

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
Lora E Nyles
2005 AUG 18 PM 1:29

EUREKA COUNTY, NEVADA
M.N. REBAL. 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.

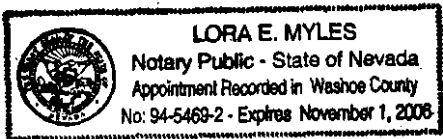
2. LAURA MAE SCOTT, one of the grantees named in said deed, is the same person named as Decedent in the attached certified copy of Certificate of Death, which person died on the 1 day of July, 2004, in the State of Nevada.

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 STATISTICS**

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

20040009227

DECEASED
TYPE OR PRINT IN PERMANENT BLACK INK

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 LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Laura Mae SCOTT		2. July 1, 2004		3a. Eureka			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)		SEX	
3b. Rural of Beowawe		3c. I-80 Exit 306		3e. 7		4. female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. white		6. No		7a. 64		8. August 7, 1939	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Colorado		9b. USA		10. 14		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		14a. Warehouse Person		14b. Mining		12. Jay Scott	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Eureka		15c. Crescent Valley		15d. 486 4th St.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. Yes		16. Elijah Cortez		17. Eleanor Grantham			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Jay Scott (Husband)		18b. P.O. Box 211067 Crescent Valley, NV 89821					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Beowawe Cemetery		19c. Beowawe Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803			
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)		21c. HOUR OF DEATH		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.)		21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21d. [Signature]		21e. Laurance F. Etter		22b. 07-13-04		22c. 15:30 Hrs	
				22d. ON 07-01-04		22e. AT 15:40 Hrs.	
		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER			
		23a. Laurance F. Etter P.O. Box 736 Eureka, NV 89316		23b.			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. July 19 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death			
PART I (a) Blunt force trauma to the head and chest		DUE TO, OR AS A CONSEQUENCE OF:		Approx. 1 hour			
(b) Motor vehicle accident		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 1.				Interval between onset and death			
PART II		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. No					
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. Accident		28b. 07-01-04		28c. 14:30		28d. Motor Vehicle accident	
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	
28e. No		28f. SR 306 MM 20 Hwy		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.

