

Lincoln County

TERMINATION OF JOINT TENANCY

STATE OF NEVADA)

: ss

COUNTY OF LINCOLN)

HARRIET D. RATLIFF, being first duly sworn, deposes and says:

1.

That she is the surviving spouse of ELTON C. RATLIFF, who died February 19, 1979, aged 72 years, in Riverside, California; that at the time of his death the decedent was a resident of Panaca, Lincoln County, Nevada.

2.

That at the time of decedent's death, decedent and affiant owned property in Joint Tenancy situate in Lincoln County, Nevada, as follows, to-wit:

All of the East Half (E½) of Lots numbered One (1) and Four (4) in Block numbered Eighteen (18) in the Town of Panaca, County of Lincoln, State of Nevada, together with any and all improvements and together with one (1) share of the capitol stock of Panaca Irrigation Company

Also all that certain parcel of land in Block Five (5) of the Pioche Townsite, as shown on the official map of Pioche, Lincoln County, Nevada, described as follows, to-wit: Beginning at a point which bears S 1°08' E a distance of 1246.97 feet from the Northeast corner (NE) of Section 22, Township 1 North, Range 67 East, MDB&M, said point being the northeast (NE) corner of the subject parcel; thence S 4°00' E a distance of 207.00 feet to a point; thence N 86°00' E a distance of 30.00 feet to a point; thence S 4°00' E a distance of 80.00 feet to a point; thence N 86°00' W a distance of 157.00 feet to a point; thence N 4°00' E a distance of 127.00 feet to a point; thence S 86°00' E a distance of 187.00 feet to the point of beginning; said parcel containing an area of 0.55 of an acre, more or less.

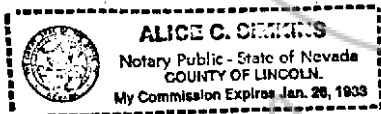
3.

That pursuant to the laws of the State of Nevada, affiant claims that the above-described property is now her sole and separate property; that a copy of death certificate of said ELTON C. RATLIFF is attached hereto.

Harriet D. Ratliff
HARRIET D. RATLIFF

Subscribed and Sworn to before me
this 19th day of April, 1979.

Alice C. Semkins
Notary Public



No. 64137

FILED AND RECORDED AT REQUEST OF
HARRIET D. RATLIFF
APRIL 20, 1979
AT 20 MINUTES PAST 11 O'CLOCK
A. M IN BOOK 29 OF OFFICIAL
RECORDS, PAGE 596 LINCOLN
COUNTY, NEVADA.

Spencer Selzer
COUNTY RECORDER

Lincoln County

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3318

785

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1C. LAST	
ELTON		RATLIFF	
1B. MIDDLE		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
CHESTER		Feb. 19, 1979	
2B. HOUR		2239	
3. SEX		4. RACE	
Male		Cauc.	
5. ETHNICITY		6. DATE OF BIRTH	
		Jan. 6, 1907	
7. AGE		8. NAME AND BIRTHPLACE OF FATHER	
72 years		Joe Ratliff - Texas	
9. NAME AND BIRTHPLACE OF MOTHER		10. SOCIAL SECURITY NUMBER	
Flora Tindall-Delaware			
11. CITIZEN OF WHAT COUNTRY		13. MARITAL STATUS	
USA		Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER WITH NAME)		15. PRIMARY OCCUPATION	
Harriet Stelmack		Poultry Rancher	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF EMPLOYED, SO STATE)	
15		Self Employed	
18. Kind of Industry or Business		19. City or Town	
Poultry Raising		Panaca	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. STATE	
Box 312 (Not numerically numbered)		Nevada	
19D. County		20. NAME AND ADDRESS OF INFIRMANT—RELATIONSHIP	
Unknown		Gary Nelson - Step-daughter	
21A. PLACE OF DEATH		P. O. Box 2186	
Riverside General Hospital		Palm Desert, CA 92260	
21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Riverside		9851 Magnolia Avenue	
21D. CITY OR TOWN		Riverside	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		24. WAS DEATH REPORTED TO CORONER?	
(A) Multiple internal injuries		Yes	
(B) Blunt force trauma		25. WAS AUTOPSY PERFORMED?	
(C) 2-20-79, 14:05 Chas. H. Kestner		No	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		26. WAS AUTOPSY PERFORMED?	
None		Yes	
27. TYPE OF OPERATION		28. DATE	
None			
29A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DAY, AND PLACE STATED FROM THE CAUSES STATED.		29B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEASED SINCE I LAST SAW DECEASED ALIVE (ENTER NO. DA, YR.)		29C. WHEN SIGNED	
29E. TYPE PHYSICIAN'S NAME AND ADDRESS		29D. PHYSICIAN'S LICENSE NUMBER	
29. SPECIFY OCCIDENT, BRIDGE, ETC.		30. PLACE OF INJURY	
31. INJURY AT HOME		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUSE		32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH PRECEDED OR ACCOMPANIED)	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DATE	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DAY, AND PLACE STATED FROM THE CAUSES STATED AS REPORTED BY LAW I HAVE BELIEVED AS (FURNISH INFORMATION)		35C. DATE SIGNED	
Investigation		James S. Jones, Jr. Coroner	
36. DISPOSITION		Deputy	
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CREMATOR OR CREMATORY	
2/22/79		Evergreen Crematory-Riverside, CA	
39. LOCAL OFFICE OF PUBLIC HEALTH (NAME AND ADDRESS)		40. DATE ACCEPTED BY LOCAL REGISTRAR	
Acheson & Graham		FEB 23 1979	
Garden of Prayer Mortuary		41. DATE ACCEPTED BY LOCAL REGISTRAR	
41. LOCAL REGISTRAR (NAME AND ADDRESS)		42. DATE ACCEPTED BY LOCAL REGISTRAR	
VS-11 (5-78)		FEB 23 1979	

RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION

Date of amendments, if any FEB 27 1979

FEB 27 1979

I hereby certify that this is a true copy of a certificate on file in the Riverside County Health Department, if the certification is in red.

Gerold Kestner
Gerold L. Kestner, M.D., M.P.H.
Director of Health & Local Registrar

