

A.P.N. # 1318-24-701-004
ESCROW NO. _____

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

RACHEL S. JONES
PO BOX 697
CARLIN, NV 89822

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Elko } ss.

RACHEL S. JONES, of legal age, being first duly sworn, deposes and says:
That MELVIN R. JONES, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as MELVIN R. JONES
named as one of the parties in that certain DEED OF TRUST dated NOVEMBER 11, 1974
executed by ERNEST R. FREDERICK, AS TRUSTOR
to MELVIN R. JONES AND RACHEL S. JONES
as joint tenants, recorded as Instrument No. 76627, on NOVEMBER 22, 1974
in Book 1174, Page 673, of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the _____
County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

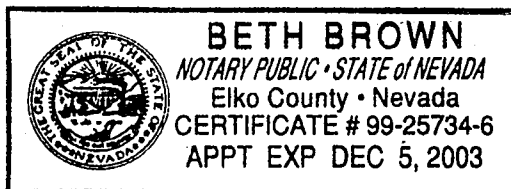
DATE: May 29, 2002

Rachel S. Jones
RACHEL S. JONES

STATE OF Nevada }
COUNTY OF Elko } ss.

This instrument was acknowledged before me on 13 August 2002
by, RACHEL S. JONES

Signature Beth Brown
Notary Public



0554685

BK1002PG05185

STATE OF NEVADA

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

85-007583

16,788 (159)

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Melvin R. JONES			DATE OF DEATH (Month, Day, Year) 2 December 27, 1985		COUNTY OF DEATH 3a. Elko
CITY, TOWN, OR LOCATION OF DEATH 3b. Elko		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Elko General Hospital		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc) (Specify) 4a. White	ETHNIC 4b.	AGE—Last Birthday (Years) 5a. 62	UNDER 1 YEAR MOS : DAYS 5b. :	UNDER 1 DAY HOURS : MINS 5c. :	DATE OF BIRTH (Mo., Day, Yr.) 6. August 12, 1923
STATE OF BIRTH (If not U.S.A., name country) 8. Idaho	CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Rachel Rand	
SOCIAL SECURITY NUMBER 13. ██████████ 3149		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Rancher		KIND OF BUSINESS OR INDUSTRY 14b. Ranching	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Elko	CITY, TOWN, OR LOCATION 15c. Carlin		STREET AND NUMBER 15d. 101 W. Main	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Marvin L. Jones			MOTHER—MAIDEN NAME First Middle Last 17. Lucinda Grey		
INFORMANT—NAME (Type or Print) 18a. Rachel Jones			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 697 Carlin, Nevada 89822		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Battle Mountain Cemetery		LOCATION City or Town State 19c. Battle Mountain, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		NAME AND ADDRESS OF FACILITY 20b. Burns Funeral Home, Inc. P.O. Box 689 Elko, Nevada 89801			
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) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. January 3, 1986			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) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b.		
HOUR OF DEATH 21c. 0535			HOUR OF DEATH 22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. L. A. Moren, M.D.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. L. A. Moren, M.D. 762-14th Street, Elko, Nevada 89801					
REGISTRAR 24a. [Signature] (Deputy)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Jan. 7, 1986		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Carcinoma of the lung DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) 162.9 DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)				AUTOPSY (Specify Yes or No) 26.	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	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

No 55572

VITAL RECORDS 5/4+

Yvonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: **OCT 09 2002 0554685**

State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1002 PG 05186

DESCRIPTION SHEET

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS STATE OF NEVADA, DESCRIBED AS FOLLOWS:

Parcel No. 3 lying within the Southeast 1/4 of Section 24, Township 13 North, Range 18 East, M.D.B. & M., as set forth on Parcel map filed for record October 15, 1974, in Book 1074, Page 260, Document No. 75900, Official Records of Douglas County, State of Nevada, described as follows:

Commencing at the East quarter corner of said Section 24, proceed South 63°43'27" West, 1,464.02 Feet, to the Southeast corner of the Northeast 1/4 of the Northwest 1/4 of the Southeast 1/4 of the section, which is also the Northwest corner of the Ansaldo Acres Subdivision; thence North 0°04'17" West, 249.49 Feet to a point; thence Southerly, along the Westerly boundary of Logging Road, around a curve to the right, with a beginning tangent of South 5°14'25" West, a radius of 500 Feet, a central angle of 0°32'58", and a length of 4.79 Feet, to the True Point of Beginning; thence along the Westerly boundary of Logging Road Southerly around a curve to the right, with a beginning tangent of South 5°47'23" West, radius of 500 Feet, a central angle of 14°30'24", and a length of 126.59', to a point of reverse curvature; thence along the Westerly boundary of Logging Road, Southerly around a curve to the left, having a radius of 426.52 Feet, a central angle of 6°05'35" and a length of 45.36 Feet, to the Southeast corner of the parcel; thence leaving Logging Road, South 78°37'03" West, 414.07 Feet, to the Southwest corner of the parcel; thence North, 200.00 Feet, to the Northwest corner of the parcel; thence North 83°52'50" East, 450.43 Feet to the True Point of Beginning.

Together with a non-exclusive easements for access and utilities over the easterly 50 Feet of Parcel 2 lying east of a line joining a point 50 Feet west of the Southeast corner and a point lying 25 Feet West of the Northeast corner of Parcel 2, as set forth on said Map.

In compliance with Nevada Revised Statute 111.312, the herein above legal description was taken from instrument recorded 4-28-95 in Book 495, Page 4440, Document No. 361105 recorded in the Official Records of Douglas County, State of Nevada

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 OCT 14 AM 10: 20

LINDA SLATER
RECORDER

\$16 PAID *KJ* DEPUTY

0554685

BK 1002 PG 05187