

AFFIDAVIT - DEATH OF A JOINT TENANT

STATE OF NEVADA }
COUNTY OF } S.S.

DORIS KERSCH, of legal age, being duly sworn, deposes and says

That CONRAD JOHN KERSCH, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as CONRAD J. KERSCH named as one of the parties in that certain deed dated JULY 20, 1988, executed by CHARLES F. JANACEK AND MAE B. JANACEK, his wife to CONRAD J. KERSCH AND DORIS KERSCH, his wife, as joint tenants, recorded as Instrument No. 120683, on Aug. 9, 1988, in Book 182, Page 133, of Official Records of Eureka County, Nevada, covering the following described real property situated in the County of, State of Nevada.

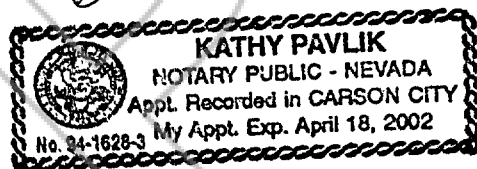
SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Dated: 6-19-2000

Doris C. Kersch
DORIS KERSCH

SUBSCRIBED AND SWORN to before me this 19th day of June, 2000.

Kathy Pavlik
Notary Public in and for said State



This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

APN # 005-710-04

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

And when recorded mail to:

DORIS KERSCH
8595 W. Cimarron Trail
Stagecoach, NV 89429

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

PRECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

1. Conrad John KERSCH			2. May 16, 2000		3a. Carson City	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3b. Carson City			3c. Sierra Convalescent Center		3e. Inpatient	
4. Male			5. White		6. Sept. 9, 1915	
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.		AGE—Last Birthday (Years)	
7a. 84			7b. 84		7c. 84	
8. Illinois			9. U.S.A.		10. 15	
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
11. Married			12. Doris McLaughlin		13. Armed Forces	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)		KIND OF BUSINESS OR INDUSTRY	
14a. USAF Electrical Tech			14b. Armed Forces		14c. Armed Forces	
RESIDENCE—STATE			CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada			15b. Lyon		15c. Silver Springs	
15d. 8595 Cimarron Tr.			15e. Yes		15f. Yes	
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		16. Katherine Sellers	
16. Conrad J. Kersch			17. Katherine Sellers		18. 8595 Cimarron Trail, Silver Springs, Nevada 89429	
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		19. Carson City, Nevada	
18a. Doris Kersch			18b. 8595 Cimarron Trail, Silver Springs, Nevada 89429		18c. Carson City, Nevada	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation			19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]			20b. 217		20c. 833 N. Edmonds Dr., Carson City, Nevada 89701	
21a. 5/17/00			21b. 0910		21c. 0910	
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		22a. ON	
21b. 5/17/00			21c. 0910		21d. ON	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22a. ON		22b. AT	
21d. ON			22a. ON		22b. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			LICENSE NUMBER		23b. 4628	
23a. David S. Hoskins, M.D., P.O. Box 2200, Gardnerville, Nevada			23b. 4628		23c. 4628	
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]			24b. May 18, 2000		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			25a. Acute Respiratory Failure		Interval between onset and death	
PART I (a) Acute Respiratory Failure			25b. Methicillin Resistant Staph Aureus Septicemia		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			25c. Bilateral Pneumonia		Interval between onset and death	
PART II (b) Methicillin Resistant Staph Aureus Septicemia			25d. Bilateral Pneumonia		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			25e. Report GI Bleed, CVA with Dysphagia and Aphasia		Interval between onset and death	
PART III (c) Bilateral Pneumonia			25f. Report GI Bleed, CVA with Dysphagia and Aphasia		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No			26. No		27. Yes	
27. Yes			27. Yes		27. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. 28a.			28b. 28b.		28c. 28c.	
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28d. 28d.			28e. 28e.		28f. 28f.	
28f. 28f.			28g. 28g.		28h. 28h.	

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued MAY 18 2000

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 335 PAGE 162

Exhibit "A"

All that certain lot, piece or parcel of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

TOWNSHIP 30 NORTH, RANGE 48 EAST, NDB&N

Section 9: SW1SW1

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom as excepted and reserved by SOUTHERN PACIFIC LAND COMPANY in Deed recorded September 24, 1951 in Book 24 of Deeds at Page 168, Eureka County, Nevada.

Together with all buildings and improvements thereon.

BOOK 335 PAGE 161
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Mrs. Kersch
00 JUN 22 PM 1:09

EUREKA COUNTY, NEVADA
H.N. REBALEATI, RECORDER
FILE NO. FEES 9 00

174843

BOOK 335 PAGE 163