

APN: 002-036-13

MAIL TAX STATEMENT TO:

Jay Scott
PO Box 211067
Crescent Valley, NV 89821

BOOK 419 PAGE 339-341
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Kora E. Nyles
2005 AUG 18 PM 1:29

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 16⁰⁰

200522

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 1 day of July, 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 June, 2005.

Jay Scott

Jay Scott

Subscribed and Sworn to before me
this 22 day of June, 2005,
by Jay Scott.





STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

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

20040009227

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1. Laura Mae SCOTT			DATE OF DEATH (Month, Day, Year) 2. July 1, 2004		COUNTY OF DEATH 3a. Eureka
CITY, TOWN OR LOCATION OF DEATH 3b. Rural of Beowawe		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. I-80 Exit 306		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3e. 7	
SEX 4. female		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. 64		UNDER 1 YEAR MOS : DAYS 7b. : :		UNDER 1 DAY HOURS : MINS 7c. : :	
DATE OF BIRTH (Mo., Day, Yr.) 8. August 7, 1939		STATE OF BIRTH (If not U.S.A., name country) 9a. Colorado		CITIZEN OF WHAT COUNTRY 9b. USA	
Decedent's Education. Specify highest grade completed. 10. 14		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Jay Scott	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Warehouse Person		KIND OF BUSINESS OR INDUSTRY 14b. Mining	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Eureka		CITY, TOWN, OR LOCATION 15c. Crescent Valley	
STREET AND NUMBER 15d. 486 4th St.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes			
FATHER—NAME First Middle Last 16. Elijah Cortez			MOTHER—MAIDEN NAME First Middle Last 17. Eleanor Grantham		
INFORMANT—NAME (Type or Print) 18a. Jay Scott (Husband)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 211067 Crescent Valley, NV 89821		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial			CEMETERY OR CREMATORY—NAME 19b. Beowawe Cemetery		LOCATION City or Town State 19c. Beowawe Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]			FUNERAL DIRECTOR LICENSE NUMBER 20b. 7		NAME AND ADDRESS OF FACILITY 20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803
To be completed by CERTIFYING PHYSICIAN 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. [Signature] NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. [Signature] NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Laurance F. Etter P.O. Box 736 Eureka, NV 89316			To be completed by Coroner's Office 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. 07-13-04 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 07-01-04 22c. 15:30 Hrs PRONOUNCED DEAD (Hour) 22e. AT 15:40 Hrs. 23b. [Signature] LICENSE NUMBER		
REGISTRAR 24a. (Signature) [Signature]			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 19 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).) PART (a) Blunt force trauma to the head and chest DUE TO, OR AS A CONSEQUENCE OF: (b) Motor vehicle accident DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.			Interval between onset and death Approx. 1 hour Interval between onset and death Interval between onset and death AUTOPSY (Specify Yes or No) 26. No WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident		DATE OF INJURY (Mo., Day, Yr.) 28b. 07-01-04		HOUR OF INJURY 28c. 14:30	
INJURY AT WORK (Specify Yes or No) 28e. No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. SR 306 MM 20 Hwy		DESCRIBE HOW INJURY OCCURRED 28d. Motor Vehicle accident	
LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. SR 306 MM 20 Crescent Valley, NV					

STATE REGISTRAR

No. 262340

076248

CERTIFIED COPY OF VITAL RECORDS

200522

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: JUL 29 2005 BOOK 4 | 9 PAGE 34

STATE REGISTRAR

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

ANY ALTERATION OR FRAUD Voids THIS CERTIFICATE