

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
} COUNTY OF Eureka
} ss.

Donna Taylor, of legal age, being first duly sworn, deposes and says:

That Ernest W. Taylor, the decedent mentioned in the attached certified copy

of Certificate of Death, is the same person as Ernest W. Taylor

named as one of the parties in that certain Deed

executed by GORDON D. HYBARGER, LYNN HYBARGER, RONALD P. HYBARGER, WILLIAM J. MARTIN AND

to ERNEST W. TAYLOR and DONNA TAYLOR dated November 21, 1986

as joint tenants, recorded as Instrument No. 106607 on December 15, 1986

in Book 153, Page 73, of Official Records of Eureka

County, Nevada, covering the following described property situated in the Eureka

County, State of Nevada:

SEE "EXHIBIT A" ATTACHED HERETO AND A PART HEREOF

DATE: July 1, 1997

California
STATE OF NEVADA

COUNTY OF Humboldt
} ss.

On 7/1/97, personally appeared before me,

a Notary Public, Donna Taylor

to me to be the person(s) whose name(s) is/are subscribed to the above

instrument and who acknowledged that she/he/they executed the instrument.

WITNESS my hand and official seal.

Signature Heather A. Ricci
Notary Public

RECORDING REQUESTED BY:
STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

Donna Taylor
P.O. Box 244
Orick, Ca 95555

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HEATHER A. RICCI
Comm. #1105915
NOTARY PUBLIC
HUMBOLDT COUNTY, CALIFORNIA
My commission expires July 16, 2009



(This area above for official notarial seal)

Donna Taylor

Donna Taylor

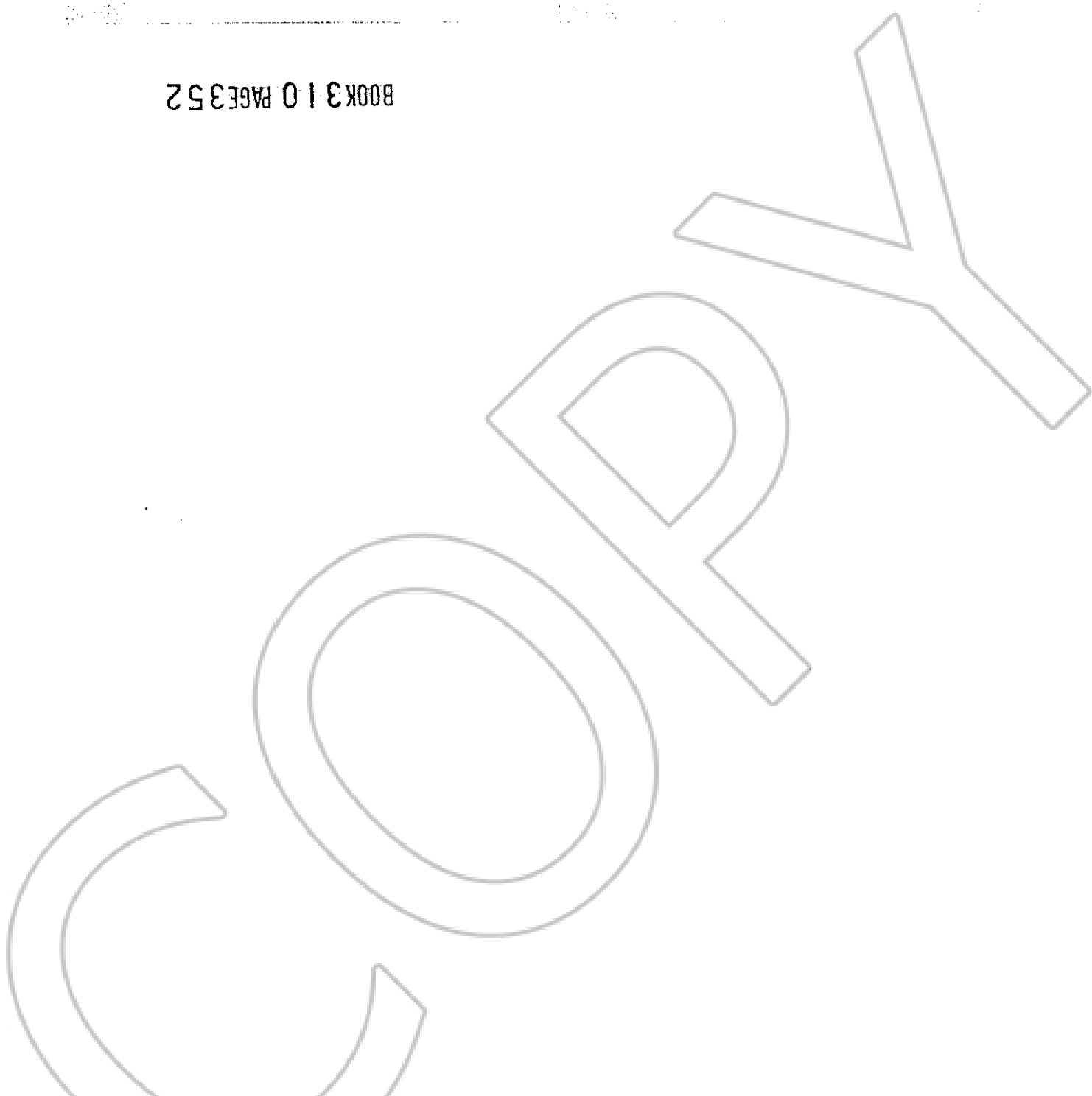
EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 97221397

Parcel 3 as shown on that certain Parcel Map for ERNEST W. TAYLOR and DONNA A. TAYLOR, filed in the office of the County Recorder of Eureka County, State of Nevada, on December 1, 1989, as File No. 130799, being a portion of Lot 9, Section 29, TOWNSHIP 20 NORTH, RANGE 53 EAST, M.D.B. 6M.

EXCEPTING THEREFROM all the oil and gas in said land as reserved in Patent from the United States of America, recorded March 21, 1966, in Book 10, Page 205, of Official Records, Eureka County, Nevada.



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COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST, MIDDLE, LAST (FAMILY)
1B. MIDDLE
1C. LAST (FAMILY)
2A. DATE OF DEATH—MO., DAY, YR., 2B. HOUR, 3. S.

4. RACE
5. HISPANIC—Specify
6. DATE OF BIRTH—MO., DAY, YR.
7. AGE IN YEARS, MONTHS, DAYS
IF UNDER 1 YEAR, IF UNDER 1 YEAR, IF UNDER 24 HOURS

8. STATE OF BIRTH
9. CITIZEN OF WHAT COUNTRY
10A. FULL NAME OF FATHER
10B. STATE OF BIRTH
10C. STATE OF MOTHER
11A. FULL MAIDEN NAME OF MOTHER
11B. BIRTH DATE
11C. BIRTH TIME

12. MILITARY SERVICE
13. SOCIAL SECURITY NO.
14. MARITAL STATUS
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER KAIDEN NO.)

16A. USUAL OCCUPATION
16B. USUAL KIND OF BUSINESS OR INDUSTRY
16C. USUAL EMPLOYER
17. EDUCATION—YEARS COMPLETE
18A. RESIDENCE—STREET AND NUMBER OR LOCATION
18B. CITY
18C. ZIP CODE

USUAL RESIDENCE
18E. NUMBER OF YEARS IN THIS COUNTY
18F. STATE OR FOREIGN COUNTRY
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT

PLACE OF DEATH
19A. PLACE OF DEATH
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA
19C. COUNTY
19E. CITY
19F. STREET ADDRESS—STREET AND NUMBER OR LOCATION
22. WAS DEATH REPORTED TO CORONER BETWEEN INTERVAL AND DEATH
23. WAS BIOPSY PERFORMED
24. WAS AUTOPSY PERFORMED
25. WAS IT USED IN DETERMINING CAUSE OF DEATH
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 22, IF YES, LIST TYPE OF OPERATION AND DATE.

CAUSE OF DEATH
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
22. CHRONIC ALCOHOLIC LIVER DISEASE
23. IMMEDIATE CAUSE
24. PULMONARY HYPERTENSION
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21
26. IF YES, LIST TYPE OF OPERATION AND DATE.

PHYSICIAN'S CERTIFICATION
27A. DECENT LAST SEEN ALIVE
27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
27C. CERTIFIER'S LICENSE NUMBER
27D. DATE SIGNED

CORONER'S USE ONLY
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER
28B. DATE SIGNED
28C. PLACE OF INJURY
28D. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined
29. PLACE OF INJURY
30A. INJURY AT WORK
30B. INJURY AT WORK
30C. DATE OF INJURY
30D. MONTH, DAY, YEAR
31. HOUR

FUNERAL AND LOCAL REGISTRAR
34A. DISPOSITION(S)
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS
34C. DATE MO., DAY, YR.
35A. SIGNATURE OF EMBALMER
35B. LICENSE NUMBER
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
36B. LICENSE NO.
37. SIGNATURE OF LOCAL REGISTRAR
38. REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE REGISTRAR
A. STATE REGISTRAR
B. COUNTY OF RIVERSIDE
C. COUNTY OF RIVERSIDE
D. COUNTY OF RIVERSIDE
E. COUNTY OF RIVERSIDE
F. COUNTY OF RIVERSIDE
G. COUNTY OF RIVERSIDE
H. COUNTY OF RIVERSIDE

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

34. DISPOSITION(S)
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS
34C. DATE MO., DAY, YR.
35A. SIGNATURE OF EMBALMER
35B. LICENSE NUMBER
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
36B. LICENSE NO.
37. SIGNATURE OF LOCAL REGISTRAR
38. REGISTRATION DISTRICT AND CERTIFICATE NUMBER

39. DATE OF BIRTH
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COPY

167601

EUREKA COUNTY, NEVADA
M.N. REBAL/ATI: RECORDER
FILE NO. FEES 10.00

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Stewart Miller
97 AUG 11 PM 1:54