

BOOK 435 PAGE 20
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
SB Grant & EB Franklin
2006 APR 17 PM 2:38

APN # 003-232-04 and
003-243-07

Recording Requested By:

Name SB Grant & EB Franklin
LLC

Address Suite 202 # 431,
29030 SW Town Center Loop East
City/State/Zip Wilsonville OR
97070

EUREKA COUNTY, NEVADA
M.N. REGALATI, RECORDER
FILE NO. FEES 43.00

204490

Affidavit - death of joint
(Title of Document) tenant

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL
THIS DEED AND MAIL TAX
STATEMENTS TO:

S B Grant & E B Franklin LLC
Suite 202#431
29030 SW Town Center Loop East
Wilsonville, OR 97070-5499

AFFIDAVIT - DEATH OF JOINT TENANT

Shirley J. Simpson, of legal age, being first duly sworn, deposes and says:

That Billy Joe Simpson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Billy J. Simpson named as one of the parties in that certain Grant, Bargain, Sale Deed dated December 5, 1979, executed by Arno L. Etlin to Billy J. Simpson and Shirley J. Simpson, as joint tenants, recorded as instrument No. 71839, on January 7, 1980, in Book 77, Page 420, of the Official Records in the Office of the County Recorder of Eureka County, State of Nevada, concerning the following described real property situated in the County of Eureka, State of Nevada, to wit:

See Attached Exhibit 'A' Made A Part Hereof by Reference.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 20,000

Executed on MARCH 17, 2006 at Alhambra, Ca
(MONTH) (DAY) (YEAR) (CITY AND STATE)

I declare under penalty of perjury that the foregoing is true and correct.

Shirley J. Simpson
Shirley J. Simpson

State of California
County of Los Angeles

On 3-17-06 before me, C. Lambertz, Notary Public
(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

personally appeared Shirley J. Simpson ~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and sworn to me that ~~he/she/they~~ executed the same in his/her/~~their~~ authorized capacity(ies), and that by his/her/~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

C. Lambertz
Signature (NOTARY PUBLIC) (SEAL)

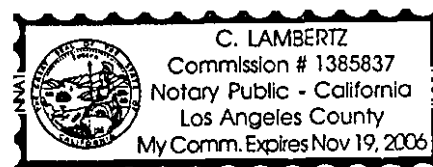


EXHIBIT 'A'

Assessor's Parcel Number: 003-232-04

All of Lots 3, 4, 8 and 9 of Block R of Nevelco, Inc., Unit No. 2, according to the official plat of the survey of said land on file in the office of the Eureka County Recorder, as File No. 35633 on October 5, 1961.

Assessor's Parcel Number: 003-243-07

All of Lots 2, 3, 4, 5, 6 and 7 of Block W of Nevelco, Inc., Unit No. 2, according to the official plat of the survey of said land on file in the office of the Eureka County Recorder, as File No. 35633 on October 5, 1961.

