

AFFIDAVIT BY SURVIVING JOINT TENANT

State of)
) ss.
County of)

Matthew R. Rorick aka Ralph Rorick being first duly sworn, deposes and says: That affiant is the surviving spouse of Marilyn Rorick and that the affiant and the said Marilyn Rorick, deceased, are the beneficiaries in joint tenancy with the right of survivorship under that certain Deed of Trust recorded March 23, 1977 in Book 377 Page 1155 Document No. 07845 Official Records of Douglas County, State of Nevada, affecting the following described property, situate in the County of Douglas State of Nevada.

Township 9 North, Range 23 East, M. D. B. & M.

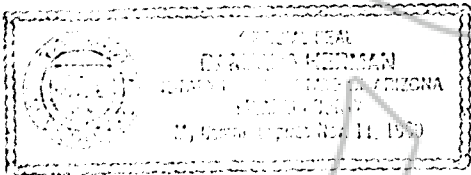
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That the said Marilyn Rorick, one of the joint tenants in said Deed of Trust died on the 28th day of March 19 88 in the County of State of Arizona

That all interest as Beneficiary in said Deed of Trust is absolutely in affiant; namely, Matthew R. Rorick aka Ralph Rorick as of the date of said decedent's death.

x Matthew R. Rorick
Matthew R. Rorick
x Ralph Rorick
Ralph Rorick

SUBSCRIBED and SWORN to before me this 19th day of May 1988



[Signature]
Notary Public

CERTIFICATION OF VITAL RECORD

**STATE OF ARIZONA
STATE OF ARIZONA**

DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION
CERTIFICATE OF DEATH

DEATH NO
D 102-

| | | | | | | |
|---|--|--|---|--|--|---|
| NAME OF DECEASED 1 MARILYN ELAINE RORICK | | | SEX Female | DATE OF DEATH March 28, 1988 | | |
| RACE (e.g. white, black, American Indian, etc.) 4A White | | WAS DECEASED OF SPANISH ORIGIN (YES/NO/SPECIFY) B No | | IF YES INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C | | WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5 No |
| PLACE OF DEATH 6 Maricopa | | TOWN OR CITY Phoenix | | HOSPITAL OR INSTITUTION Good Samaritan Medical Center | | D <input type="checkbox"/> COA <input type="checkbox"/> HOME <input checked="" type="checkbox"/> HOSPITAL |
| DATE OF BIRTH 7 August 14, 1940 | | AGE - YEARS MA 47 | MONTHS B | DAYS C | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (P, PE, CE, Y) 9 Married | SURVIVING SPOUSE 10 Matthew Rolfson Rorick |
| STATE OF BIRTH (USA, NAME OF FOREIGN COUNTRY) 11 California | | CITY OF WHAT COUNTRY? 12 U.S.A. | | SOCIAL SECURITY NO. [REDACTED]-4283 | | USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A Homemaker |
| RESIDENCE - STATE 15 Arizona | | COUNTY Yavapai | | TOWN OR CITY Dewey | | ZIP CODE 86327 |
| STREET ADDRESS OR P.O. BOX 16 1084 Manzanita Trail | | INSIDE CITY LIMITS? (Specify Yes or No) 15F No | ON RESERVATION (Specify Yes or No) 16G No | HOW LONG IN ARIZONA YEARS 16 10 | | MONTHS 16 |
| FATHER'S NAME 17 Meredith Eldreth Tyrell | | MOTHER'S MAIDEN NAME 18 Ethel Randine Rogness | | PREVIOUS STATE OF RESIDENCE 17 California | | |
| FORMANT'S SIGNATURE 19 Matthew R. Rorick | | | RELATIONSHIP TO DECEASED 2 Husband | ADDRESS 22 1084 Manzanita Trail, Dewey, AZ 86327 | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 23 Cremation | | DATE 24 3/30/88 | CEMETERY OR CREMATORY - NAME & LOCATION 25 Deca Services Crematory, Phoenix, AZ | | EMBALMER'S SIGNATURE 26 Not Embalmed | |
| FUNERAL HOME - NAME & ADDRESS 28 Arizona Ruffner Wakelin, 303 S. Cortez, Prescott, AZ | | | | FUNERAL DIRECTOR or person acting as such (SIGNATURE) 29 [Signature] | | CERT NO. 27 |

| | | | | | |
|--|---|--|--|---|--|
| To be completed by CERTIFYING PHYSICIAN ONLY | TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY | ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. | |
| | SIGNATURE AND TITLE <i>[Signature]</i> | | | SIGNATURE <i>[Signature]</i> | |
| | DATE SIGNED (Mo., Day, Year) <i>[Date]</i> | | | DATE SIGNED (Mo., Day, Year) <i>[Date]</i> | |
| | HOUR OF DEATH 1115 A.M. | | | HOUR OF DEATH <i>[Blank]</i> | |

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print)
George E. Burdick, M.D., 4376 E. Virginia Ave Phx, AZ 85004

REG. DISTRICT
PR - 1 1000

REG. FILE NO.
241730

REGISTRAR'S SIGNATURE
[Signature]

DATE RECD. IN STATE OFFICE
45

| | | | |
|---|--|--|--|
| CONDITIONS WHICH GAVE RISE TO DEATH, STATE THE CAUSE LAST FIRST | A IMMEDIATE CAUSE Hepatic Trauma | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | B DUE TO OR AS A CONSEQUENCE OF Liver Failure | | |
| | C DUE TO OR AS A CONSEQUENCE OF Cirrhosis of Liver | | |

RT III. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (Adult female was the pregnant within past 90 days)

ANTOPSY (Specify yes or no)
48

WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify yes or no)
49

| | | | |
|---|---|-----------------------------|---|
| INJURY AT WORK? (Specify yes or no) 51 | DATE OF INJURY MO. DAY, YR. 52 M | HOUR 53 | DESCRIBE HOW INJURY OCCURRED 54 |
| PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) SPECIFY 55 | WHERE LOCATED? 56 | STREET ADDRESS 57 | CITY OR TOWN 58 |

PRELIMINARY ENTRIES

178616

CERTIFIED COPY OF VITAL RECORDS **APRIL 4, 1988**

588-3218

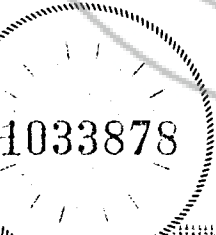
STATE OF ARIZONA
COUNTY OF MARICOPA

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of

[Signature]
DEAN L. BENSON
Chief Deputy County Registrar
Maricopa County Department of Health Services

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
CLARK COUNTY, NEVADA

'88 MAY 24 AM 11:36

SUZANNE BEAUDREAU
RECORDER

7⁰⁰ PAID *Bh* DEPUTY

178616

BOOK 588 PAGE 3219