

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 dated November 21, 1986 executed by GORDON D. HYBARGER and LYNN HYBARGER, Husband and Wife, *** to ERNEST W. TAYLOR and DONNA TAYLOR, Husband and Wife as Joint Tenants as joint tenants, recorded as Instrument No. 106607, on December 15, 1986 in Book 153, Page 073, of Official Records of Eureka County, Nevada, covering the following described property situated in the Eureka County, State of Nevada:

Lots 1, 2 and 4 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.&M. APNS: 7-380-70, 7-380-71, 7-380-73. 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.

*** RONALD HYBARGER AND WILLIAM J. MARTIN AND BARBARA J. MARTIN, Husband and Wife

DATE: June 08, 1998

Donna Taylor
Donna Taylor

STATE OF CALIFORNIA
} COUNTY OF Humboldt
} ss.

This instrument was acknowledged before me on June 19, 1998
Donna Taylor

Signature *Donna Taylor*
Notary Public
JUDITH G. DAVIS

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

Donna Taylor
PO Box 244
Orick, CA 95555



(This area above for official notarial seal)

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

14. NAME OF DECEDENT—FIRST 18. MIDDLE 19. LAST (FAMILY) 20. DATE OF DEATH—MO., DAY, YR. 21. SEX

ERNEST WILLIAM TAYLOR 11/14/1993 0700 MALE

4. RACE 5. HISPANIC—Specify 8. DATE OF BIRTH—MO., DAY, YR. 7. AGE IN YEARS 9. STATE OF BIRTH

WHITE 05/20/1927 66 KY

10A. FULL NAME OF FATHER 10B. FULL MAIDEN NAME OF MOTHER 11. STATE OF BIRTH

THOMAS D. TAYLOR IDA PETERSON OK

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

19 46 TO 19 47 NONE MARRIED DONNA WEST

16A. USUAL OCCUPATION 16B. USUAL KIND OF BUSINESS OR INDUSTRY 16C. USUAL EMPLOYER 17. EDUCATION—YEARS COMPLETED

EQUIPMENT OPERATOR CONSTRUCTION OPERATING ENGINEER'S 9

18A. USUAL RESIDENCE—STREET AND NUMBER OR LOCATION 18B. CITY 18C. ZIP CODE

#1 TAYLOR LANE EUREKA 99316

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

EUREKA 9 99316

19A. PLACE OF DEATH 19B. PLACE OF BIRTH 19C. COUNTY 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION

SHARP HEALTHCARE MURRIETA (SNF) MURRIETA RIVERSIDE

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) 22. WAS DEATH REPORTED TO CORONER AND DEATH REFERRAL NUMBER

(A) CHRONIC ALCOHOLIC LIVER DISEASE YEARS 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 25, IF YES, LIST TYPE OF OPERATION AND DATE.

27. DEATH CERTIFICATE CAUSES STATED 28. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 29. DATE SIGNED

PULMONARY HYPERTENSION 11/23/1993

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

11/23/1993

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 28B. DATE SIGNED 28C. PLACE OF DEATH 28D. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined

11/23/1993

29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined 30A. PLACE OF INJURY 30B. INJURY AT WORK 30C. DATE OF INJURY 31. HOUR

11/23/1993

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

34A. DISPOSITION(S) 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 34C. DATE MO., DAY, YR. 35A. SIGNATURE OF EMBALMER 35B. LICENSE NO. 36. NOT EMBALMED 37. NONE

RES: DONNA TAYLOR - #1 TAYLOR LANE EUREKA, NV 89316 11/26/1993

38A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 38B. LICENSE NO. 38C. SIGNATURE OF LOCAL REGISTRAR 38D. REGISTRATION DATE

NEPTUNE SOCIETY-RIVERSIDE E1307 11/24/1993

39. STATE 40. REGISTRAR

RIVERSIDE

41. STATE 42. REGISTRAR

RIVERSIDE

43. STATE 44. REGISTRAR

RIVERSIDE

45. STATE 46. REGISTRAR

RIVERSIDE

47. STATE 48. REGISTRAR

RIVERSIDE

49. STATE 50. REGISTRAR

RIVERSIDE

51. STATE 52. REGISTRAR

RIVERSIDE

53. STATE 54. REGISTRAR

RIVERSIDE

55. STATE 56. REGISTRAR

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65. STATE 66. REGISTRAR

RIVERSIDE

67. STATE 68. REGISTRAR

RIVERSIDE

69. STATE 70. REGISTRAR

RIVERSIDE

71. STATE 72. REGISTRAR

RIVERSIDE

73. STATE 74. REGISTRAR

RIVERSIDE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This copy not valid unless prepared on engraved border

BOOK 319 PAGE 36

Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED NOV 29 1993
Director, Health Services

440603

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 7-92)

BOOK 319 PAGE 437

COPY

170221

BOOK 319 PAGE 435
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Stewart Title Co.
98 JUN 24 AM 10:50
EUREKA COUNTY RECYCLER
M.M. REBALCATTI, RECORDER
FILE NO. FEES \$9.00