WHEN RECORDED MAIL TO:

173732

Jeffery J. McKenna, Esq. BARNEY & MCKENNA, P.C. P. O. Box 2710 St. George, UT 84771-2710

MAIL TAX NOTICE TO: 1615 New York Lane Green River WY 82935

## AFFIDAVIT OF SURVIVING JOINT TENANT RE: DEATH OF JOINT TENANT

Exempt from Affidavit and Filing Fee: #6

STATE OF NEVADA	)
	)ss
COUNTY OF EUREKA	)

Barbara Lefler, surviving joint tenant, of legal age, being first duly sworn, declares as follows:

That Carl A. Lefler, the decedent mentioned in the attached certified copy of Certificate of Death, who died April 5, 1998, is the same person as Carl A. Lefler, named as one of the parties in that certain Joint Tenancy Deed dated March 26, 1979, executed by Ruby Dalton Thomas, President, as Trustee of the Cattlemen's Title Guarantee Company, to Carl A. Lefler and Barbara Lefler as joint tenants, recorded on March 29, 1979, in Book 69, Page 392, File No. 67987, of Official Records of Eureka County, Nevada, covering the following described properties situated in the County of Eureka, State of Nevada:

PARCEL NO: 005-210-26

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M. SECTION 15: NE'/s SE'/s NW'/s

Dated: //-30\_\_\_\_\_\_, 1999

BARBARA LEFLER, Affiant

SWEETWATER

หโดนพยใจมอยน

SUBSCRIBED AND SWORN to before me this 30 day of November, 1999

NOTARY PUBLIC

Address: Rock Springs Wyoming

My Commission Expires: Condition

Barbara Lefler is the beneficiary.