Amended
DEC 01 1995

MEDICAL EXAMINER
CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

LOCAL REGISTRAR'S FILE NO.		STATE FILE NO.							
DECEASED - NAME 1. BILLY JOE SIMPSON				DATE OF DEATH (Month, Day, Year) 2. NOVEMBER 5, 1995		SEX 3. MALE			
RACE - White, Negro, American Indian, Etc. (Specify) 4. WHITE		AGE - Last Birthday (Years) 5a. 62		UNDER 1 YEAR Months Days 5b. XX		DATE OF BIRTH (Month, Day, Year) 6. 7-18-33		COUNTY OF DEATH 7. CLEVELAND	
CITY, TOWN, OR LOCATION OF DEATH 7a. NORMAN		INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) 7d. 1135 MERRYMAN GREEN		SURVIVING SPOUSE (If Wife, Give Maiden Name) 10. Shirley Jean Stephens			
STATE OF BIRTH (If not in U.S.A., Name Country) 8. Oklahoma		CITIZEN OF WHAT COUNTRY 9. U.S.A.		Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		KIND OF BUSINESS OR INDUSTRY 13b. Simpson Enterprises			
SOCIAL SECURITY NUMBER 12. [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. Real Estate Broker		STREET AND NUMBER 14a. 751 N. Grand Ave.				ZIP CODE 14b. 91740	
RESIDENCE - STATE 14a. California		COUNTY 14b. Los Angeles		CITY, TOWN, OR LOCATION 14c. Glendora		INSIDE CITY LIMITS 14d. Yes		STREET AND NUMBER 14e. 751 N. Grand Ave.	
FATHER - NAME 15. Marvin Cecil Simpson				MOTHER - MAIDEN NAME 16. Inice Preble Koontz					
INFORMANT - NAME OR SOURCE OF INFORMATION 17a. Shirley Jean Simpson				MAILING ADDRESS 17b. 751 N. Grand Ave. Box 969 Glendora, Ca. 91740					
PART I DEATH WAS CAUSED BY (Enter only one cause per line for (a), (b), and (c))								Approximate Interval Between onset and Death	
18. CAUSE OF DEATH (a) PENDING Condition, if any, which gave rise to immediate cause(s), stating the underlying cause last 95044 84 (b) 95044 84 (c) 95044 84									
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part I (a))								AUTOPSY 19a. XX No <input type="checkbox"/>	
Manner: Natural <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> NATURAL								AUTOPSY AUTHORIZED BY: 19b. MEDICAL EXAMINER	
20a. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>		20b. PLACE OF INJURY (Specify) At Home		20c. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) At Home		20d. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) At Home			
CERTIFICATION - MEDICAL EXAMINER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the (19a) and due to the cause(s) stated as certified by my signature in item 22b.								I did/did not view body after death 21b. DID	
21a. FOUND 0700 as the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated.									
CERTIFIER - NAME (Type or Print) 22a. CHAI S. CHOI M.D.				SIGNATURE OF MEDICAL EXAMINER 22b. [Signature]				DATE SIGNED (Month, Day, Year) 22c. 6 NOV 1995	
MAILING ADDRESS - CERTIFIER 22d. 901 NORTH STONEWALL, OKLAHOMA CITY, OKLAHOMA 73117				STREET OR R.F.D. No., City or Town, State, Zip					
BURIAL, CREMATION, REMOVAL (Specify) 23a. Cremation		DATE 23b. 11 7 1995		CEMETERY OR CREMATORY - NAME 23c. Oke Cremation Service					
LOCATION (Cemetery or Crematory) City or Town 24a. Oke		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 24b. Havenbrook F.H. Norman, OK 3401 Havenbrook		FUNERAL DIRECTOR 24c. David Allen					
LOCAL REGISTRAR'S SIGNATURE [Signature]				DATE RECD. BY LOCAL REG 25a. 11/2/95		DATE RECEIVED BY STATE REGISTRAR 25b. NOV 21 1995			



State Department of Health

State of Oklahoma

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

**STATE OF OKLAHOMA - DEPARTMENT OF HEALTH
AMENDMENT TO CERTIFICATE OF DEATH**

Certificate of Death of Billy Joe Simpson
 Date of Death Nov 5, 1995 Place of Death Norman, Okla.

State File No. _____

ITEMS TO BE AMENDED

Item	Entry before amendment	Entry after amendment
Items #18a, 18 Part II	See Original Certificate	See below

PART I DEATH WAS CAUSED BY (Enter only one cause per line for (a), (b), and (c))

18 CAUSE OF DEATH

IMMEDIATE CAUSE
 (a) ACUTE CEREBELLAR INFARCTION
 DUE TO OR AS A CONSEQUENCE OF
 (b) _____
 DUE TO OR AS A CONSEQUENCE OF
 (c) _____

Condition (if any) which gave rise to immediate cause(s), stating the underlying cause last
9504484

PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part I (a))

HYPERTROPHIC CARDIOMYOPATHY

AUTOPSY 19a Yes ☒ No ☐
AUTOPSY AUTHORIZED BY 19b MEDICAL EXAMINER

Manner Natural ☒ Pending ☐
 Suicide ☐ Homicide ☐ Unknown ☐
NATURAL

DATE OF INJURY (Month, Day, Year) _____ **HOUR OF INJURY** _____ **HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)** _____

20a INJURY AT WORK Yes ☐ No ☒ **20f PLACE OF INJURY (At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify))** _____ **20g LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)** _____

CERTIFICATION - MEDICAL EXAMINER On the basis of the examination of the body and/or the investigation in my opinion, death occurred on the _____ day of _____, 1995, at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated.
 21a DD **DEATH OCCURRED at** 0700 FOUND
 21b DD **21c. of my knowledge, due to the cause(s) stated.**

CERTIFIER - NAME (Type or Print) CHAI S. CHOI, M.D. **SIGNATURE OF MEDICAL EXAMINER** _____ **DATE SIGNED (Month, Day, Year)** 11-21-95
 22a _____ 22b _____ 22c _____

MAILING ADDRESS - CERTIFIER 901 N. STONEWALL OKLAHOMA CITY OKLAHOMA 73117
 22d _____

Amendment Requested by Chai S. Choi, MD Related to Registrant as State Medical Examiner

CERTIFICATION BY STATE REGISTRAR: I hereby certify that I have examined the documents referred to above, that the abstract is true and correct, that the documents show no changes or erasures, and appear to be authentic.

State Registrar, _____

File Date _____

DEC 01 1995

(V.S. 1273-70)



State Department of Health

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73152

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

204490

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