

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

When Recorded Mail To:  
  
AZ Land Research, LLC  
10000 N. 31<sup>st</sup> Ave C-302  
Phoenix, AZ 85051

File # 000557  
APN: 005-230-27

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 NELLO 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

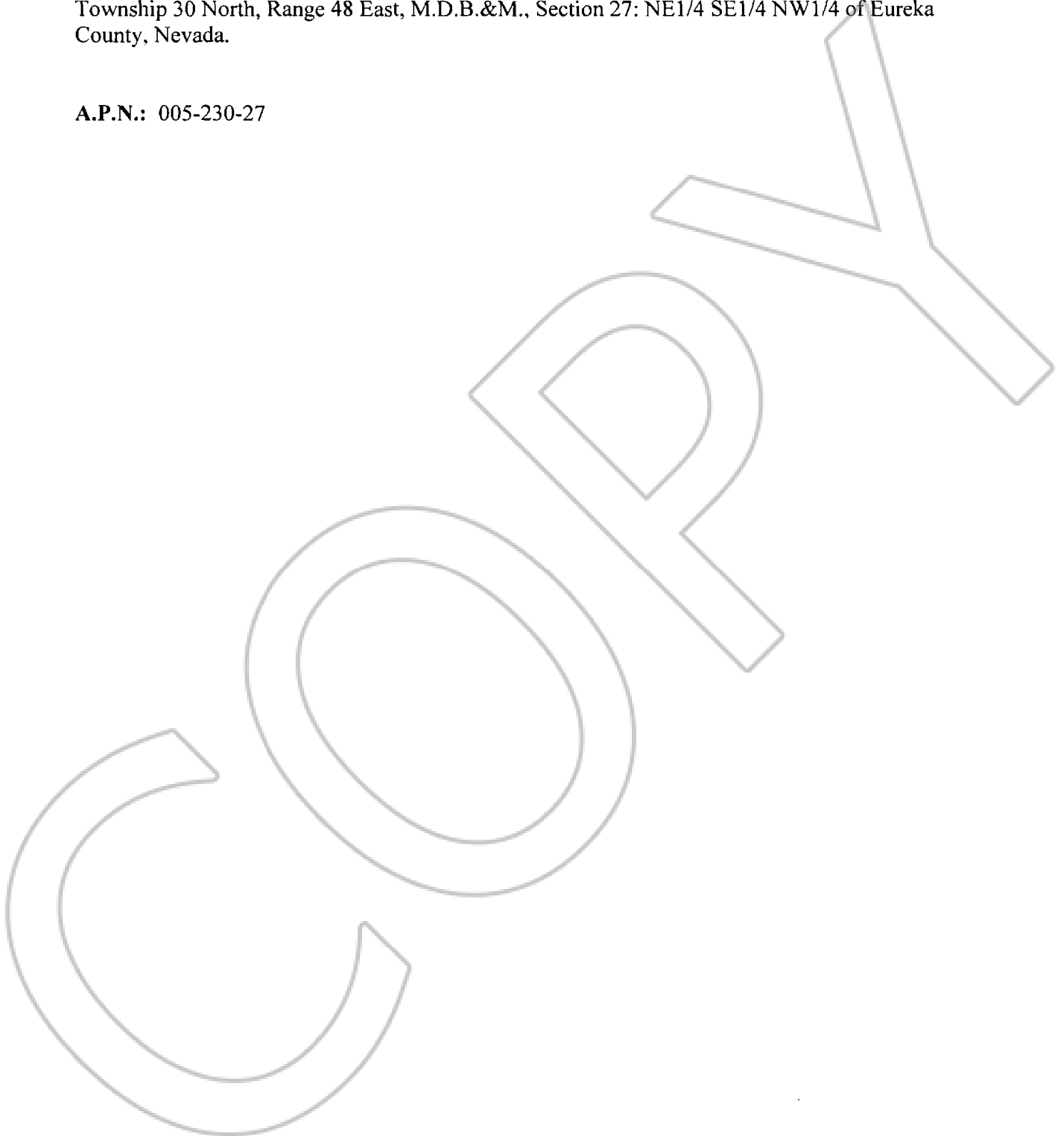
*Angela Hoak*  
(SIGNATURE OF NOTARY)

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  
STATE FILE NUMBER

LOCAL FILE NUMBER 11

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION OR HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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



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.

[Signature]

Nº 22365

