APN: 002-036-13

APN: 002-036-13

MAIL TAX STATEMENT TO:

Jay Scott
PO Box 211067
Crescent Valley, NV 89821

BOOK 419 PAGE 339-341

BOOK 419 PAGE 339-341

RECORDED AT THE PEN ST OF

R

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)

SS.

COUNTY OF EUREKA)

JAY SCOTT hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is one of the grantees named in the Joint Tenancy Deed, dated February 7, 1996, recorded in Book 293, Page 581, of the Official Records in the office of the County Recorder of Eureka County, State of Nevada, covering the real property located at 478 Fourth Street, City of Crescent Valley, County of Eureka, State of Nevada, and more particularly described as:

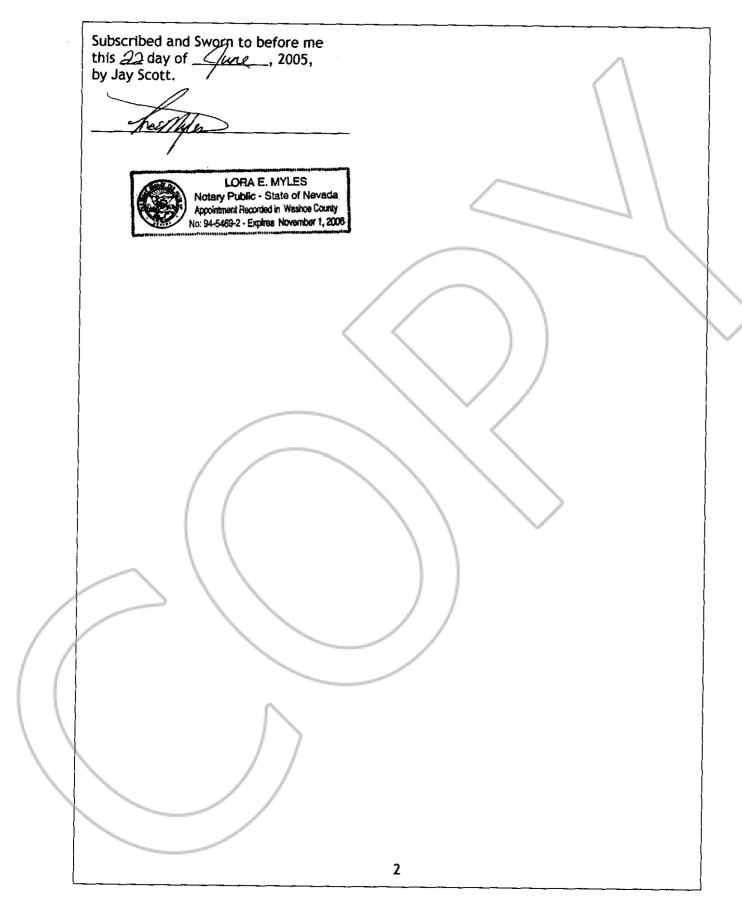
Lot 23, Block 14, Crescent Valley Ranch and Farms Unit I.

- 2. LAURA MAE SCOTT, one of the grantees named in said deed, is the same person named as Decedent in the attached certified copy of Certificate of Death, which person died on the _____ day of _______, 2004, in the State of Nevada.
- 3. Laura Mae Scott and Affiant purchased the above described property as joint tenants with right of survivorship.

Dated this 22 day of fine, 2005.

