

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.

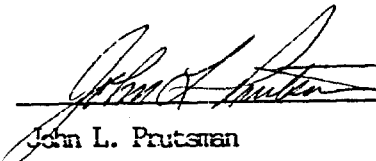
~~Donna Belle Prutsman~~ JOHN L. PRUTSMAN, of legal age, being first duly sworn, deposes and says:  
That ~~John L. Prutsman~~ DONNA BELLE PRUTSMAN, the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as Donna B Prutsman  
named as one of the parties in 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 <sup>467</sup> 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 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

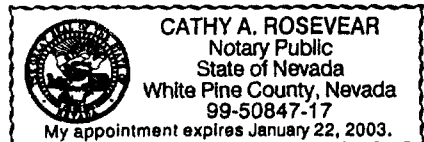
  
John L. Prutsman

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)

# 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	
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)
3b. Rural		3c. U.S. Highway # 50	3e. 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)
5. White		6. No	7a. 42
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Oklahoma		9b. USA	10. 14
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
13. [REDACTED]		14a. Deputy Court Clerk	11. Married
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Eureka	15c. Eureka
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. On 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 and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. [Signature]		22b. Feb. 26, 1994	
HOUR OF DEATH		HOUR OF DEATH	
21c. [Signature]		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. ON Feb. 25, 1994	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. [Signature]		22e. AT 6:12 PM	
LICENSE NUMBER		23b. [Signature]	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. [Signature]		24b. Feb. 20, 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		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Immediate	
(b) Automobile Accident		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
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. Victim Driver. Car left road-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	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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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

No. 064022  
By *Gyonna Sylva*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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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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