

WHEN RECORDED MAIL TO:

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

174403

RE-RECORDED TO CORRECT LEGAL DESCRIPTION

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: NW¼ SE¼ NW¼

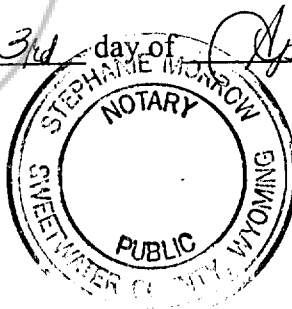
Dated: April 3, 2000

Barbara Lefler
BARBARA LEFLER, Affiant

SUBSCRIBED AND SWORN to before me this 3rd day of April, 2000.

Stephanie Morrow
NOTARY PUBLIC

Address: _____
My Commission Expires: June 28, 2002



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

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STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

52

STATE FILE NUMBER

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	Months	Days	Hours	Minutes	February 16, 1935
7a. PLACE OF DEATH (Check only one)							
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <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		Elementary/Secondary: (0-12) College (1-4 or 5+)	
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			
<i>Corey Randall</i>		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)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
<i>J. Stephen Sloan</i>		April 13, 1998		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)		23b. DATE SIGNED (Mo., Day, Yr.)		23c. HOUR OF DEATH		23d. PRONOUNCED DEAD (Mo., Day, Yr.)	
<i>Lucinda McCaffrey</i>		April 13, 1998		6:15 a.m.		April 5, 1998	
23e. PRONOUNCED DEAD (Mo., Day, Yr.)		23f. PRONOUNCED DEAD (Hour)					
April 5, 1998		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)				25b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
<i>David C. Selman</i>				April 15, 1998			
26. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Lung Cancer							
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):							
27. AUTOPSY (Specify) 28. WAS CASE REFERRED TO CORONER (Specify yes or no)							
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)	
<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							
30d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				30e. 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
Deputy State Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Bernice McKenna P.C.
00 APR 27 PM 2:09

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES \$9⁰⁰

174403

COPY

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