

AFFIDAVIT OF SURVIVING JOINT TENANT

[illegible]

NORMA J. HOEL, being first duly sworn, deposes and says:

That Affiant was one of the Grantees in that certain Grant, Bargain and Sale Deed to joint tenants dated March 11, 1980, wherein CATTLEMEN'S TITLE GUARANTEE COMPANY, a Nevada corporation, is Grantor, and JOHN H. HOEL and NORMA J. HOEL, husband and wife, as joint tenants with right of survivorship, are Grantees, which said Deed was recorded in the Office of the County Recorder of Eureka County, Nevada, on March 14, 1980, in Book 79 of Official Records at Page 345, File No. 72755, which said Deed conveys to the above-named Grantees, as joint tenants with right of survivorship, all that certain property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

TOWNSHIP 31 NORTH, RANGE 48 EAST, M.D.B.&M.

Section 29: NW $\frac{1}{4}$ NW $\frac{1}{4}$ - APN 005-050-29

TOGETHER WITH all buildings and improvements
situate thereon.

TOGETHER WITH the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

That the said JOHN H. HOEL, one of the Grantees named in the above-described Deed, who died on May 14, 1992, and JOHN HAMILTON HOEL, named in that certain certified copy of the Certificate of Death, attached hereto, are one and the same person; that the said Certificate of Death is hereby referred to and by

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such reference is incorporated into this paragraph as though herein fully set forth.

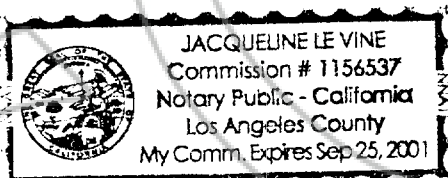
DATED: July 28, 1999.

Norma J. Hoel
NORMA J. HOEL

STATE OF CALIFORNIA,)
COUNTY OF LOS ANGELES.) ss

On July 28, 1999, 1999, before me, Jacqueline LeVine
Notary Public, personally appeared NORMA J. HOEL,
personally known to me (or provided to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Jacqueline LeVine
NOTARY PUBLIC

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COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH										392-3821940		
STATE OF CALIFORNIA												
USE BLACK INK ONLY												
STATE FILE NUMBER												
1A. NAME OF DECEDENT—FIRST (GIVEN)			1B. MIDDLE			1C. LAST (FAMILY)			2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 3 SEX			
JOHN			HAMILTON			HOEL			MAY 14, 1992 1414 Male			
4. RACE			5. HISPANIC—SPECIFY			6. DATE OF BIRTH—MO. DAY, YR.			7. AGE IN YEARS 8. UNDER 1 YEAR 9. UNDER 24 HOURS			
White			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			August 20, 1917			74 MONTHS DAYS HOURS MINUTES			
DECEDENT PERSONAL DATA		8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER			10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER	
		CO.		USA		Alfred G. Hoel			Iowa		Helen Holcomb KS.	
12. MILITARY SERVICE?			13. SOCIAL SECURITY NO.			14. MARITAL STATUS			15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NONE						Married			Norma Johnson			
16A. USUAL OCCUPATION			16B. USUAL KIND OF BUSINESS OR INDUSTRY			16C. USUAL EMPLOYER			16D. YEARS IN OCCUPATION			
Owner of Business			Gift Shop			Self Employed			35			
17A. RESIDENCE—STREET AND NUMBER OR LOCATION			17B. CITY			17C. ZIP CODE			17D. EDUCATION—YEARS COMPLETED			
11432 Sophia Ave.			Granada Hills			91344			14			
18A. USUAL OCCUPATION			18B. USUAL KIND OF BUSINESS OR INDUSTRY			18C. USUAL EMPLOYER			18D. YEARS IN OCCUPATION			
Owner of Business			Gift Shop			Self Employed			35			
19A. PLACE OF DEATH			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA			19C. COUNTY			20. NAME, RELATIONSHIP, MARITAL ADDRESS AND ZIP CODE OF INFORMANT			
RESIDENCE						Los Angeles			Norma Hoel - Wife			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION			19E. CITY			21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			22. WAS DEATH REPORTED TO CORONER? (ENTERIAL NUMBER)			
11432 Sophia Ave.			Granada Hills			unp.			<input checked="" type="checkbox"/> YES 92-4998 <input type="checkbox"/> NO			
23. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS BIOPSY PERFORMED?			25. WAS AUTOPSY PERFORMED?			26. WAS IT USED IN DETERMINING CAUSE OF DEATH?			
A) Anterior-lateral Coronary disease			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
B) DUE TO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
C) DUE TO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21			28. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.			29. CERTIFIER'S LICENSE NUMBER			29D. DATE SIGNED			
None			N/A			N/A			5-19-92			
30. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			31. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER			32. CERTIFIER'S LICENSE NUMBER			33. DATE SIGNED			
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR			27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS			27C. CERTIFIER'S LICENSE NUMBER			27D. DATE SIGNED			
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR			27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS			27C. CERTIFIER'S LICENSE NUMBER			27D. DATE SIGNED			
34. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			35. PLACE OF INJURY			36. INJURY AT WORK			37. DATE OF INJURY			
natural						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			MONTH, DAY, YEAR			
38. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)			39. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			39A. SIGNATURE OF EMBALMER			39B. LICENSE NUMBER			
CR-SEA						Not Embalmed			None			
39A. SIGNATURE OF EMBALMER			39B. LICENSE NUMBER			39C. SIGNATURE OF LOCAL REGISTRAR			39D. REGISTRATION DATE			
Armstrong Family Malloy-Mitten			FD 380			Robert C. Mitten			MAY 20 1992			
STATE REGISTRAR			CENSUS TRACT			CENSUS TRACT			CENSUS TRACT			
A			B			C			D			
E			F			G			H			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack

CONNY B. MCCORMACK
Registrar-Recorder/County Clerk

DEC 22 1997

19-131951

This copy not valid unless prepared by the Registrar-Recorder/County Clerk and signed by the Registrar-Recorder/County Clerk.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Puccinelli & Puccinelli
99 AUG -6 PM 12: 59

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 10.00

172490

COPY

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