

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

1615 New York Lane
Green River WY 82935

[illegible]

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 February 1, 1996, executed by Myrtle M. McAllister, to Carl A. Lefler and Barbara Lefler as joint tenants, recorded on February 8, 1996, in Book 2685, Page 143, of Official Records of Mohave County, Arizona, covering the following described properties situated in the County of Mohave, State of Arizona:

Subject to current taxes and other assessments, reservations in patents and all easements, rights-of-way, encumbrances, liens, covenants, conditions, restrictions, obligations and liabilities as may appear of record.

Barbara Lefler
BARBARA LEFLER, Affiant

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

PAULA BROWN THE PUBLIC
COUNTY OF SWEETWATER STATE OF WYOMING
JULY 12 1971

C:\M\LA\Lesler, Barbara 334.01\aff surv jt 092799.doc

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CERTIFICATION OF VITAL RECORD

STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

52

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

1. DECEDENT-NAME FIRST Carl			MIDDLE A.			LAST Lefler			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) April 5, 1998	
4. SOCIAL SECURITY NUMBER [REDACTED]			5a. AGE-Last Birthday (Years) 63		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo., Day, Yr.) February 16, 1935			
7a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):												
7b. FACILITY NAME (If not institution, give street and number) 1615 New York						7c. CITY, TOWN, OR LOCATION OF DEATH Green River				7d. COUNTY OF DEATH Sweetwater		
8. STATE OF BIRTH (If not in U.S., name country) Utah			9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			10. SURVIVING SPOUSE (If wife, give maiden name) Barbara Lee Jones						
11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) Yes			12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner			12b. KIND OF BUSINESS OR INDUSTRY Mineral Recovery						
13a. RESIDENCE - STATE Wyoming			13b. COUNTY Sweetwater			13c. CITY, TOWN OR LOCATION Green River			13d. STREET AND NUMBER 1615 New York			
13e. INSIDE CITY LIMITS? (Specify yes or no) Yes			14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify no or yes - if yes, specify Cuban, Mexican, Puerto Rican, Etc.) No			15. RACE - American Indian, Black, White, Etc. (Specify) White			16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 College 1-4 or 5+ 12			
17. FATHER'S NAME First Middle Last John Rossel Lefler			18. MOTHER'S NAME First Middle Maiden Surname Sarah Elsie Atkinson									
19a. INFORMANT-NAME (Type or Print) Barbara L. Lefler						19b. RELATIONSHIP TO DECEDENT 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) Burial/Removal			20b. DATE (Mo., Day, Yr.) Apr. 7, 1998		20c. CEMETERY OR CREMATORY-NAME Francis Cemetery			20d. LOCATION CITY OR TOWN STATE Francis, Utah				
21a. FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) Number 21b. NAME OF FACILITY Number 21c. ADDRESS OF FACILITY [Signature] 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. (Signature and Title) [Signature] April 13, 1998			22b. DATE SIGNED (Mo., Day, Yr.) April 13, 1998			22c. HOUR OF DEATH 6:15 a M			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) [Signature] April 13, 1998			
22d. DATE SIGNED (Mo., Day, Yr.) April 13, 1998			22e. HOUR OF DEATH 6:15 a M			23b. DATE SIGNED (Mo., Day, Yr.) April 13, 1998			23c. HOUR OF DEATH 6:15 a M			
22f. 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) [Signature]						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): a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death: 6 Months												
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I.												
27. MANNER OF DEATH <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			30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY M		30c. INJURY AT WORK? (Specify yes or no)		30d. DESCRIBE HOW INJURY OCCURRED			
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)						

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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**

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

Lucinda McCaffrey
Lucinda McCaffrey
Deputy State Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Barney & McKenna
00 JAN -3 PM 1:40

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 9.08

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