

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Robert Rogers
13041 N. Victor Hugo
Phoenix, AZ 85032

APN 005-040-03

BOOK 425 PAGE 399-400
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Robert Coleborn, atty
2005 NOV -3 PM 1:47

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 201434
FEES 15.00

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ARIZONA)
) SS:
COUNTY OF MARICOPA)

ROBERT ROGERS, of legal age, being first duly sworn, deposes and says:

That RUBY NELL ROGERS the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RUBY ROGERS named as one of the parties in that Certificate of Sale of Real Property executed by Laurence Etter, Sheriff of Eureka County, as joint tenants with the right of survivorship, recorded as Book 00397 in Page 015, on October 8, 2004 in the Official Records of Eureka County, Nevada, covering the vacant land in Eureka, Nevada, Parcel #005-040-03 and legally described as:

The West One-Half (W ½) of the Northeast Quarter (NE 1/4) of Section 21, Township 31 North, Range 48 East, M.D.B.&M., Eureka County, Nevada.,

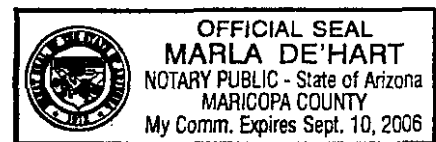
Excepting therefrom: All of the Petroleum, Oil, Natural Gas and Products derived therefrom lying in and under said land as reserved by Southern Pacific Land Company in Deed recorded September 24, 1951 in Book 24 of Deeds at Page 168 Eureka County, Nevada.

DATED this 14 day of October, 2005.

Robert R. Rogers
ROBERT ROGERS

SUBSCRIBED AND SWORN TO before me
this 14th day of October, 2005.

Marla DeHart
NOTARY PUBLIC



CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL STATE COPY

**STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH**

DEATH NO.
D-102 2005 - 014367

1. NAME OF DECEASED A. FIRST RUBY		B. MIDDLE NELL		C. LAST ROGERS		2. SEX FEMALE	3. DATE OF DEATH MONTH DAY YEAR APRIL 25, 2005										
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE				4B. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO) NO		4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		5. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO									
6. PLACE OF DEATH 6A. COUNTY MARICOPA		6B. TOWN OR CITY PHOENIX		6C. HOSPITAL OR INSTITUTION JOHN C LINCOLN HOSPITAL-NORTH MTN		6D. <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OP EMER. <input type="checkbox"/> IN PATIENT											
7. DATE OF BIRTH MONTH DAY YEAR JANUARY 22 1943		8A. AGE (YEARS LAST BIRTHDAY) 62		8B. IF UNDER 1 YEAR MOS. DAYS		8C. IF UNDER 1 DAY HRS. MIN.		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) ROBERT ROGERS							
11. STATE AND CITY OF BIRTH BIG SPRINGS, TEXAS		12. CITIZEN OF WHAT COUNTRY? USA		13. SPECIFY SOCIAL SECURITY NO.		14. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) SELF EMPLOYED		15. KIND OF BUSINESS OR INDUSTRY TAXES									
16. USUAL RESIDENCE 15A. STATE ARIZONA		15B. COUNTY MARICOPA		15C. TOWN OR CITY PHOENIX		15D. ZIP CODE 85032		16. HOW LONG IN ARIZONA? 41 YEARS		17. EDUCATION HIGHEST GRADE COMPLETED COLLEGE (1-4 or 5+)							
18. STREET ADDRESS OF R.F.D. 13041 N. VICTOR HUGO AVE		19. INSIDE CITY LIMITS? (SPECIFY Yes or No) YES		20. ON RESERVATIONS (SPECIFY Yes or No) NO		21. PREVIOUS STATE OF RESIDENCE TEXAS		22. ELEMENTARY SECONDARY (0-12) 2		23. COLLEGE (1-4 or 5+) 2							
19. FATHER'S NAME A. FIRST VERNON			B. MIDDLE LEWIS			C. LAST ROGERS			20. MOTHER'S MAIDEN NAME A. FIRST JAY			B. MIDDLE NELL			C. LAST COMPTON		
21. INFORMANT'S SIGNATURE <i>Dennis R. Baker</i>				22. RELATIONSHIP TO DECEASED HUSBAND				23. ADDRESS STREET NO. AVE CITY AND STATE ZIP CODE 13041 N. VICTOR HUGO PHOENIX, AZ 85032									
24. BURIAL, CREMATION, REMOVAL OTHER (Specify) CREMATION		25. DATE 5/3/05		26. CEMETERY OR CREMATORY NAME PARADISE MEMORIAL CREMATORY		27. ADDRESS STREET ADDRESS CITY AND STATE ZIP CODE 200 W. BEARDSLEY RD PHOENIX AZ 85027		28. EMBALMER'S SIGNATURE <i>Dennis R. Baker</i>		29. CERT. NO. 1074							
30. SIGNATURE AND TITLE <i>Lesley Wallis DO</i>		31. DATE SIGNED (Mo., Day, Year) APRIL 29, 2005		32. HOUR OF DEATH UNK		33. NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print)		34. SIGNATURE AND TITLE <i>Lesley Wallis DO</i>		35. DATE SIGNED (Mo., Day, Year) ON APRIL 25, 2005		36. HOUR OF DEATH 0800					
39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY Type or Print LESLEY WALLIS, DO, 701 W. JEFFERSON ST., PHOENIX, AZ 85007						40. AUTHORIZED FOR CREMATION (SPECIFY) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		41. MEDICAL EXAMINER'S SIGNATURE <i>Lesley Wallis DO</i>									
42. DATE REGISTERED MAY 9 2005		43. REG. FILE NO. 8882		44. REGISTRAR'S SIGNATURE <i>Gennifer Bradley Deputy</i>		45. REG. DISTRICT 0700		46. DATE REC'D IN STATE OFFICE									
47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) BILATERAL PULMONARY EMBOLI		47B. DUE TO OR AS A CONSEQUENCE OF: PROBABLE DEEP VENOUS THROMBOSIS		47C. DUE TO OR AS A CONSEQUENCE OF: LEFT LEG TRAUMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						49. AUTOPSY (Specify Yes or No) YES		50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES									
51. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		52. DATE OF INJURY MO DAY YR HOUR 04/16/2005		53. UNK M		54. INJURY AT WORK? (Specify Yes or No) NO		55. DESCRIBE HOW INJURY OCCURRED SPRAINED ANKLE									
56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) DESERT AREA		57. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE UNKNOWN, MAYER, AZ															

2014367

May 12, 2005

Richard S. Porter

**RICHARD S. PORTER
ASSISTANT STATE REGISTRAR**

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 26-341, and by direction of **201434**
This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona Department of Health Services