

APN # 005-690-01

Recording Requested By:

Name SB Grant & EB Franklin

Address Suite 202 # 431; 2903
SW Town Center Loop East
City/State/Zip Wilsonville OR 97070

BOOK 436 PAGE 167-170
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
SB Grant & EB Franklin
2006 MAY 22 AM 8:52

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 17.00

204782

Affidavit-Death of Joint Tenant
(Title of Document)

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

Siemon Newberry, of legal age, being first duly sworn, deposes and says:

That Bobbie J. Newberry, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bobbie J. Newberry named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 10, 1988, executed by Gregory D. Fox, Trustee to the Eugene A. Fox Trust to Siemon Newberry and Bobbie J. Newberry as joint tenants, recorded as instrument No. 121029, on September 6 1988, in Book 183, Page 161, 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 May 4 2006 at Salinas, CA.
(MONTH) (DAY) (YEAR) (CITY AND STATE)

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

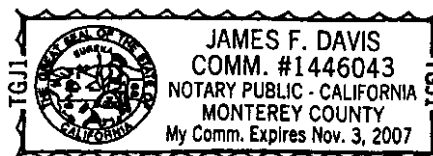
Siemon Newberry
Siemon Newberry

State of California
County of Monterey
On 5/4/06 before me, James F. Davis, Notary Public
(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

personally appeared Siemon Newberry personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) 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.

James F. Davis
Signature (NOTARY PUBLIC) (SEAL)



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

54 **9990**
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1 NAME—FIRST, MIDDLE, LAST BOBBIE JO NEWBERRY				2 SEX Female		3 DEATH DATE (Mo., Day, Yr.) Nov. 18, 1989		146 STATE FILE NUMBER	
4 AGE LAST BIRTHDAY (Yr.) 59		5 UNDER 1 YEAR MOS DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTHDATE (Mo., Day, Yr.) July 26, 1930		8 BIRTH STATE (If not in USA give country) Oklahoma	
9 CITY, TOWN OR LOCATION OF DEATH Auburn				12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Auburn General Hospital				13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes	
14 MARITAL STATUS — Married Never Married Widowed Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife give maiden name) Simon Newberry				16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO		17 SOCIAL SECURITY NO [REDACTED]	
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Certified Nursing Assist.				20 KIND OF BUSINESS OR INDUSTRY Nursing		21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban Mexican Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22 RACE (White Black Asian or Pacific Islander Am Ind. Hispanic, etc.) (Specify) White	
23 RESIDENCE—NUMBER AND STREET 15825 Avery Lane				24 CITY/TOWN OR LOCATION Salinas		25 INSIDE CITY LIMITS? (Yes/No) NO		26 COUNTY Monterey	
27 STATE California				28 ZIP CODE 93907					
29 FATHER'S NAME—FIRST, MIDDLE, LAST Samuel Dishman						30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Alma Dora Welch			
31 INFORMANT—NAME Simon Newberry				32 MAILING ADDRESS 15825 Avery Lane		33 STREET OR RFD NO. Salinas		34 CITY OR TOWN California	
35 STATE 93907									
36 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		37 DATE (Mo. Day, Yr.) 11/20/89		38 CEMETERY/CREMATORY—NAME Powers Woodlawn Abbey				39 LOCATION—CITY/TOWN, STATE Sumner Washington	
40 FUNERAL DIRECTOR SIGNATURE: <i>[Signature]</i> X		41 NAME OF FACILITY Price-Helton Funeral Chapel				42 ADDRESS OF FACILITY P.O. Box 9, Auburn, WA 98071			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN									
43 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> X					44 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) STATED SIGNATURE AND TITLE <i>[Signature]</i> X				
45 DATE SIGNED (Mo., Day, Yr.) 11/20/89					46 HOUR OF DEATH (24 Hrs.) 1237				
47 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bruce Cooley, MD					48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 700 So. 320th, Suite C, Federal Way, WA				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER									
50 PART I ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.									
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST			(A) RESPIRATORY ARREST				INTERVAL BETWEEN ONSET AND DEATH 3 DAYS		
(B) RIGHT CEREBROVASCULAR ACCIDENT			DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH		
(C) DIABETES, OBESITY			DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH		
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE DIABETES, OBESITY						52 AUTOPSY? (Yes/No) NO		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO	
54 ACC. SUICIDE NO. UNDET. OR PENDING INVEST. (Specify) NO		55 INJURY DATE (Mo., Day, Yr.)		56 HOUR OF INJURY (24 Hrs.)		57 DESCRIBE HOW INJURY OCCURRED			
58 INJURY AT WORK? (Yes/No) NO		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)				60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61 REGISTRAR SIGNATURE <i>[Signature]</i> X						62 DATE RECEIVED (Mo., Day, Yr.) NOV 21 1989			

204782

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OSHS 9-641A (11/85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.