

BOOK 419 PAGE 342-344  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Rora E. Nyles*  
2005 AUG 18 PM 1:30

APN: 002-036-25

MAIL TAX STATEMENT TO:

Jay Scott  
PO Box 211067  
Crescent Valley, NV 89821

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 16<sup>00</sup>

200523

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 Grant, Sale and Bargain Deed, dated October 17, 1991, recorded in Book 233, Page 475, of the Official Records in the office of the County Recorder of Eureka County, State of Nevada, covering the real property located at 482 Fourth Street, City of Crescent Valley, County of Eureka, State of Nevada, and more particularly described as:

Lots 24 and 25 of Block 14 of Crescent Valley, Ranch and Farms Unit 1, as the same appears upon the Official Plat thereof filed with the County Recorder of the County of Eureka.

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.

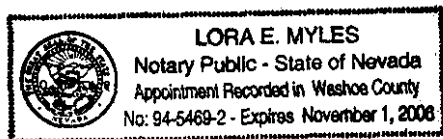
3. Laura Mae Scott and Affiant purchased the above described property as joint tenants with right of survivorship.

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.

  
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## CERTIFICATION OF VITAL RECORD

## DIVISION OF HEALTH VITAL STATISTICS

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

2004 0009227

TYPE OR PRINT IN PERMANENT BLACK INK  IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		LOCAL FILE NUMBER		STATE FILE NUMBER	
		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		First Middle Last		COUNTY OF DEATH	
		1. Laura Mae SCOTT		2. July 1, 2004	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
		3b. Rural of Beowawe		3c. I-80 Exit 306	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		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.	
		5. white		6. No	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
		7a. 64		7b. : : 7c. : : UNDER 1 DAY HOURS : MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		DATE OF BIRTH (Mo., Day, Yr.)		SEX	
		8. August 7, 1939		9. female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
		9a. Colorado		9b. USA	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
		10. 14		11. Married	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	
		13. [REDACTED]		14a. Warehouse Person	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
		14b. Mining		12. Jay Scott	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		RESIDENCE—STATE		COUNTY	
		15a. Nevada		15b. Eureka	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
		15c. Crescent Valley		15d. 486 4th St.	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME	
		15e. Yes		First Middle Last	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		MOTHER—MAIDEN NAME		First Middle Last	
		17. Eleanor Grantham		16. Elijah Cortez	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		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	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
		19a. Burial		19b. Beowawe Cemetery	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		LOCATION City or Town State		19c. Beowawe Nevada	
		20a. [Signature]		20b. 7	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803		20d. 07	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		NAME AND ADDRESS OF FACILITY		20e. 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.		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.	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		(Signature and Title)		(Signature and Title)	
		DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		H			

STATE REGISTRAR

**No. 262340**

076249

CERTIFIED COPY OF VITAL RECORDS

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

**DATE ISSUED:**

JUL 29 2005 K4 19 PAGE 344

STATE REGISTRAR

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

