

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)

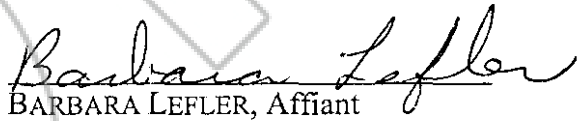
Barbara Lefler, surviving joint tenant, of legal age, being first duly sworn, declares as follows:

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:

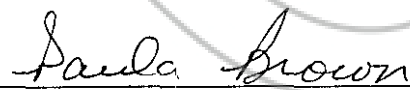
PARCEL NO: 005-210-26

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M.
SECTION 15: NE $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$

Dated: 11-30, 1999

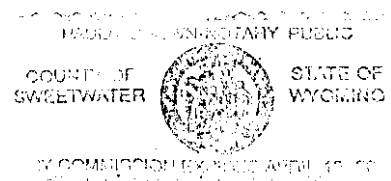

BARBARA LEFLER, Affiant

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


NOTARY PUBLIC
Address: Rock Springs Wyoming
My Commission Expires: April 13 2000

Barbara Lefler is the beneficiary.
The address is 1615 New York Lane, Green River, WY 82935

C:\JML\Lefler, Barbara 334.01\aff surv jt cureka 092799.doc



BOOK 332 PAGE 225

CERTIFICATION OF VITAL RECORD

STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

52

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

LOCAL FILE NUMBER		MIDDLE		LAST		2. SEX		3. DATE OF DEATH (Mo., Day, Yr.)	
1. DECEDENT-NAME FIRST		A.		Lefler		Male		April 5, 1998	
4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (Years)		5b. UNDER 1 YEAR		5c. UNDER 1 DAY		6. DATE OF BIRTH (Mo., Day, Yr.)	
		63						February 16, 1935	
7a. PLACE OF DEATH (Check only one)									
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)									
7b. FACILITY NAME (If not institution, give street and number)					7c. CITY, TOWN, OR LOCATION OF DEATH			7d. COUNTY OF DEATH	
1615 New York					Green River			Sweetwater	
8. STATE OF BIRTH (If not in U.S.A., name country)			9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			10. SURVIVING SPOUSE (If wife, give maiden name)			
Utah			Married			Barbara Lee Jones			
11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no)			12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY			
Yes			Miner			Mineral Recovery			
13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN OR LOCATION		13d. STREET AND NUMBER			
Wyoming		Sweetwater		Green River		1615 New York			
13e. INSIDE CITY LIMITS? (Specify yes or no)		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify no or yes - if yes, specify Cuban, Mexican, Puerto Rican, Etc.)		15. RACE - American Indian, Black, White, Etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)			
Yes		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (Specify)		White		12			
17. FATHER'S NAME First Middle Last					18. MOTHER'S NAME First Middle Maiden Surname				
John Rossel Lefler					Sarah Elsie Atkinson				
19a. INFORMANT-NAME (Type or Print)					19b. RELATIONSHIP TO DECEDENT				
Barbara L. Lefler					Spouse				
19c. MAILING ADDRESS STREET OR R.F.D. NUMBER		CITY OR TOWN		STATE		ZIP CODE			
1615 New York		Green River, Wyoming				82935			
20a. Burial, Cremation, Removal from State, Other (Specify)		20b. DATE (Mo., Day, Yr.)		20c. CEMETERY OR CREMATORY-NAME		20d. LOCATION CITY OR TOWN STATE			
Burial/Removal		Apr. 7, 1998		Francis Cemetery		Francis, Utah			
21a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		Number		21b. NAME OF FACILITY		Number 21c. ADDRESS OF FACILITY			
Craig Randall		429		Crandall Funeral Home 111		Evanston, Wyoming			
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.					23a. 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) stated.				
(Signature and Title) J. Stephen Sloan, M.D.					(Signature and Title) Vicki McHughen				
22b. DATE SIGNED (Mo., Day, Yr.) April 13, 1998					23b. DATE SIGNED (Mo., Day, Yr.) April 13, 1998				
22c. HOUR OF DEATH 6:15 a M					23c. HOUR OF DEATH 6:15 a M				
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					23d. PRONOUNCED DEAD (Mo., Day, Yr.) April 5, 1998				
					23e. PRONOUNCED DEAD (Hour) 7:50 a M				
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)									
J. Stephen Sloan, M.D., 1400 Uinta Drive, Green River, Wyoming 82935									
25a. REGISTRAR (Signature) David C. Selawa					25b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 15, 1998				
26. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Lung Cancer									
DUE TO (OR AS A CONSEQUENCE OF):									
DUE TO (OR AS A CONSEQUENCE OF):									
DUE TO (OR AS A CONSEQUENCE OF):									
DUE TO (OR AS A CONSEQUENCE OF):									
27. AUTOPSY (Specify yes or no) No									
28. WAS CASE REFERRED TO CORONER (Specify yes or no) Yes									
29. MANNER OF DEATH		30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY		30c. INJURY AT WORK? (Specify yes or no)		30d. DESCRIBE HOW INJURY OCCURRED	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation									
<input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined									
<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide									
30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)					30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

VR 2-89
4/94 15M

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This is a true and exact reproduction of the document on file in the office of Vital Records Services, Cheyenne, Wyoming.

DATE ISSUED: MAY 18 1998

This copy is not valid unless prepared on paper with an engraved border displaying the date, seal and signature of the Deputy State Registrar.

BOOK 332 PAGE 226

Lucinda McCaffrey
Deputy State Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 332 PAGE 225
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Barney & McKenna
00 JAN 23 PM 1:38

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

173732

COPY

BOOK 332 PAGE 227