

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 Menlo Park 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)

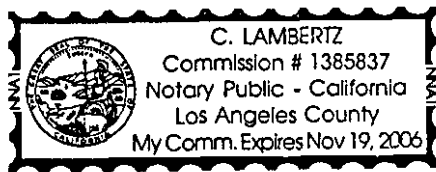


EXHIBIT 'A'

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. **556** STATE FILE NO.

DECEASED - NAME: **BILLY JOE SIMPSON** DATE OF DEATH (Month, Day, Year): **NOVEMBER 5, 1995** SEX: **MALE**

RACE: **WHITE** AGE - Last Birthday (Years): **62** UNDER 1 YEAR: **5b** UNDER 1 DAY: **5c** DATE OF BIRTH (Month, Day, Year): **7-18-33** COUNTY OF DEATH: **CLEVELAND**

CITY, TOWN, OR LOCATION OF DEATH: **NORMAN** INSIDE CITY LIMITS: **XX** HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number): **1135 MERRYMAN GREEN**

STATE OF BIRTH (If not in U.S.A., Name Country): **Oklahoma** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED NEVER MARRIED SURVIVING SPOUSE (If Wife, Give Maiden Name): **Shirley Jean Stephens**

SOCIAL SECURITY NUMBER: [REDACTED] USUAL OCCUPATION (Give kind of work done during most of working life): **Real Estate Broker** KIND OF BUSINESS OR INDUSTRY: **Simpson Enterprises**

RESIDENCE - STATE: **California** COUNTY: **Los Angeles** CITY, TOWN, OR LOCATION: **Glendora** INSIDE CITY LIMITS: **14d** STREET AND NUMBER: **751 N. Grand Ave.** ZIP CODE: **91740**

FATHER - NAME: **Marvin Cecil Simpson** MOTHER - MAIDEN NAME: **Inice Preble Koontz**

INFORMANT - NAME OR SOURCE OF INFORMATION: **Shirley Jean Simpson** MAILING ADDRESS: **176 751 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))

18. CAUSE OF DEATH IMMEDIATE CAUSE: **PENDING**

19. CAUSE OF DEATH DUE TO OR AS A CONSEQUENCE OF: **95044 84**

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

19a. AUTOPSY: **XX** 19b. AUTOPSY AUTHORIZED BY: **MEDICAL EXAMINER**

Manner: **NATURAL** DATE OF INJURY (Month, Day, Year): **11 7 1995** HOUR OF INJURY: **M** HOW INJURY OCCURRED: **FOUND 0700**

20a. INJURY AT WORK: **No** 20b. PLACE OF INJURY: **At Home** 20c. LOCATION OF INJURY: **FOUND 0700**

CERTIFICATION - MEDICAL EXAMINER: **CHAI S. CHOI M.D.** SIGNATURE OF MEDICAL EXAMINER: *Chai Choi* DATE SIGNED (Month, Day, Year): **6 NOV 1995**

MAILING ADDRESS - CERTIFIER: **901 NORTH STONEWALL, OKLAHOMA CITY, OKLAHOMA 73117**

BURIAL, CREMATION, REMOVAL: **Crementation** DATE: **11 7 1995** CEMETERY OR CREMATORY - NAME: **Okc Crematory Service**

LOCATION (Cemetery or Crematory): **Okc** FUNERAL HOME - NAME AND ADDRESS: **Havenbrook F.H. Norman, OK, 3401 Havenbrook** FUNERAL DIRECTOR: **David Allen**

LOCAL REGISTRAR SIGNATURE: *Delia Beach* DATE RECD. BY LOCAL REG: **11/2/95** DATE RECEIVED BY STATE REGISTRAR: **NOV 2 1995**



State Department of Health

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma
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) _____
 DUE TO OR AS A CONSEQUENCE OF

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 19b MEDICAL EXAMINER

Manner Natural Pending
 Suicide Homicide Unknown 20a

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

20b INJURY AT WORK Yes No **20f PLACE OF INJURY** (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 and at the _____ hour stated as certified by my signature in item 22b.)

I did/did not view body after death: 21a did

DEATH OCCURRED at: 0700 FOUND
 at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated. 21c

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

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

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. 1275-70)



State Department of Health

ROGER C. PIRRONG
 STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma
 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.

204490

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