

When Recorded Mail To:

AZ Land Research, LLC
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Phoenix, AZ 85051

File # 000557
APN: 005-230-27

DOC # 0207356

12/27/2006

02:32 PM

Official Record

Recording requested By
ORBIT INVESTMENTS LLC

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By FES

Book- 0449 Page- 0185



0207356

THIS SPACE FOR RECORD

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF Nevada

COUNTY OF Eureka

Nell O. Manor, of legal age, being first duly sworn, deposes and says:

That Samuel H. Manor, Jr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Samuel H. Manor, Jr. named as one of the parties in that certain Corporation Grant, Bargain, Sale Deed dated September 18, 1978, executed by Eureka, Nevada to Samuel H. Manor, Jr. and Nell O. Manor as joint tenants, recorded as Instrument No. 66229, on September 26, 1978, in Book 66, Page 139, 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 August 25, 2006

Sharon J. Sumeran as attorney in fact
for Nell O. Manor

(SIGNATURE OF JOINT TENANT)

SHARON J. SUMERAN for NELL O. MANOR

(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 25 day of August, 2006

Angela Hoak

(SIGNATURE OF NOTARY)

MAIL TAX
STATEMENT TO:

EXHIBIT "A"

Township 30 North, Range 48 East, M.D.B.&M., Section 27: NE1/4 SE1/4 NW1/4 of Eureka County, Nevada.

A.P.N.: 005-230-27



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

81-000892

LOCAL FILE NUMBER 11

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1 Samuel Houston MANOR, JR.		2 March 15, 1981		3a Mineral			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)		If Hosp or Inst indicate DOA, OP, Emer, Rm, Inpatient (Specify)		3d	
3b Hawthorne		3c 870 F Street					
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
4a White		4b German-English		5a 60		5b	
STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		DATE OF BIRTH (Mo, Day, Yr)	
6 Nevada		9 U.S.A.		10 Married		6 Aug. 14, 1920	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SEX	
13 530 09 7360		14a Naval Ammo Depot		14b Civil Service		Male	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a Nevada		15b Mineral		15c Hawthorne		15d 870 F Street	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last				INSIDE CITY LIMITS (Specify Yes or No)	
16 Samuel Houston Manor, Sr.		17 Jessie P. Howard				15e yes	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a Sharon Sumerau		18b Box 1551 Hawthorne, Nev. 89415					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a Cremation		19b Mountain View Crematory		19c Reno, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY					
20a [Signature]		20b Hawthorne Funeral Home P.O. Box 2285 Hawthorne, NV. 89415					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		22a. 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)					
DATE SIGNED (Mo, Day, Yr)		DATE SIGNED (Mo, Day, Yr)		HOUR OF DEATH		HOUR OF DEATH	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. 3/17/81		22c. 0330		22d. ON March 15, 1981	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		22e. AT 0715					
23 Robert M. Rupracht, Sr., Box 1637, Hawthorne, NV. 89415							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo, Day, Yr)					
24a. (Signature) [Signature]		24b. March 17, 1981					
25. IMMEDIATE CAUSE: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I (a) Acute Cardiac Arrest						Interval between onset and death	
(b) Congestive Heart Failure						Immediate	
(c) Artherosclerotic Heart Disease						Days	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)		Years	
PART II Diabetes - Hyper lithedemia		26		27			
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo, Day, Yr)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		LOCATION		STREET OR R.F.D. No CITY OR TOWN STATE	
28e.		28f.		28g.			

Nº 22365

139032

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: OCT 06 2006

This copy is not valid unless prepared on engr.

ANY ALTERATION

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