Jay Scott

Jay Sest







DIVISION OF HEALTH VITAL STATISTICS

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

2004 0 0 0 9 2 2 7

₿ '				1	\
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
OR PRINT IN PERMANENT	1. Laura	Mae	SCOTT	2 July 1, 2004	3ª Eureka
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTH	ER INSTITUTION—Name (If not either,	give street and number) It Hosp, or Inst, indicate Rm. Inpatient (Specify)	a DOA, OP/Emer. SEX
ECEDENT	зь Rural of Beowawe		Exit:306	3e.	7 4 female
EG-DANI	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic O specify Mexican, Cuban, Pue	rigin? Specify ☐ yes ☐ no If yes, AG Birto Rican, etc.	nday (Years) MOS DAYS HOURS MI	
	5. white	6. IN			a. August 7, 1939 SURVIVING SPOUSE (If wife, give maiden name
IF DEATH OCCURRED IN INSTITUTION	(If not U.S.A., name country) 9s. Colorado	TRY 96. USA	grade completed.	(Specify) Married	12. Jay Scott
SEE HANDBOOK REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (C Working Life, Even if Reti	Give Kind of Work Done During Most of Ired) OUSE Person	I KIND OF BLICINESS OF INDUSTRY	
RESIDENCE ITEMS	13. RESIDENCE—STATE COUN		Ouse Person	14b. Mining ISTREST AND NUMBER	INSIDE CRY LIMITS
└ ►		 Eureka	15c Crescent Vall		(Specify Yes or No)
	FATHER—NAME First	Middle	Last MOTHER		Middle Last
ARENTS	16. Elijah		Cortez 17	Eleanor	Granthan
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town, S	
	188. Jay Scott BURIAL, CREMATION, REMOVAL OTHE	(Husban B (Specify) CEMETE	d) [18b. P.O. BOX	211067 Crescent Val	Ley, NV 89821
	19a Burial	196. B	eowawe Cemeterv	19c. Beow	
SPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Sucil)	FUNERA	L DIRECTOR NAME AND ADDRESS NUMBER	OF FACILITY	<i>o</i> 7 89803
l	20a. ➤ M. M. W.	20b.	7 200 Burns Fu	neral Home Inc & O	Boy 680 Files NV
l l	Z 21a. To the best of my knowledge, due to the cause(s) stated.	death occurred at the time, de	ate and place and	22a. On the basis of examination ancior inve- at the time, date and place and due to if	stigation, in my opinion death occurred ne cause(s) and matrial stated.
	(Signature and Title) DATE SIGNED (Mo., Day, Yr.)	THOUR OF D	NEATH.	S (Signature and Title)	OUR OF DEATH
	(Signature and Title) DATE SIGNED (Mo., Day, Yr.) DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYS:	21c.	(2011)	E.C	
ERTIFIER	NAME OF ATTENDING PHYS		TIFIER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.) P	2c. 15:30 Hrs RONOUNCED DEAD (Hour)
	الله 5 21d.		A Same of the same	22d ON 07-01-04 2	2e.AT 15:40 Hrs.
		The second second	NDING PHYSICIAN, MEDICAL EXAMIN	ER, OR CORONER). (Type or Print.)	LICENSE NUMBER
∦ l	23a Laurance F	. Etter P.O	. Box 736 Eureka	A , NV 89316 Y REGISTRAR (Ma., Day, Yr.) DEATH DUE TO CO	23b,
DNDITIONS IF ANY HICH GAVE	REGISTRAR 24s. (Signature)	Of Minn	DATE RECEIVED B	Y REGISTRAR (Mo., Day, Yr.) DEATH DUE TO CO	MMUNICABLE DISEASE
RISE TO MMEDIATE	25. IMMEDIATE CAUSE (ENTER OF	NLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)	1 22 125	Interval between onset and death
ATING THE DERLYING	PART (a) Blunt forc	e rrauma to	the head and ches	ar .	Approx. 1 hour
AUSE LAST	DUE TO, OR AS A CONSE	EQUENCE OF:	• Interval between onset and death		
├ →	(b) Motor vehi	<u>.cle_accident</u> EQUENCE OF:			Interval between onset and death
AUSE OF	(c)				
DEATH	PART OTHER SIGNIFICANT CONDIT	TIONS—Conditions contributing	ng to death but not resulting in the under	Yes or I	WAS CASE REFERRED TO CORONER (Specify Yes or No)
	ACC SUICIDE HOM UNDET DATE	OF INJURY (Mo., Day, Yr.) HO	UB OF INITIBY DESCRIBE H	26. NO	27. No
	OR PENDING INVEST.		<u> </u>	or Vehicle accident	
		E OF INJURY—At home, farm building, etc. (5)	street, factory, office LOCATION.	STREET OR R.F.D. No. CIT	Y OR TOWN STATE
l		SR 306 MM 29	· · · · · · · · · · · · · · · · · · ·	306 MM 20 Cresce	nt Valley. NV
		<u> </u>			262340

STATE REGISTRAR

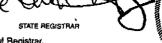


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CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED: JUL 2 9 20058 00K4 1 9 PAGE 3 4 1





ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE 7