

AFFIDAVIT TERMINATING JOINT TENANCY

1  
2  
3 STATE OF NEVADA, )  
4 ) ss.  
5 COUNTY OF LINCOLN )

6 VIRGINA GORDON, being first duly sworn, deposes and says that  
7 affiant is over the age of 21 years and competent to be a witness  
8 as to the matters herein stated.

9 That affiant is VIRGINA GORDON the person named as VIRGINA  
10 GORDON, one of the grantees in that certain deed recorded January  
11 29, 1965, as Document No. 42242 in Book M-1, page 361 of Real  
12 Estate Deeds in the Office of the County Recorder of Lincoln  
13 County, State of Nevada, described as:

14 Lots Numbered Sixteen (16) and Seventeen (17)  
15 in Block Numbered Forty-two (42) as said lot  
16 and block are delineated on the official plat  
17 of Supplement "A" to the town of Pioche, Nevada  
18 now on file and of record in the office of the  
19 County Recorder of said Lincoln County, and to  
20 which plat and the records thereof reference is  
21 hereby made for further description.

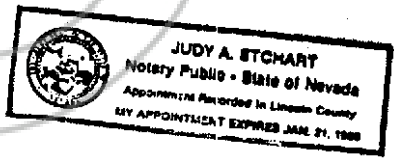
22 That DEE T. COTTINO was one of the grantees named in said  
23 deed and was the identical person named as DEE T. COTTINO the  
24 decedant, in the certain Death Certificate, certified copy which  
25 is annexed hereto and made a part hereof.

26 Virginia Gordon  
27 VIRGINA GORDON

28 STATE OF NEVADA )  
29 ) ss.  
30 COUNTY OF LINCOLN )

31 On this 30<sup>th</sup> day of November, 1982 personally appeared  
32 before me, a Notary Public in and for said Lincoln County,  
33 VIRGINA GORDON known to me to be the person described in and  
34 who executed the foregoing instrument, who acknowledged to me  
35 that she executed the same freely and voluntarily and for the  
36 uses and purposes therein mentioned.

37 WITNESS my hand and official seal.



38 Judy A. Etchart  
39 NOTARY PUBLIC

Lincoln County

UTAH STATE DIVISION OF HEALTH  
**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER 11-40 FILE NO. 2050

1. NAME OF DECEDENT - FIRST, MIDDLE, LAST <b>Dee Thomas Cottino</b>			2. DATE OF DEATH - MONTH, DAY, YEAR <b>June 2, 1977</b>		3. TIME OF DEATH <b>2:30 A.M.</b>	
4. SEX <b>Male</b>	5. RACE (WHITE, BLACK, INDIAN, ETC.) <b>White</b>	6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Nevada</b>	7. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Feb. 6, 1916</b>	8. AGE (LAST BIRTHDAY) <b>61</b>	9. YEARS OF SCHOOLING <b>12</b>	
10. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		11. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		13. NAME OF SURVIVING SPOUSE OR NEXT OF KIN (Name)	
14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Carpenter</b>		15. KIND OF BUSINESS OR INDUSTRY		16. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY (8-12) COLLEGE (14 or 16))		
17. NAME OF FATHER <b>Guido Cottino</b>			18. MAIDEN NAME OF MOTHER <b>Virginia Tira</b>			
19. USUAL RESIDENCE - STREET ADDRESS (Street and number or location) <b>P. O. Box 336</b>			20. INSIDE CITY CORPORATE LIMITS (Specify YES or NO) <b>Yes</b>		21. NAME & MAILING ADDRESS OF INFORMANT <b>Albert G. Cottino P. O. Box 332 Floche, Nevada 89043</b>	
22. CITY OR TOWN <b>Floche</b>		23. COUNTY <b>Lincoln</b>		24. STATE <b>Nevada</b>		
25. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (If not in home, give street address or location) <b>Valley View Medical Center</b>			26. CITY OR TOWN <b>Cedar City</b>		27. COUNTY <b>Iron</b>	
28. MEDICAL EXAMINER: I hereby certify that death occurred at the time, date & place stated above from the causes stated below based on examination of the body and investigation of the circumstances. <b>DAVID L. WILKESON MD</b>			29. PHYSICIAN OR NURSE EXAMINER SIGNATURE <i>[Signature]</i>		30. DATE SIGNED <b>6/2/77</b>	
31. PHYSICIAN: I hereby certify that death occurred at the time, date and place stated above from the causes stated below, and that I attended the decedent and last saw the decedent alive on: month <b>6</b> day <b>2</b> year <b>77</b>			32. CERTIFIER'S NAME AND TITLE (Type or Print) <b>DAVID L. WILKESON MD</b>		33. PHYSICIAN'S SIGNATURE <i>[Signature]</i>	
34. IF NOT CERTIFIED BY MEDICAL EXAMINER, HAS DEATH REPORTED TO HIM? (Yes or No) <b>Yes</b>			35. CERTIFIER'S ADDRESS <b>170 E. ALTAMIRA, CEDAR CITY, UTAH</b>			
36. Burial, entombment, cremation or removal (Specify)		37. DATE		38. SIGNATURE OF FUNERAL DIRECTOR		
<b>Burial</b>		<b>6-4-77</b>		<i>[Signature]</i>		
39. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>St. Lawrence Floche, Nevada</b>			40. FUNERAL HOME - NAME AND ADDRESS <b>Spilsbury &amp; Graft Cedar City, Utah 84720</b>		41. Date Reported to Registrar by <b>6-4-77</b>	
42. PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE ON LINE FOUR AND SIX) IMMEDIATE CAUSE: <b>Concussive heart failure</b>						
43. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (LIST STAYING THE LONGEST CAUSE LAST): (A) <b>Cor Pulmonale</b> (B) <b>Pulmonary emphysema</b>						
44. PART II OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: <b>Pneumothorax</b>						
45. Accidents, suicides, homicides, underreporting or delaying investigation (Specify)		46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 HOUR CLOCK)		
48. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		49. DISTANCE FROM PLACE OF DEATH TO PLACE OF INJURY (Specify Miles)		50. INJURY AT WORK (Specify YES or NO)		
51. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28)				52. If cover vehicle accident, specify if condition was drunk, passage of railroad		

**UTAH DEPARTMENT OF HEALTH**

This is to certify that this is a true copy of the certificate on file in this office. This certified copy was issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 as Amended.

APR 27 1982

Date Issued:

*[Signature]*  
**John E. Brockert**  
STATE REGISTRAR OF VITAL STATISTICS

No. **76538**

FILED AND RECORDED AT REQUEST OF  
*Virginia Gordon*  
**November 30, 1982**  
AT **40** MINUTES PAST **1** O'CLOCK  
**P.M.** IN BOOK **52** OF OFFICIAL  
RECORDS, PAGE **431** LINCOLN  
COUNTY, NEVADA

BOOK **52** PAGE **432**