

170596

WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO

Order No. \_\_\_\_\_  
Escrow No. 431554CS  
Loan No. \_\_\_\_\_

### AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA  
County of EIKO  
ss.

KENNETH P. STENTON, of legal age, being first duly sworn, deposes and says:

That EARLENE STENTON, the decedent mentioned in the attached certified copy of

Certificate of Death is the same person as EARLENE STENTON

named as one of the parties in that certain DEED OF TRUST dated MARCH 25, 1993

executed by RONALD A. CARRION AND BETSY A. CARRION, HUSBAND AND WIFE

to KENNETH P. STENTON AND EARLENE STENTON, HUSBAND AND WIFE

as joint tenants, recorded as Instrument No. 144965 on 3/25/93 in

Book 246, Page 267 of Official Records of EUREKA County, NEVADA

covering the following described property situated in the County of EUREKA, State of NEVADA

Lots 1, 2, 3, 4, 5, 6, 7 and 8, in Block 28, as shown on the plat of the Townsite OF EUREKA, filed in the office of the County Recorder of Eureka County, Nevada.

EXCEPTING THEREFROM all uranium, Thorium or other material which is or may be

peculiarly essential to the production of fissionable materials lying in and under said land as reserved by the UNITED STATES OF AMERICA, in patent recorded December 9, 1947, in Book 23, Page 226, Deed Records, Eureka County, Nevada.

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,

this 1st day of September, 1998

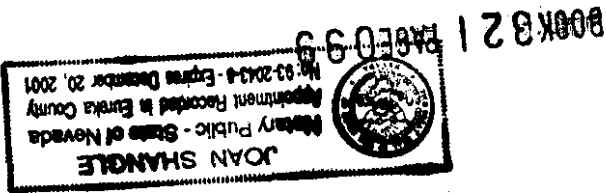
WITNESS my hand and official seal.

Signature: *Joan Shangle*

Name (Typed or Printed)

*Joan Shangle*

(This area for official notarial seal)



KENNETH P. STENTON

*Kenneth P. Stenton*

Dated: *Sept 1, 1998*

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 94 IMAGE 539

1710

1. DECEASED—NAME Earlene STENTON		2. DATE OF DEATH (Month, Day, Year) 2 July 26, 1998		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		4. SEX Female	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, specify Mexican, Cuban, Puerto Rican, etc. No		7a. AGE—Last Birthday (Years) 61	
8. STATE OF BIRTH Oklahoma		9a. U.S.A. TRV grade completed 12		9b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SURVIVING SPOUSE (If wid, give maiden name) Married	
10. SOCIAL SECURITY NUMBER [REDACTED]		11. USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Farmer		12. KIND OF BUSINESS OR INDUSTRY Hay Farming	
13. RESIDENCE—STATE Nevada		14a. CITY, TOWN, OR LOCATION Eureka		14b. STREET AND NUMBER 510 9th Street	
15a. FATHER—NAME Earl		15b. MOTHER—MAIDEN NAME Christine		15c. INSIDE CITY LIMITS NO	
16. INFORMANT—NAME (Type or Print) Kenneth P. Stenton		17. MAILING ADDRESS P.O. Box 126, Eureka, Nevada 89316		18. CITY OR TOWN Reno, Nevada	
19a. CREMATION		19b. SIERRA CREMATORY		19c. STATE Nevada	
20a. FURNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. FURNERAL DIRECTOR NAME AND ADDRESS OF FACILITY John Sparks Memorial		20c. LICENSE NUMBER 89431	
21. To the best of my knowledge, death occurred at the time, date and place and (Signature and Title) [Signature]		22a. 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) and manner stated. Sepsis Syndrome		22b. DATE SIGNED (Mo., Day, Yr.) 7/28/98	
21b. HOUR OF DEATH 1246		22c. PRONOUNCED DEAD (Mo., Day, Yr.) 7/28/98		22d. AT HOUR OF DEATH	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]		22e. PRONOUNCED DEAD (Hour) [REDACTED]		22f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Robert Richeson, M.D. 236 West 6th Street Reno Nevada 89503	
23a. REGISTRATION DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 28, 1998		23b. LICENSE NUMBER 6747		23c. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 28, 1998	
24a. IMMEDIATE CAUSE Sepsis Syndrome		24b. IMMEDIATE CAUSE PAR LINE FOR (a), (b), AND (c) Sepsis Syndrome		24c. IMMEDIATE CAUSE PAR LINE FOR (a), (b), AND (c) Sepsis Syndrome	
25. IMMEDIATE CAUSE Sepsis Syndrome		25a. IMMEDIATE CAUSE PAR LINE FOR (a), (b), AND (c) Sepsis Syndrome		25b. IMMEDIATE CAUSE PAR LINE FOR (a), (b), AND (c) Sepsis Syndrome	
26. DUE TO, OR AS A CONSEQUENCE OF Renal Failure		26a. DUE TO, OR AS A CONSEQUENCE OF Renal Failure		26b. DUE TO, OR AS A CONSEQUENCE OF Renal Failure	
27. DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction		27a. DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction		27b. DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction	
28. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION DATE OF INJURY (Mo., Day, Yr.)		28a. DATE OF INJURY (Mo., Day, Yr.)		28b. DATE OF INJURY (Mo., Day, Yr.)	
29. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		29a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		29b. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	
30. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		30a. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		30b. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	



STATE REGISTRAR

No. 134887

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

Deputy Registrar

Date: Jul 31 1998

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

CAUSE OF DEATH

CERTIFIER

DISPOSITION

PARENTS

DECEDENT

BOOK 321 PAGE 100

BOOK 321 PAGE 101

COPY

170596

BOOK 321 PAGE 099  
RECORDED AT THE REQUEST OF *John*  
98 SEP 11 AM 11:13  
EUREKA COUNTY NEVADA  
M.N. REBAL/ATI, RECORDER  
FILE NO. FEES 9.00