

When Recorded Mail To:

AZ Land Research, LLC  
10000 N. 31<sup>st</sup> Ave Suite C302  
Phoenix, AZ 85051

BOOK 440 PAGE 255-257  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Orbit Investments  
2006 AUG 15 PM 2:54  
EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 16.00

**205721**

THIS SPACE FOR RECORDER'S USE ONLY

## AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF Nevada

COUNTY OF Eureka

Norma Greene, of legal age, being first duly sworn, deposes and says: That Bernice H. Goggin, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bernice H. Goggin named as one of the parties in that certain Joint Tenancy Deed dated September 21, 1990, executed by Eureka County, Nevada to Bernice H. Goggin and Norma Greene as joint tenants, recorded on June 24, 1994, in Book 270, Page 350, 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:

### SEE EXHIBIT "A" ATTACHED

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 \$ \_\_\_\_\_.

Dated July 7, 2006.

Norma Greene  
SIGNATURE OF JOINT TENANT)

NORMA GREENE  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

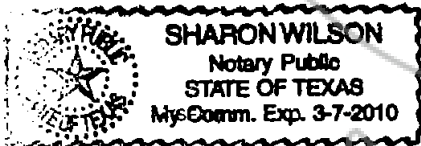
\_\_\_\_\_  
(SIGNATURE OF JOINT TENANT)

\_\_\_\_\_  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

SUBSCRIBED AND SWORN TO BEFORE ME

this 7th day of July, 2006.

Sharon Wilson  
(SIGNATURE OF NOTARY)



MAIL TAX  
STATEMENT TO:

**EXHIBIT "A"**

**Legal Description:**

Lot 6 of Block 35 of CRESCENT VALLEY RANCH & FARMS, UNIT NO 1, as per  
map recorded in Eureka County, Nevada

**A.P.N.:** 002-046-06

COPY

*Bernice Goggin's  
Death Certificate*

# SEVIER COUNTY HEALTH DEPARTMENT

Tennessee Department of Health - Cooperating

P. O. Box 4648

Sevierville, Tennessee 37864

453-1032 - 423-637-6853

2363

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK



## TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE  
NUMBER

NAME OF DECEDENT  
TO BE PRINTED IN FULL

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL  
EXAMINER EXERCISING  
CERTIFICATE MUST  
COMPLETE AND SIGN  
MEDICAL CERTIFICATION  
WITHIN 48 HOURS.

SEE INSTRUCTIONS  
ON OTHER SIDE

CAUSE OF  
DEATH

1. DECEDENT'S NAME (First, Middle, Last) <b>Bernice Etta Haley Goggin</b>				2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>January 4, 2000</b>	
4. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		5a. AGE - LAST BIRTHDAY (Month, Day, Year) <b>92</b>		5b. UNDER 1 YEAR AGE <b>0</b>		6. DATE OF BIRTH (Month, Day, Year) <b>August 24, 1907</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Kent Store, Virginia</b>		8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):					
9. FACILITY NAME (If not institution, give street and number) <b>Royal Care of Pigeon Forge</b>		9c. CITY, TOWN OR LOCATION OF DEATH <b>Pigeon Forge</b>		9d. COUNTY OF DEATH <b>Sevier</b>			
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>[REDACTED]</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Seamstress</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Factory</b>	
13a. RESIDENCE STATE <b>Tennessee</b>		13b. COUNTY <b>Sevier</b>		13c. CITY, TOWN OR LOCATION <b>Kodak</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>3923 Petty Road</b>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <b>37764</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (8-12)</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>					
17. FATHER'S NAME (First, Middle, Last) <b>Charles Haley</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Wilson</b>			
19a. INFORMANT'S NAME (Type/Print) <b>Norma Greene</b>				19b. RELATIONSHIP TO DECEDENT <b>Niece</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>657 Idlewild Drive Sparta, Tennessee 38583</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Arlington National Cemetery</b>		20c. LOCATION - City or Town, State <b>Arlington, Virginia</b>		21. LICENSE NUMBER OF FUNERAL DIRECTOR <b>2642</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Albert Atchley</i>		21b. SIGNATURE OF EMBALMER <i>Dallas Shultz</i>		21c. LICENSE NUMBER OF EMBALMER <b>3725</b>		21d. LICENSE NUMBER OF FUNERAL HOME <b>173</b>	
22a. NAME AND ADDRESS OF FUNERAL HOME <b>Atchley Funeral Home, 118 E. Main St., Sevierville, Tn. 37862</b>		22b. LICENSE NUMBER OF FUNERAL HOME <b>173</b>					
23. REGISTRAR'S SIGNATURE <i>Jeanice Webster</i>				24. DATE FILED (Month, Day, Year) <b>01-26-00</b>			
25. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 25a. SIGNATURE AND TITLE OF PHYSICIAN <i>Shirley M. Felt</i> 25b. LICENSE NUMBER <b>10001012</b> 25c. DATE SIGNED (Month, Day, Year) <b>1/24/00</b>							
26. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 26a. SIGNATURE AND TITLE OF MEDICAL EXAMINER <b>[REDACTED]</b> 26b. LICENSE NUMBER <b>[REDACTED]</b> 26c. DATE SIGNED (Month, Day, Year) <b>[REDACTED]</b>							
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>[REDACTED]</b>							
28. PART I. Enter the diseases, injuries, or complications that 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) → <b>Stroke</b> DUE TO (OR AS A CONSEQUENCE OF): a. <b>Atherosclerotic Cardiovascular Disease</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>[REDACTED]</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>[REDACTED]</b> DUE TO (OR AS A CONSEQUENCE OF): d. <b>[REDACTED]</b>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>[REDACTED]</b>							
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year) <b>[REDACTED]</b>		31b. TIME OF INJURY <b>M</b>		31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>[REDACTED]</b>		31e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>[REDACTED]</b>					

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Local Health Department. This is valid only when the seal of the issuing Local Health Department is affixed.

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*Jeanice Webster*  
Deputy Registrar