

When Recorded Mail To:

AZ Land Research, LLC
10000 N. 31st 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. REBAL. ETL. 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 \$ _____.

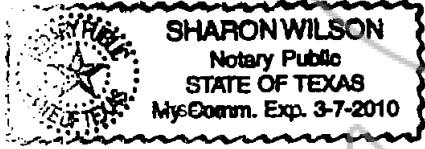
Dated July 7, 2006.

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)

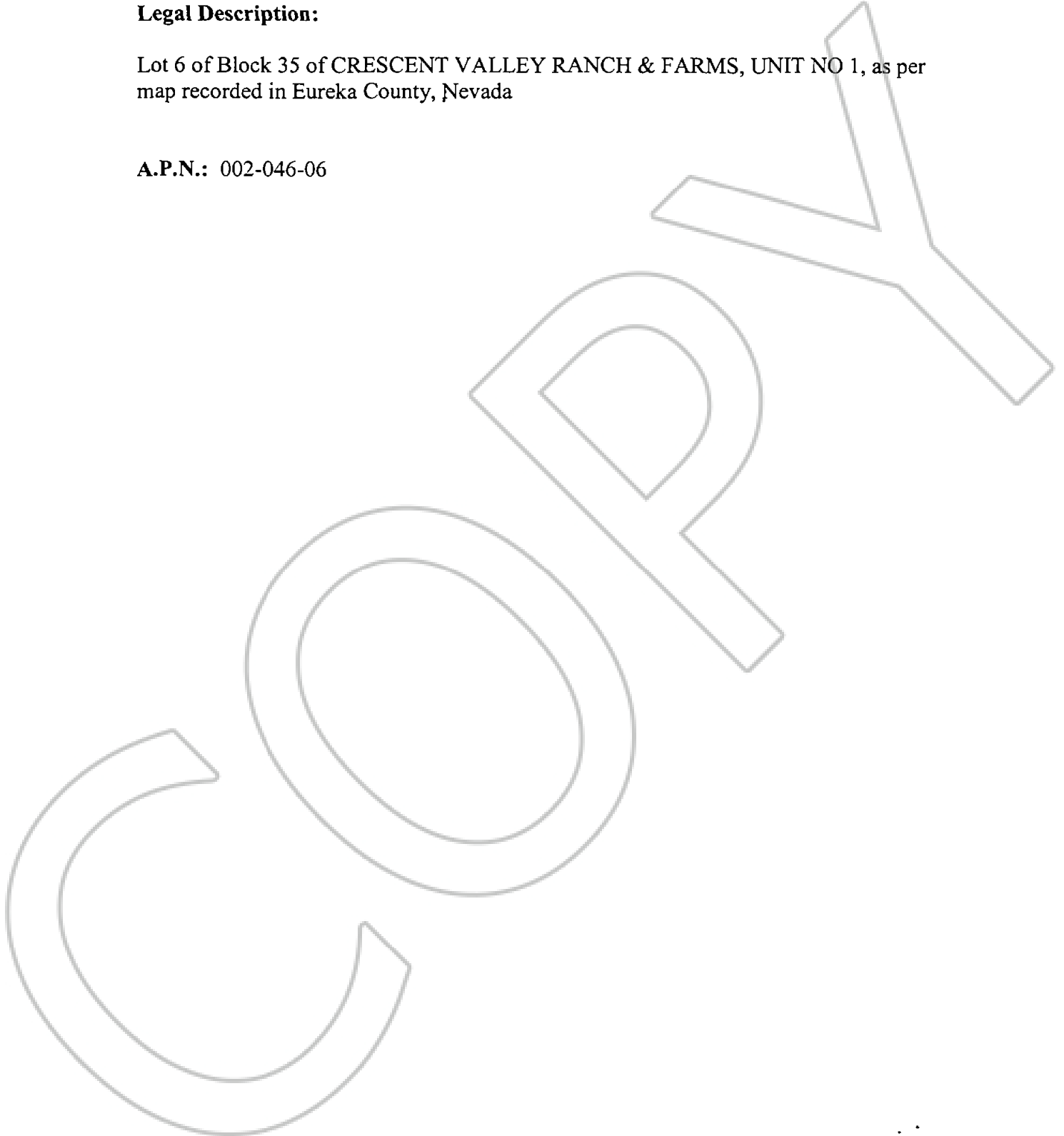
MAIL TAX
STATEMENT TO:

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



*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
FOR PRINTING PURPOSES ONLY

DISPOSITION

REGISTRAR

CERTIFIER

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

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.

BOOK 440 PAGE 257

Juanice Webster
Deputy Registrar