE OF DEATH (Mo, Day, Yr.)	
88 866		WILFRED		R		KEYSER, ST.		Male		Nov 23, 1988	
1		FACE - White		AGE - 84 (Yr.)		UNDER 1 YEAR		DAYS		HOURS	
4		White		84 (Yr.)		UNDER 1 YEAR		DAYS		HOURS	
5		CITY, TOWN OR LOCATION OF DEATH		7c		#2 Fourth Ave.		7d		HOSPITAL OR OTHER INSTITUTION Name (If not in other, give street and number)	
6		STATE OF BIRTH (If not in U.S.A. name country)		9		U S A		10		MARRIED NEVER MARRIED	
7		CITIZEN OF WHAT COUNTRY		11		MARRIED NEVER MARRIED		12		MARRIED NEVER MARRIED	
8		SOCIAL SECURITY NUMBER		13a		Supervisor		13b		U S Postal Service	
9		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14a		CITY, TOWN OR LOCATION		14b		STREET AND NUMBER	
10		Florida		14c		#2 Fourth Ave		14d		INSIDE CITY LIMITS	
11		FATHER NAME		15		William		16		Keyser	
12		MOTHER NAME		17		Mary		18		Shorten	
13		MIDDLE		19		Keyser		20		Keyser	
14		MIDDLE		21		Keyser		22		Keyser	
15		MIDDLE		23		Keyser		24		Keyser	
16		MIDDLE		25		Keyser		26		Keyser	
17		MIDDLE		27		Keyser		28		Keyser	
18		MIDDLE		29		Keyser		30		Keyser	
19		MIDDLE		31		Keyser		32		Keyser	
20		MIDDLE		33		Keyser		34		Keyser	
21		MIDDLE		35		Keyser		36		Keyser	
22		MIDDLE		37		Keyser		38		Keyser	
23		MIDDLE		39		Keyser		40		Keyser	
24		MIDDLE		41		Keyser		42		Keyser	
25		MIDDLE		43		Keyser		44		Keyser	
26		MIDDLE		45		Keyser		46		Keyser	
27		MIDDLE		47		Keyser		48		Keyser	
28		MIDDLE		49		Keyser		50		Keyser	
29		MIDDLE		51		Keyser		52		Keyser	
30		MIDDLE		53		Keyser		54		Keyser	
31		MIDDLE		55		Keyser		56		Keyser	
32		MIDDLE		57		Keyser		58		Keyser	
33		MIDDLE		59		Keyser		60		Keyser	
34		MIDDLE		61		Keyser		62		Keyser	
35		MIDDLE		63		Keyser		64		Keyser	
36		MIDDLE		65		Keyser		66		Keyser	
37		MIDDLE		67		Keyser		68		Keyser	
38		MIDDLE		69		Keyser		70		Keyser	
39		MIDDLE		71		Keyser		72		Keyser	
40		MIDDLE		73		Keyser		74		Keyser	
41		MIDDLE		75		Keyser		76		Keyser	
42		MIDDLE		77		Keyser		78		Keyser	
43		MIDDLE		79		Keyser		80		Keyser	
44		MIDDLE		81		Keyser		82		Keyser	
45		MIDDLE		83		Keyser		84		Keyser	
46		MIDDLE		85		Keyser		86		Keyser	
47		MIDDLE		87		Keyser		88		Keyser	
48		MIDDLE		89		Keyser		90		Keyser	
49		MIDDLE		91		Keyser		92		Keyser	
50		MIDDLE		93		Keyser		94		Keyser	
51		MIDDLE		95		Keyser		96		Keyser	
52		MIDDLE		97		Keyser		98		Keyser	
53		MIDDLE		99		Keyser		100		Keyser	



7303189

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.

HRS FORM 1984 (6-93)



293 PAGE 335

State Registrar

JAN 19 1996

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

Chuck Davis

BY

REGISTRAR

22

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)

David Williams, D.O. 3019 U.S. 27 North, Sebring FL 33872

23

DATE RECEIVED BY REGISTRAR (Mo, Day, Yr.)

November 30, 1988

24

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

M

25

DATE SIGNED (Mo, Day, Yr.)

11-28-88

26

HOUR OF DEATH

5:40 P.M.

27

SIGNATURE AND TIME

David Williams, D.O.

28

On the date of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

29

On the date of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated

30

FURNAL DIRECTOR (Signature)

W. J. Dowden

31

FURNAL HOME

Dowden Funeral Home 239 NE Lakeview Dr. Sebring FL 33870

32

CREMATION

Lake Forest Crematory

33

BURNAL, CREMATION, REMOVAL, OTHER (Specify)

Lake Forest Crematory

34

CITY OR TOWN

Avon Park, FL

35

STATE

FL

36

MAILING ADDRESS

#2 Fourth Ave

37

CITY OR TOWN

Florida

38

STATE

Florida

39

ZIP

33857

40

FATHER NAME

William

41

MIDDLE

Keyser

42

MOTHER NAME

Mary

43

MIDDLE

Shorten

44

CITY, TOWN OR LOCATION

#2 Fourth Ave

45

STREET AND NUMBER

#2 Fourth Ave

46

INSIDE CITY LIMITS

YES NO

47

KIND OF BUSINESS OR INDUSTRY

U S Postal Service

48

WAS DECEDENT EVER IN U.S. ARMED SERVICES

YES NO

49

SURVIVING SPOUSE (If wife, give maiden name)

Jule C. Philbin

50

MARRIED NEVER MARRIED

MARRIED

51

CITIZEN OF WHAT COUNTRY

U S A

52

SOCIAL SECURITY NUMBER

Supervisor

53

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

54

CITY, TOWN OR LOCATION OF DEATH

Florida

55

STATE OF BIRTH (If not in U.S.A. name country)

U S A

56

CITIZEN OF WHAT COUNTRY

U S A

57

MARRIED NEVER MARRIED

MARRIED

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MARRIED

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CITY, TOWN OR LOCATION OF DEATH

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U S A

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U S A

75

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MARRIED

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Jule C. Philbin

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U S A

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SOCIAL SECURITY NUMBER

Supervisor

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Supervisor

81

CITY, TOWN OR LOCATION OF DEATH

Florida

82

STATE OF BIRTH (If not in U.S.A. name country)

U S A

83

CITIZEN OF WHAT COUNTRY

U S A

84

MARRIED NEVER MARRIED

MARRIED

85

SURVIVING SPOUSE (If wife, give maiden name)

Jule C. Philbin

86

MARRIED NEVER MARRIED

MARRIED

87

CITIZEN OF WHAT COUNTRY

U S A

88

SOCIAL SECURITY NUMBER

Supervisor

89

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

90

CITY, TOWN OR LOCATION OF DEATH

Florida

91

STATE OF BIRTH (If not in U.S.A. name country)

U S A

92

CITIZEN OF WHAT COUNTRY

U S A

93

MARRIED NEVER MARRIED

MARRIED

94

SURVIVING SPOUSE (If wife, give maiden name)

Jule C. Philbin

95

MARRIED NEVER MARRIED

MARRIED

96

CITIZEN OF WHAT COUNTRY

U S A

97

SOCIAL SECURITY NUMBER

Supervisor

98

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

99

CITY, TOWN OR LOCATION OF DEATH

Florida

100

STATE OF BIRTH (If not in U.S.A. name country)

U S A

BOOK 293 PAGE 336
8313031

161301

BOOK 293 PAGE 334
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Julie K. Jones
96 FEB -5 AM 8:42
EUREKA COUNTY, NEVADA
H.N. REBALEATI, RECORDER
FILE NO. FEES 9.00

