

APN 2-038-26

BOOK 377 PAGE 57-59
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Leo J. Puccinelli
2004 MAR 23 PM 1:54

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 6.00

186104

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
: ss.
COUNTY OF ELKO.)

BARBARA S. MONTGOMERY, being first duly sworn, deposes and says:

That Affiant is the wife of GEORGE F. MONTGOMERY, aka GEORGIE F. MONTGOMERY, who died on January 9, 2004, in Elko, Nevada.

That GEORGE F. MONTGOMERY, aka GEORGIE F. MONTGOMERY, now deceased, was one of the Grantees in that certain Deed to Joint Tenants dated September 24, 1998, wherein CATTLEMEN'S TITLE GUARANTEE (as Trustee), a Nevada Corporation, is Grantor and GEORGE F. MONTGOMERY and BARBARA S. MONTGOMERY, Husband and wife, are Grantees, as Joint Tenants with rights of survivorship and not as tenants in common, which said Deed was recorded in the Office of the County Recorder of the County of Eureka, State of Nevada, on October 1, 1998, in Book 321 of Official Records at page 440, under File No. 170710, which said Deed to Joint Tenants conveys to Grantees that certain lot, piece or parcel of land situate in the County of Eureka, State of Nevada, and more particularly described as follows, to wit:

Lot 28, Block 22, of CRESCENT VALLEY RANCH AND FARMS, INC., UNIT 1, according to the official map thereof, filed in the office of the County Recorder of Eureka County on April 6, 1959, as File No. 34081.

Leo J. Puccinelli
ATTORNEY AT LAW
700 IDAHO STREET, ELKO, NV 89801
P.O. BOX 130, ELKO, NV 89803
(775) 738-7293

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SUBJECT TO all covenants, conditions, restrictions, exceptions reservations, easements, encumbrances, leases or licenses, rights and right of way of record.

TOGETHER WITH all singular the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

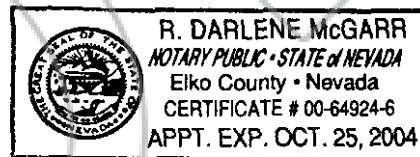
That the said GEORGE F. MONTGOMERY, one of the Grantees named in the above-described Deed, who died on January 9, 2004, and GEORGE F. MONTGOMERY, named in that certain certified copy of the Certificate of Death, attached hereto, are one and the same person; that the said Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

DATED this 11 day of March, 2004.

Barbara S. Montgomery
BARBARA S. MONTGOMERY

Subscribed and sworn to before me
this 11th day of March, 2004, by
BARBARA S. MONTGOMERY.

R. Darlene McGarr
NOTARY PUBLIC



Mail Tax Statement To:
Grantees Mailing Address:

Barbara S. Montgomery
P. O. Box 211003
Crescent Valley, Nevada 89821

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Altered

29,020

(008)

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. George Frank MONTGOMERY			DATE OF DEATH (Month, Day, Year) 2. January 9, 2004		COUNTY OF DEATH 3a. Elko
	CITY, TOWN OR LOCATION OF DEATH 3b. Elko		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Northeastern Nevada Reg. Hospital		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Male
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. white		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. No		AGE—Last Birthday (Years) 7a. 74	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : :
	DATE OF BIRTH (Mo., Day, Yr.) 8. July 4, 1929		CITIZEN OF WHAT COUNTRY 9b. USA		DECEDENT'S EDUCATION. Specify highest grade completed. 10. 14	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Illinois		CITIZEN OF WHAT COUNTRY 9b. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
	SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Radiology Tech.		KIND OF BUSINESS OR INDUSTRY 14b. Radiology	
PARENTS	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Eureka	CITY, TOWN, OR LOCATION 15c. Crescent Valley		STREET AND NUMBER 15d. Rural
	INSIDE CITY LIMITS (Specify Yes or No) 15e. No		FATHER—NAME First Middle Last 16. Charles Dawson Montgomery			
DISPOSITION	MOTHER—MAIDEN NAME First Middle Last 17. Minnie Daniels		INFORMANT—NAME (Type or Print) 18a. Barbara Montgomery (Wife)			
	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 211003 Crescent Valley, NV 89821		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			
CERTIFIER	CEMETERY OR CREMATORY—NAME 19b. Sunset Crematory		LOCATION City or Town State 19c. Elko Nevada		FUNDAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	
	FUNDAL DIRECTOR LICENSE NUMBER 20b. 7		NAME AND ADDRESS OF FACILITY 20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803			
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 1-12-04		HOUR OF DEATH 21c. 1515		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. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b. [Signature]	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. [Signature]		PRONOUNCED DEAD (Mo., Day, Yr.) 22c. [Signature]		PRONOUNCED DEAD (Hour) 22d. ON 22e. AT	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. David M. Hogle, M.D. 1995 Errecart Blvd #102, Elko, NV 89801					
	LICENSE NUMBER 23b. 3967					
CAUSE OF DEATH	REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. January 14, 2004		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
CAUSE OF DEATH	PART I (a) Respiratory failure secondary to pneumonia DUE TO, OR AS A CONSEQUENCE OF:					
	(b) Lung cancer status post radiation and chemotherapy DUE TO, OR AS A CONSEQUENCE OF:					
CAUSE OF DEATH	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Pancytopenia secondary to chemotherapy					
	AUTOPSY (Specify Yes or No) 26. No					
CAUSE OF DEATH	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No					
	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. [Signature]		DATE OF INJURY (Mo., Day, Yr.) 28b. [Signature]		HOUR OF INJURY 28c. M 28d. [Signature]	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No) 28e. [Signature]		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. [Signature]		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
	28g. [Signature]					

Information corrected, State Affidavit #41597, 2/13/04.

Item #1.

STATE REGISTRAR

Georgie Franklin MONTGOMERY

No. 252264

02145

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

FEB 24 2004

186104

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This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

