

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
()
COUNTY OF LANDER
()
ss. ()

I, ELSIE M. JEFFERE, of legal age, being first

duly sworn, deposes and says:

That GEORGE A. JEFFERE the decedent mentioned

in the attached certified copy of Certificate of Death, is the same person

as GEORGE A. JEFFERE named as one of the parties in

that certain JOINT TENANCY DEED dated NOV. 13, 1985, executed by

CATTLEMENS TITLE GUARANTEE CO. to GEORGE A. JEFFERE

ELSIE M. JEFFERE as joint tenants, recorded as Instrument No.

101076 on PAGE 485, BOOK 140, in the Official Records of

EUREKA COUNTY, Nevada, covering the following described

property situate in the CRESCENT VALLEY, County of EUREKA.

State of Nevada, more particularly described as follows:

TOWN SHIP 30 NORTH, RANGE 48 EAST, M.D.B & M
SECTION 17, SW 1/4 SW 1/4 NW 1/4

APN 05-200-22

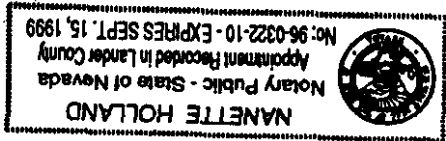
ELsie M. Jeffere
300 N. Trescott, No 157-2
Battle Mountain, NV 89820

SUBSCRIBED AND SWORN TO before me

this 3rd day of May

1996

Nanette Holland



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last George A. LEEVRE		DATE OF DEATH (Month, Day, Year) 2 April 24, 1996	
2. CITY, TOWN, OR LOCATION OF DEATH a. Battle Mountain		b. COUNTY OF DEATH Lander	
3. RACE (e.g., White, Black, American Indian, etc.) (Specify) White		4. SEX Male	
5. DATE OF BIRTH (Month, Day, Year) August 21, 1922		6. AGE—Last 73	
7. CITIZEN OF WHAT COUNTRY U.S.A.		8. USUAL OCCUPATION (Give kind of work done during most of working life. Even if Retired) Quality Control	
9. SOCIAL SECURITY NUMBER [REDACTED]		10. KIND OF BUSINESS OR INDUSTRY Grocery Store Chain	
11. STATE OF BIRTH (If not U.S.A., name country) California		12. SURVIVING SPOUSE (If wife, give maiden name) Elise Shoemaker	
13. RESIDENCE—STATE Nevada		14. STREET AND NUMBER 300 N. Prescott	
15. FATHER—NAME First Middle Last Jesse LeVere		16. MOTHER—MAIDEN NAME First Middle Last Johanna Rodau	
17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 300 Prescott #2 Battle Mountain, Nevada 89620		18. BIRTHAL CREMATION, REMOVAL, OTHER (Specify) Elise LeVere	
19. CEMETERY OR CREMATORY—NAME Sunset Crematory		20. CITY or Town, State Elko, Nevada	
21. FUNERAL DIRECTOR—SIGNATURE (If Personating as Such) [Signature]		22. NAME AND ADDRESS OF FACILITY Albertson Funeral Home—Winnemucca, Nevada	
23. DATE SIGNED (Mo., Day, Yr.) 25 April 1996		24. HOUR OF DEATH 17:10 P.M.	
25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Kenneth Quirk, P.O. Box 1625, Battle Mtn, NV 89820		26. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 25, 1996	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kenneth Quirk		28. DATE SIGNED (Mo., Day, Yr.) 25 April 1996	
29. PRONOUNCED DEAD (Mo., Day, Yr.) 25 April 1996		30. PRONOUNCED DEAD (Hour) 17:10 P.M.	
31. NAME AND ADDRESS OF REGISTRAR (Mo., Day, Yr.) Kenneth Quirk, P.O. Box 1625, Battle Mtn, NV 89820		32. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 25, 1996	
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Inoperable Lung Cancer		34. DUE TO, OR AS A CONSEQUENCE OF (a) (b) (c)	
35. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Interval between onset and death		36. AUTOPSY Yes or No	
37. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		38. DEATH DUE TO COMMUNICABLE DISEASE Yes or No	
39. DATE OF INJURY (Mo., Day, Yr.) M		40. HOUR OF INJURY M	
41. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) M		42. CITY OR TOWN, STATE	
43. INJURY AT WORK (Specify Yes or No) M		44. DATE OF DEATH (Month, Day, Year) 2 April 24, 1996	
45. DATE OF DEATH (Month, Day, Year) 2 April 24, 1996		46. COUNTY OF DEATH Lander	
47. DATE OF DEATH (Month, Day, Year) 2 April 24, 1996		48. COUNTY OF DEATH Lander	

TYPE OR PRINT IN BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK

RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

SEAL OF THE STATE OF NEVADA

DEPUTY REGISTRAR

1996 MAY - 1

This is to certify that the above is a true and correct copy of the certificate on file in this office.

No. 90850

BOOK 297 PAGE 192

BOOK 297 PAGE 193

COPY

163205

BOOK 297 PAGE 191
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Steve M. Moore
96 MAY 29 AM 11:43
EUREKA COUNTY NEVADA
M.N. REBALCATTI, RECORDER
FILE NO. FEES \$9.00