

BOOK 419 PAGE 346-348
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Laura E. Engles
2005 AUG 18 PM 1:32

APN: 002-036-26

MAIL TAX STATEMENT TO:

Jay Scott
PO Box 211067
Crescent Valley, NV 89821

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 16.00

200525

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 November 7, 1991, recorded in Book 228, Page 277, of the Official Records in the office of the County Recorder of Eureka County, State of Nevada, covering the real property located at 484 Fourth Street, City of Crescent Valley, County of Eureka, State of Nevada, and more particularly described as:

Lot 26, Block 14, as shown on the map of Crescent Valley Ranch and Farms Unit 1, filed in the office of Eureka County, Nevada April 6, 1959. TP#2-036-11.

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

2004 0009227

LOCAL FILE NUMBER

STATE FILE NUMBER

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

STATE REGISTRAR

No. 262340

076250

CERTIFIED COPY OF VITAL RECORDS

200525

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 419 PAGE 348

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE