

APN: 002-039-27

MAIL TAX STATEMENT TO:

Jay Scott  
PO Box 211067  
Crescent Valley, NV 89821

BOOK 419 PAGE 350  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Laura E. Ingles*  
2005 AUG 18 PM 4:34

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

200527

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 & Bargain Deed, dated September 5, 2002, recorded in Book 354, Page 123, of the Official Records in the office of the County Recorder of Eureka County, State of Nevada, covering the real property located at 481 Fourth Street, City of Crescent Valley, County of Eureka, State of Nevada, and more particularly described as:

Lot 4 Block 23, Crescent Valley Ranch and Farms, Inc. Unit No. 1. 481 4th St. Crescent Valley, Nevada 89821.

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.

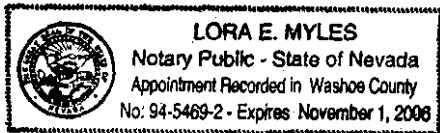
Dated this 22 day of June, 2005.

Jay Scott

*Jay Scott*

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

  
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## 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

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, OP/Emar. Rm. Inpatient (Specify) 3e.	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	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	
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	
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]		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.	
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					LICENSE NUMBER 23b.
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:				Interval between onset and death Approx. 1 hour
	(b) Motor vehicle accident DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(c)				Interval between onset and death
PART	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No) 26. 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	DESCRIBE HOW INJURY OCCURRED 28d. Motor Vehicle accident	
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 29 Hwy	LOCATION. 28g. SR 306 MM 20	CITY OR TOWN Crescent Valley, NV	STATE NV

STATE REGISTRAR

No. 262340

076251

CERTIFIED COPY OF VITAL RECORDS

200527

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 K 4 19 PAGE 352

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