The address is 1615 New York Lane, Green River, WY 82935

C:JM\L\Lefter, Barbara 334.01\aff surv jt cureka 092799 doc

800K332 PAGE225

MANY PUBLIC

## STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

TYPE	1. DECEDENT-NAME FIRST	LAST			19 SEY	2. SEX 3. DATE OF DEATH (Mo., Day, Yr.)			
OR PRINT N I	/	MIDDLE				ļ			
PERMANENT	l Carl	Α.		Lef	ler	Ma	te ∣ Ap	oril 5, 199	8
BLACK INK	4. SOCIAL SECURITY NUMBER	5a. A	GE-Laul Birthday	Sh UNDER	YEAR	5c UNDER 1 DAY	6 DATE	OF BIRTH (Mo., Day, Yr.	,
FOR		0	reers)	Months Da	ys Hours	Minutes			400-
INSTRUCTIONS			63	L				bruary 16	<u>, 1935</u>
SEE HANDBOOK	7s PLACE OF DEATH (Check only	one)							
HANDOOUK	HOSPITAL:	OTHER:							
	Inpetient ER/Out		Nursing Home XXIRe		(Specify) CITY, TOWN, OR L	OCATION OF DEA		In come	. 00 DE 171
	76. FACILITY NAME (If not Institution	n, give aveet and number)		)"	CONT, TOWN, OH L	OCATION OF DEA	IH	78. COUNTY	OF DEATH
	1615 New York	•			Green	River		Swee	twater
	B. STATE OF BIRTH (II not in U.S.A.	, name country)	P. MARRIEO, NEVEJ WIDOWED, DIV	R MARRIED.	10. SURVIVING SPO		maiden name)	15,100	
DECEDENT			WIDOWED, DIVI	ORCED (Specify)				( )	
	■ Utah   Married   Barbara Lee Jones								
	11. WAS DECEDENT EVERT IN U.S. ARMED FORCES?  12s. USUAL OCCUPATION (Give kind of work done during most 12b. KIND OF BUSINESS OR INDUSTRY of working life, even it retired)								
	l		Miner	is working	me, aran n renter.	,	Minor	al Recover	.1
	Yes	13b. COUNTY	13e, CITY, TOWN D	DI OCATION		1133. STREET AN	141111CL	ai ivecovei	у
18	L.	138.000411	,					1	1
	Wyoming	Sweetwater	Green	River		1615 N	ew York	< \	1
Contraced	13e INSIDE CITY (IMITS? (Specify yes or no)	14. IMAS DECEDENT C	F HISPANIC ORIGIN	7	15. RACE - Ameri	ican Indian,		18. DECEDENT'S EDU	CATION
Cr. 4:24:98	(Specify yes or no)	(Specify no or yea Cuban, Mexican, Pu	- If yes, specify ento Rican, Etc.)		15. RACE - Ameri Black, White (Specify)	, Etc.		secify only highest grade	completed)
- (C.C.	[*					47000	Elementary/Se	condary (0-12) College	(1-4 or 5+)
ov. Ho	Yes	I√o DX Yes □	(Specify)		White		12	1	\
سياخيا المسادون	17. FATHER'S NAME FIRST	Middle	Last		18. MOTHER'S NAM	ME Firm	Mi		den Surname
PARENTS	1	Dannel	Lefle			Same la	Elai-	Atkins	ion
•	John		цепе	<u>: r</u>		Sarah	Elsie		911-
	THE INFORMANT - NAME TO SHE OF P	TICK /				190. AE	CATOMORIA TO U	ECEDENI	N
	Barbara L. Lefi	ler					Spouse	The state of the s	- N
INFORMANT	19c. MAILING ADDRESS	STREET OR R.F.D. NUMBER	A	CITY OR TO	wn s	TATE	,k	ZIP CODE	_ ~
	1615 Nam Vant			C	5	. a un im =		2025	
	1615 New York		,	Green R	iver, Wy	youring =		2935	
	20e Buriel, Cremation, Removal from State, Other (Specify)	20b. DATE (Mo., Day, Yr.)	20c. CEME	ETERY OR CREMA	TORY-NAME	The same of the sa	20d. LOCATION	CITY OR TOWN	STATE
	Burial/Removal	Apr. 7, 199	R Fran	ncis Cen	netery	The state of the s	Fran	cis, Utah	- N.
DISPOSITION	21a, FUNERAL SERVICE UCENSEE As SICh (Signature)	Or Person Acting Numb	or 21b, NAME OF F	ACILITY	7	Number 2	IC. ADDRESS OF F		
	As Soch (Signature)		الماد	e	F.		_ \ .		,
1	Cong stone	doll 429			eral Hom	e 111]	Evansto	on, Wyomir	ıg
•	z 22a/To the best of my k	nowledge, death occurred at the t	time, date and place a	and due	23a. On the beals at the time, d	of examination and late and place and	for investigation, is due to the cause(s	my opinion death occur	red
	Signature and Title)	> ~ -	Mac	MA	ž	e and Title)	7 / 2 //	1 Vinhun	('
	22h DATE SIGNED (Me	2. Day, Yt.)	22c. HOUR	OF DEATH		E SIGNED (Ma, D	ley, Yr.)		R OF DEATH
	22h DATE SIGNED (MG	2. CD y, Yt.)		OF DEATH		E SIGNED (Ma, D	lery, Yr.)	. √23c. HOU	IR OF DEATH
CERTIFIER	22h DATE SIGNED (MC	11 <b>(3</b> , 1998	6:	15 а <b>м</b>		e signed (Ma), d April	13, 199	: Дезо: нос 18 — 6 :	:15 a M
CERTIFIER	226. DATE SIGNED (ME E E E E E E E E E E E E E E E E E E E	2. CD y, Yt.)	6:	15 a M	23b. DAT	E SIGNED (Ma, D	13, 199	: Дезо: нос 18 — 6 :	IR OF DEATH
CERTIFIER	SE ZZL DATE SIGNED (MG	11 <b>(3</b> , 1998	6:	15 a M		April NOUNCED DEAD	13, 199	√ (236, HOU 836, PRO	:15 a M
CERTIFIER	22b. DATE SIGNED (ME SECOND CONTROL OF ATTENDED AND ADDRESS OF GERE	11 V3, 1998	6:	15 a M		April NOUNCED DEAD	ey, W.) 13, 199 (Ma. Dey, W.)	√ (236, HOU 836, PRO	R OF DEATH  15 a M  NOUNCED DEAD (Hour)
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CAUSE OF DEATH	24. NAME AND ADDRESS OF GERR  J. Stephen S1  25e REGISTRAR  (Spreadure)  PART 1. Enter the diseases, liquide resulting in death →  Sequentially list conditions, if any, fleading to immediate cause. Enter UNDERLYING CAUSE (Disease or input) that initiated events resulting in death) LAST  PART 8. OTHER SIGNEFICANT COND  29. MANNER OF DEATH  X Natural Investigation of the condition of the cause in the cause input of the cause in the	DUE TO (OR AS A COMMISSIONS CONTINUED TO CONTINUE TO CONTINU	6: CERTIFIER (Pype or Avial) 00 Uinta  OU Uinta  OU Uinta  Consequence of Consequ	Drive,  Drive,  ancer  ancer	Green Ri  One as cardiac  Concern years  One of the control of the	April NOUNCEO DEAD April Ver, Wy 255 OA  WORK? s or no)	13, 199 (Mo. Dey, W) 5, 1998 oming & TE RECEIVED BY I April 15	230. HOU 6 6 230. PRO 7 230. PRO	# OF DEATH  15 a M  NOUNCED DEAD (Hour)  50 a M  Approximate Principal Believen These and Death.  6 MORITHS
CAUSE OF DEATH	24. NAME AND ADDRESS OF GERR.  J. Stephen S1  25e REGISTRAR  (Spreadure)  PART 1. Enter the diseases, liquide to respiratory arrest, who improve the second liquid resulting in death) ⇒  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or input) that inflicted events resulting in death) LAST  PART 8. OTHER SIGNIFICANT COND  29. MANNER OF DEATH  X Natural Pendin Succident Could Coulder  Could Could Coulder  Could Coulder  Could Coulder	DUE TO (OR AS A C DUE TO (OR A	G: CERTIFIER (Type or PHT)  00 Uinta  00 Uinta  00 Uinta  C Lung Ca  CONSEQUENCE OF)  CONSEQUENCE OF)  CONSEQUENCE OF)  CONSEQUENCE OF)  CONSEQUENCE OF)	Drive,  Drive,  ancer  ancer	Green Ri  One as cardiac  Concern years  One of the control of the	April NOUNCEO DEAD April Ver, Wy 255 OA  WORK? s or no)	13, 199 (Mo. Dey, W) 5, 1998 oming & TE RECEIVED BY I April 15	230. HOU 6 6 230. PRO 7 230. PRO	IR OF DEATH  15 a M  NOUNCED DEAD (Hour)  50 a M  Approximate Interval Believen Cheel and Death.  6 Months  RED TO CORONER  2.5
CAUSE OF DEATH	24. NAME AND ADDRESS OF CERT.  J. Stephen S1  25e REGISTRAR  (Signature)  PART 1. Enter the diseases, liquide or respiratory arrest, shoot diseases or condition resulting in death) =  Sequentially list conditions, if any, leading to immediate acuse. Enter UNDERLYING CAUSE (Disease or Invery that inflieted events resulting in death) LAST  FART II. OTHER SIGNIFICANT COND  29. MANNER OF DEATH  Accident  Succee  Could investig	DUE TO (OR AS A C DUE TO (OR A	6: CERTIFIER (Pype or Avial) 00 Uinta  OU Uinta  OU Uinta  Consequence of Consequ	Drive,  Drive,  ancer  ancer	Green Ri  One as cardiac  Concern years  One of the control of the	April NOUNCEO DEAD April Ver, Wy 255 OA  WORK? s or no)	13, 199 (Mo. Dey, W) 5, 1998 oming & TE RECEIVED BY I April 15	230. HOU 6 6 230. PRO 7 230. PRO	IR OF DEATH  15 a M  NOUNCED DEAD (Hour)  50 a M  Approximate Interval Believen Cheel and Death.  6 Months  RED TO CORONER  2.5

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