

AFFIDAVIT OF JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

PEARL M. ARCHIBALD, being first duly sworn, deposes and says:

That prior to the 13th day of March, 1961, she and her husband, JAMES J. ARCHIBALD, were the owners as joint tenants with the right of survivorship, and not as tenants in common, of the following real property situate in the County of Humboldt, State of Nevada, and described as follows:

The Northwest quarter (NW $\frac{1}{4}$) of the Southeast quarter (SE $\frac{1}{4}$); and the North one-half (N $\frac{1}{2}$) of the Southwest quarter (SW $\frac{1}{4}$) of Section 29; and the North one-half (N $\frac{1}{2}$) of the Southeast quarter (SE $\frac{1}{4}$) of Section 30; all in the township 41 North, Range 39 East, M.D.B. & M.

Together with any and all water and water rights, water permits, dams, ditches, aqueducts, and all stock water and stock watering rights appurtenant to or heretofore and now used in connection to or with said land and premises, or usually had and enjoyed with any and/or all of said lands.

Together with all range, range rights, range right permits and forest reserve permits, now and heretofore used, claimed, and enjoyed, in connection with said land and premises.

Together with any and all buildings, fences, and any and all other improvements situated thereon.

That in accordance with the death certificate attached hereto, which is expressly made a part of this affidavit, the said JAMES J. ARCHIBALD died in Humboldt County, Nevada, on the 13th day of March, 1961. That by reason of the death of her said husband, your affiant, by being the surviving joint tenant, is now the sole owner of the aforesaid property.

DATED this 29 day of March, 1961.

Pearl M. Archibald

SUBSCRIBED and SWORN to before me this 29 day of March, 1961.

(Notarial)
(Seal)

Ernest S. Brown

Notary Public in and for said
County and State,

My Commission Expires
7 Nov 1961

Registrar's No. 172

Certificate of Death
State of Nevada

State File NO.

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

1. PLACE OF DEATH: State of Nevada	2. Usual Residence (Where deceased lived. If institution: Residence before admission)	
A. COUNTY Humboldt	a. STATE Nevada	b. COUNTY Humboldt
B. City, Town, or Location Ambulance enroute to Hospital	C. Length of Stay in 1b	c. City, Town, or Location Paradise Valley

3. NAME OF DECEASED (First) (Middle) (Last) 4. Date (Month) (Day) of Death
 (Type of print) JAMES J. ARCHIBALD Mar. 13,

5. SEX 6. Color or Race 7. MARRIED Never Married WIDOWED DIVORCED 8. DATE OF BIRTH
 male white Sept. 1, 1903

9. AGE (In years last birthday) 57 If Under 1 year Months Days If Under 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC (State or country)
 Rancher Livestock Reno, Nev

12. CITIZEN OF WHAT COUNTRY? USA 13. FATHERS NAME Andrew Archibald 14. MOTHER'S MAIDE Emlig M. Lena

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SEC. NO. 17. INFORMANT
 Yes WW II 559 14 7172 Mrs James Archibald Paradise Valley, N

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a),(b),(c).) Interval onset ar

PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (A) _____
 DUE TO (B) natural causes, possibly a heart attack none
 Conditions, if any, DUE TO (C) _____
 which gave rise to above) _____
 cause (a), stating the) _____
 underlying cause last.) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART 1(A)

19. WAS AUTOPSY PERFORMED? 20. ACCIDENT SUICIDE 20B. DESCRIBE HOW INJURY OCCURED
 YES NO HOMICIDE (Enter nature of injury in Part or Part II of item 18.)

20C. TIME OF INJURY Hour Month, Day, Year 20D. INJURY OCCURRED
 A.M. P.M. 3 - 13 - 61 WHILE AT WORK NOT WHILE AT WORK
 10:45

20E. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20F. City, Town, or Location County
 Nevada 8B Humboldt

21. I attended the deceased from _____, to _____, and last saw (him) (her) alive c
 Death occurred at _____ m. on the date stated above: and to the best of my knowlec
 from the causes stated.

22A. SIGNATURE (Degree or Title) 22B. ADDRESS 22C. DATE SIGNED
 Jack Heward. Coroner Winnemucca, Nevada Mar. /61

23A. BURIAL, CREMATION, 23B. DATE 23C. NAME OF CEMETERY OR 23D. Location (City
 REMOVAL (Specify) Mar. 17/61 CREMATORY or C
 Burial F. & A. M. (S

24. FUNERAL DIRECTOR	Embalmer's Lic.No.	Address	25. DATE REC'D BY	26. REGISTRAR'S
Eddy & Son,	13	Winnemucca	LOCAL REG. Mar 25 /61	SIGNATURE

I hereby certify that this is a true and correct copy of the original record which is on file in the office of the Division of Vital Statistics of the Nevada State Department of Health at Carson City, Nevada.

(Nevada State Department of Health)
(Seal)

Director, Division of Vital
Statistics

DATE ISSUED: March 29, 1961

Recorded at request of Ernest S. Brown April 1, 1961 at 30 Min, past 10 o'clock A. M.
File No. 109484

J. L. Germain
County Recorder

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A F F I D A V I T

STATE OF CALIFORNIA,)
) SS.
COUNTY OF SAN JOAQUIN.)

OWEN WILKINSON being first duly sworn on oath, deposes and says:

That he resides in the City of Stockton, County of San Joaquin, State of California; that he is the surviving son of E. D. Wilkinson, who died on the 3rd day of January, 1956; that said E. D. Wilkinson left surviving him as his sole heirs and next of kin his widow, Irene O. Wilkinson, and your affiant, Owen Wilkinson, a surviving son.

Owen Wilkinson
Owen Wilkinson

SUBSCRIBED AND AWORN to before me this 5th day of April, A. D. 1961.

(Notarial)
Seal)

Beulah M Grattan
Notary Public

Recorded at request of James A. Callahan April 6, 1961 at 35 Min. past 3 o'clock P. M.
File No. 109509

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J. L. Germain
County Recorder

CERTIFIED COPY

THE FOREGOING DOCUMENT IS A
FULL TRUE AND CORRECT COPY OF