

CHARLES GRANT WALKER, being first duly sworn, deposes and says that he is over the age of 21 years and competent to be a witness as to the matters hereinafter stated, and makes this affidavit in his capacity as Executor of the Estate of **ELEANOR E. WALKER**, Deceased.

Charles Grant Walker
CHARLES GRANT WALKER, Executor


 **NOTARY PUBLIC**
STATE OF NEVADA
County of Clark
CINDY A. PEREZ
Not 99-46015-i
My Appointment Expires Sept. 16, 2003

EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Eureka, described as follows:

A parcel of land located within the SE1/4SE1/4 of Section 9, TOWNSHIP 28 NORTH, RANGE 52 EAST, M.D.B.&M., Eureka County, Nevada, more particularly described as follows:

COMMENCING at the SE corner of said Section 9, thence North 564.09 feet along the East line of said Section 9 to Corner No. 1, the true point of beginning;

THENCE continuing North along the East line of said Section 9, 660.00 feet to Corner No. 2;

THENCE West 660.00 feet to Corner No. 3;

THENCE South 660.00 feet to Corner No. 4;

THENCE East 660 feet to Corner No. 1, the point of beginning, being the same as that Parcel as shown on that certain Parcel Map for FLOYD C. and CHARLENE S. SLAGOWSKI filed in the office of the County Recorder of Eureka County, State of Nevada on January 5, 1978, as File No. 64504.

TOGETHER WITH an easement for roadway and utility purposes being 60.00 feet in width and lying 30.00 feet on each side of the following described centerline, and being within the SE1/4SE1/4 of Section 9, TOWNSHIP 28 NORTH, RANGE 52 EAST, M.D.B.&M., Eureka County, Nevada, more particularly described as follows:

Beginning at Corner No. 1, a point on the Westerly line of the above-described parcel from which the SE corner of said Section 9 bears South 39°28'59" East, a distance of 1,037.98 feet;

THENCE North 56°00'33" West, 337.99 feet to Corner No. 2;

THENCE North 85°19'39" West 259.20 feet to Corner No. 3, the point of ending being a point on the Easterly Right-of-Way of Nevada State Route 20 and being South 85°19'39" East 100.00 feet of Engineers centerline station "A" 1,172+18.97.

EXCEPTING THEREFROM all rights to oil or mineral lying in and under said land as reserved by HENRY C. MERRICK in deed recorded October 29, 1952, in Book 24, Page 236, Deed Records, Eureka County Nevada.

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Eleanor Elizabeth WALKER		2. May 17, 2000	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Henderson		3c. St Rose Dominican Hospital	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. <input checked="" type="checkbox"/> No	
AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
7a. 78		7b. : 7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		8. Nov 11, 1921	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Utah		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED]		14a. School Teacher / Retired	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Clark	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. James Dennis Ryan		17. Aurelia Eleanor Shugrue	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Charles G. Walker - Husband		18b. 203 W. Pacific Ave. Henderson Nevada 89015	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Pine Valley Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. 800 S. Boulder Hwy., Henderson, Nevada 89015	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		22a. 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) and manner stated.	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 5/19/00		22b. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 6:00 PM		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Nicholas Calica MD 108 Lake Mead Dr. Henderson Nevada 89014		23b. 8250	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. MAY 22 2000	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) METASTATIC LIVER AND LUNG CANCER		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) UNKNOWN PRIMARY		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
LIVER GRANULOMAS WITH ASCITES, HEPATITIS C		26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. [Signature]		27. No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b. [Signature]		28c. M	
INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
28e. [Signature]		28d. [Signature]	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
28f. [Signature]		28g. [Signature]	

No.166101

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By:

Date Issued:

MAY 26 2000

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223

Tax ID# 88-0151573

BOOK 335 PAGE 020

BOOK 335 PAGE 018
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Deanis Walker
00 JUN 15 PM 1:33

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$10⁰⁰

174713

COPY

BOOK 335 PAGE 021