

APN: 02-013-07

Recording Requested By:  
Sonia T.B. Winn  
c/o Ada Osborne  
PO Box 211094  
Crescent Valley, NV 89821

**DOC # 0223858**

03/07/2013 01:56 PM

**Official Record**

Recording requested By  
TORVINEN & TORVINEN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LLH

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**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA            )  
                                      ) ss:  
COUNTY OF Washoe        )

SONIA T.B. WINN, being first duly sworn, deposes and  
says:

1. That your Affiant knows the facts set forth herein  
of her own knowledge and is competent to testify to the facts set  
forth herein.

2. That your Affiant and Jack E. Winn, deceased, held  
as joint tenants with the right of survivorship, the real property  
described as: Lot 6, Block 17 Crescent Valley Ranch & Farms, Unit  
1, by virtue of that certain Deed dated January 8, 2004 and  
recorded as Document No. 184945 in the Official Records of Eureka  
County, Nevada, to Jack E. Winn and Sonia T.B. Winn as joint  
tenants.

3. Jack E. Winn died on December 17, 1997 in Salt Lake City, Utah. A Certified Copy of the Death Certificate is attached hereto as Exhibit "B" and incorporated herein by reference.

4. That your Affiant is the surviving spouse of the deceased and the surviving joint tenant named on the Deed referenced in paragraph 2, above.

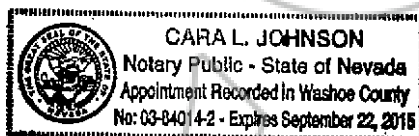
5. That all title and interest to the above-described property is now vested solely in your Affiant as the surviving joint tenant.

DATED this 1 day of March, 2013.

Sonia T.B. Winn  
SONIA T.B. WINN

Subscribed and Sworn to be true, under oath  
before me, a Notary Public, this 1st day of  
~~Feb~~ March, 2013.

Cara L. Johnson  
NOTARY PUBLIC



# STATE OF UTAH — DEPARTMENT OF HEALTH

18-5323

## CERTIFICATE OF DEATH

|  |  |   |   |
|--|--|---|---|
| LOCAL FILE NUMBER  |  | STATE FILE NUMBER   |   |
| 1. NAME OF DECEDENT - FIRST MIDDLE LAST<br><b>Jack Elmer Winn</b>  |  | 2. SEX<br><b>Male</b>   | 3a. DATE OF DEATH (Mo., Day, Yr.)<br><b>December 17, 1997</b> |
| 4. DATE OF BIRTH (Mo., Day, Yr.)<br><b>April 1, 1927</b>   |  | 5. AGE - (Last Birthday)<br><b>70</b>   | 3b. TIME OF DEATH (24hr. clock)<br><b>2140</b>                |
| 6. PLACE OF DEATH (Check only one)<br><input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other<br><b>VA Medical Center</b>   |  | 7. SOCIAL SECURITY NUMBER<br><b>Utah</b>  |   |
| 8. CITY, TOWN OR LOCATION OF DEATH<br><b>Salt Lake City</b>  |  | 9. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Sonia Busto</b>   |   |
| 10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced  |  | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)<br><b>Retired Rancher</b>   |   |
| 12b. KIND OF BUSINESS OR INDUSTRY<br><b>Agriculture</b>  |  | 13a. RESIDENCE - STREET AND NUMBER<br><b>P.O. Box 211095</b>  |   |
| 13b. CITY, TOWN OR COMMUNITY<br><b>Crescent Valley</b>   |  | 13c. COUNTY<br><b>Eureka</b>  | 13d. STATE<br><b>Nevada</b>                                   |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify)<br><input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)   |  | 15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify)<br><b>White</b>  |   |
| 16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (8-12) College (13-16 or 17+)<br><b>12</b>  |  | 17. FATHER'S NAME (First, Middle, Last)<br><b>Thomas A. Winn</b>  |   |
| 18. MAIDEN NAME OF MOTHER (First, Middle, Last)<br><b>Ada Harris</b>   |  | 19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT<br><b>Mada Bateman (Niece) 3136 West Ryan Dr. Taylorsville, Utah 84118</b>  |   |
| 20. METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other<br><input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal   |  | 21a. DATE OF DISPOSITION<br><b>Dec 18, 1997</b>   |   |
| 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>I.P.S. Crematory</b>   |  | 21c. LOCATION - City or Town, State<br><b>SLC, Utah</b>   |   |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE<br><b>C. Gerald Newson</b>   |  | 23. LICENSEE NUMBER<br><b>48708</b>   |   |
| 24. FUNERAL HOME (Name, address and license number)<br><b>INDEPENDENT PROFESSIONAL SERVICES 4555 SOUTH REDWOOD ROAD SALT LAKE CITY, UTAH 84123</b>   |  | 25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN<br><b>December 17, 1997</b>   |   |
| 26. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.<br><input checked="" type="checkbox"/> 1. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated. |  | 27a. LICENSE NUMBER<br><b>95-293990-1205</b>  |   |
| 27b. DATE SIGNED (Mo., Day, Yr.)<br><b>12/24/97</b>  |  | 28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print)<br><b>Mark K. Goddard, M.D., 500 Foothill Blvd, Salt Lake City, UT 84148</b>   |   |
| 29. REGISTRAR<br><b>[Signature]</b>  |  | 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)<br><b>December 18, 1997</b>   |   |
| 30b. DATE FILED (Mo., Day, Yr.)<br><b>December 23, 1997</b>  |  | 31. 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.<br><b>a. Right-sided heart failure</b><br>DUE TO (OR AS A CONSEQUENCE OF):<br><b>b. Chronic Obstructive Pulmonary Disease</b><br>DUE TO (OR AS A CONSEQUENCE OF):<br><b>c. Congestive heart failure</b><br>DUE TO (OR AS A CONSEQUENCE OF): |   |
| 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT<br><input checked="" type="checkbox"/> 1. Probably contributed to the cause of death.<br><input type="checkbox"/> 2. Was the underlying cause of death.<br><input type="checkbox"/> 3. Did not contribute to the cause of death.<br><input type="checkbox"/> 4. Is unknown in relation to the cause of death.                                 |  | 33a. WAS AN AUTOPSY PERFORMED?<br><input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No   |   |
| 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No  |  | 34. MANNER OF DEATH<br><input checked="" type="checkbox"/> 1. Nature <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined <input type="checkbox"/> 6. Pending Investigation (Injured, Rape, or Accidentally)  |   |
| 35a. DATE OF INJURY (Mo., Day, Yr.)  |  | 35b. TIME OF INJURY (24 Hour Clock)   |   |
| 35c. LOCATION (Street or rural route number, city or town, county and state.)  |  | 35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)   |   |
| 35e. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)   |  |   |   |

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of DEC 23 1997 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

County - Salt Lake

Registrar *[Signature]*

L035463

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS  
By

*Ellen Freeman*



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