

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

172190

Associates Mortgage Corp.
3220 E Flamingo Road Suite C
Las Vegas, NV 89121

Order No. 1999-10587 SLC

Escrow No.

Loan No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF Nevada
County of Eureka

ss.

~~Donna Belle Prutsman~~ JOHN L. PRUTSMAN, of legal age, being first duly sworn, deposes and says:
That ~~John L. Prutsman~~ DONNA BELLE PRUTSMAN, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as Donna B Prutsman
named as one of the parties in that certain Deed of Trust Grant Deed dated 8/16/88
executed by Earl Rasmussen and Lavernia Rasmussen
to John L Prutsman and Donna B Prutsman as joint tenants
as joint tenants, recorded as Instrument No. 121704 on 8/21/88 in
Book 184, Page 466 ⁴⁶⁷ of Official Records of Eureka County,
covering the following described property situated in the County of Eureka, State of Nevada

Lot 2 of Lot 2 of Parcel "A", as shown on Parcel Map for Ronald and Evelyn Naillon,
filed in the office of the County Recorder of Eureka County on October 21, 1985, as
File No. 100554 located in a portion of Lot 2 Parcel "A", of the Large Division Map
of the E $\frac{1}{2}$ of Section 17, Township 20 North, Range 53 East, M.D.B.&M.

EXCEPTING THEREFROM all the oil and gas in the land, reserved by the United States of
America, in the Patent recorded April 15, 1966, in Book 10, page 331, Official Records,
Eureka County, Nevada.

APN 7-396-18

Dated: 4-20-99

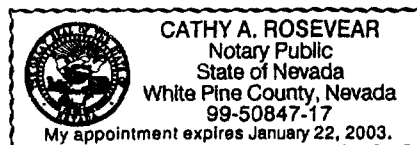
John L. Prutsman

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

this 20 day of April
WITNESS my hand and official seal.

Signature Cathy A. Rosevear

Cathy A. Rosevear
Name (Typed or Printed)



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(This area for official notarial seal)

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 []

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		STATE FILE NUMBER											
DECEASED—NAME		First		Middle		Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH					
1. Donna Belle PRUTSMAN		February 25, 1994		3a. Churchill											
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX									
3b. Rural		3c. U.S. Highway # 50		7c. 42		7d. 42		7e. 42		4. Female					
RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)					
5. White		6. No		7a. 42		7b. 42		7c. 42		8. September 4, 1951					
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)							
9a. Oklahoma		9b. USA		10. 14		11. Married		12. John L. Prutsman							
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY											
13. [REDACTED]		14a. Deputy Court Clerk		14b. County Government											
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)							
15a. Nevada		15b. Eureka		15c. Eureka		15d. 2 Eldorado Dr.		15e. No							
FATHER—NAME		First		Middle		Last		MOTHER—MAIDEN NAME		First		Middle		Last	
16. Bill Nutt		17. Barbara Johnson													
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)													
18a. John Leslie Prutsman (Husband)		18b. Box 253, Eureka, Nevada 89316													
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town		State							
19a. Cremation		19b. Mt. View Crematory		19c. Reno, Nevada											
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY											
20a. [Signature]		20b. 47		20c. Smith Family Funeral Home; Fallon, Nevada											
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.													
(Signature and Title) [Signature]		(Signature and Title) [Signature]													
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH													
21b. [Signature]		21c. [Signature]													
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)											
21d. [Signature]		22b. Feb. 26, 1994		22c. [Signature]											
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22d. ON Feb. 25, 1994		22e. AT 6:12 PM											
23a. [Signature]		23b. [Signature]													
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE											
24a. [Signature]		24b. Feb. 26, 1994		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)															
PART I (a) Massive Blunt-Force Trauma to Head															
DUE TO, OR AS A CONSEQUENCE OF:															
(b) Automobile Accident															
DUE TO, OR AS A CONSEQUENCE OF:															
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.															
PART II AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)													
26. No		27. Yes													
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED									
28a. Accident		28b. Feb. 25, 1994		28c. 5:46 PM M		28d. way & over-turned several times.									
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE					
28e. NO		28f. U.S. Highway # 50		28g. Mi. Mkr #37, Churchill County, Nevada											

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

Date Issued: MAR 02 1994

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 326 PAGE 532
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
99 APR 27 PM 2:18

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$9.00
172190

COPY

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