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AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

STATE OF NEVADA)  
                  : ss  
COUNTY OF LINCOLN)

WALTER C. REEVES, being first duly sworn, deposes and says:

1. That he is a friend of DOROTHY GARLINGTON who died on June 1, 1977, in Las Vegas, Nevada.

2. That at the time of death of the decedent, affiant and decedent owned property in joint tenancy described as follows:

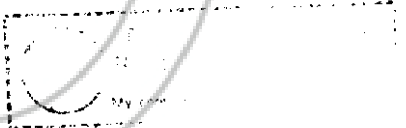
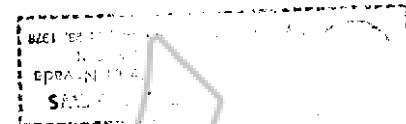
All of Lot number Sixteen (16) in Sun Gold Manor, Unit No. 1, as delineated and described on the official Plat of said Sun Gold Manor, Panaca, Lincoln County, Nevada, on file and of record in the Office of the Lincoln County Recorder at Pioche, Nevada, reference to which plat is hereby made for further particulars; together with any and all improvements situate thereon and specifically including one (1) 1958 Frontier, two-bedroom Mobile Home and one (1) 1962 Kit Mobile Home.

3. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above described property as his sole and separate property pursuant to Nevada Revised Statutes 40.470(5).

*Walter C. Reeves Jr*  
WALTER C. REEVES, Affiant

Subscribed & Sworn to before me this 20 day of June, 1977.

*Barbara S. Maclean*  
Notary Public



No. 59834  
FILED AND RECORDED AT REQUEST OF  
WALTER C. REEVES  
JUNE 20, 1977  
AT 40 MINUTES PAST 1 O'CLOCK  
A M IN BOOK 20 OF OFFICIAL  
RECORDS, PAGE 23 LINCOLN  
COUNTY, NEVADA.  
*Barbara S. Maclean*  
COUNTY RECORDER

Ret. To:  
3812 SOUTH SAND HILL ROAD  
LAS VEGAS, NOV. 89121

REPUBLIC OF NEVADA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH 1977**

1. DECEASED NAME: **Dorothy J. GAYLINGTON** Female DATE OF DEATH: **June 1, 1977**  
 2. RACE: **White** AGE: **62** YEARS MONTHS DAYS DATE OF BIRTH: **June 6, 1914** COUNTY OF DEATH: **Clark**  
 3. CITY, TOWN OR LOCATION OF DEATH: **Las Vegas** HOSPITAL OR OTHER INSTITUTION: **Sunrise Hospital**  
 4. STATE OF BIRTH: **Nevada** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, SURVIVING SPOUSE (IF FEMALE, GIVE MAIDEN NAME): **Widowed**  
 5. RESIDENCE: **Clark** COUNTY: **Clark** CITY, TOWN, OR LOCATION: **Las Vegas** KIND OF BUSINESS OR INDUSTRY: **Custodian** SCHOOL DISTRICT: **School District**  
 6. ADDRESS: **3812 Sandhill Rd.**  
 7. INFORMANT NAME: **Thea** ADDRESS: **No. L.V., Nev. 89030**  
 8. NAME AND RELATIONSHIP OF DECEASED: **Clarence J. Barrum (daughter)** ADDRESS: **2633 Carroll No. L.V., Nev. 89030**  
 9. CAUSE OF DEATH: **Cardiac arrest**  
 10. PROBABLE CAUSE OF DEATH: **probable Cardiac myopathy**  
 11. OTHER SIGNIFICANT CONDITIONS: **Heart**  
 12. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): **NO**  
 13. DATE OF INJURY: **9-24-77** HOUR: **6-1-77** HOW INJURY OCCURRED: **8:40 A.M.**  
 14. INJURY AT WORK (SPECIFY YES OR NO): **NO** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): **3198 Maryland Hwy. L.V., Nev.**  
 15. CERTIFICATION: MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON: **9-24-77 6-1-77 6-1-77** DID NOT VIEW THE BODY: **NO** TIME OF DEATH: **8:40 A.M.**  
 16. CERTIFICATION: MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED: **NO**  
 17. SIGNATURE OF MEDICAL EXAMINER OR CORONER: **Norman Venger, M.D.** SIGNATURE: **Norman Venger** DATE SIGNED: **6-1-77**  
 18. ADDRESS: **3198 Maryland Hwy. L.V., Nev. 89102**  
 19. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY NAME: **Memory Gardens** LOCATION: **L.V., Nev.**  
 20. FUNERAL HOME NAME AND ADDRESS: **Bunker Mortuary 925 L.V. Blvd. No. L.V., Nev. 89101**  
 21. DATE: **June 4, 1977** REGISTRAR SIGNATURE: **Robert S. Bunker** REGISTRAR SIGNATURE: **Wanda Super, Dep** DATE RECEIVED BY LOCAL REGISTRAR: **6-3-77**

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA."  
 This copy was filed by Clark County from certified microfilm or from State certified documents as authorized by the State Board of Health pursuant to NRS 402.120. This is a true certified copy of the record only if it bears the seal of the District Registrar (PRINTED IN PURPLE INK).

FEE \$2.00  
 District Registrar  
 CLARK COUNTY, NEVADA

