

Lincoln County

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

STATE OF UTAH)
) ss.
COUNTY OF WASHINGTON)

James Maitre Pollitt, Jr. aka James Pollitt being first duly sworn, deposes and says that he is a resident of Panaca, Lincoln County, State of Nevada and the surviving spouse of Norma Jean Pollitt aka Norma Pollitt.

That Norma Jean Pollitt and the affiant were joint tenants of that certain property located in Lincoln County, State of Nevada, more particularly described as follows to wit:

Lot Numbered Forty-one (41) in Sun Gold Manor Unit No.1, in the Town of Panaca, County of Lincoln, State of Nevada.

- SUBJECT TO: (1). Taxes for the fiscal year.
(2). Rights of way, reservations, restrictions, easements and conditions of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

That affiant, James Maitre Pollitt, Jr. aka James Pollitt held the above described real property as joint tenant with Norma Jean Pollitt aka Norma Pollitt, deceased.

That Norma Jean Pollitt aka Norma Pollitt died on the 9th day of August, 1983 in Salt Lake, City, State of Utah.

That a certified copy of the death certificate of said Norma Jean Pollitt is attached hereto as Exhibit "A".

That the affiant is now the owners of the above described real property located in Lincoln County, Nevada.

DATED this 23 day of September, 1983.


James Maitre Pollitt Jr. aka James Pollitt

Lincoln County

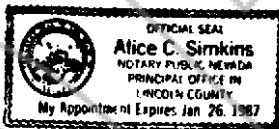
STATE OF UTAH)
)
 COUNTY OF WASHINGTON)

On this 23rd day of September, 1983, personally appeared before me James Maitre Pollitt Jr. aka James Pollitt, the signer of the above and foregoing instrument who duly acknowledged to me that he executed the same for the purposes therein set forth.

Alice C. Simkins
 NOTARY PUBLIC
 Residing at: Panaca, Lincoln County, Nevada

My Commission Expires:

Jan 26, 1987



18-2609 CERTIFICATE OF DEATH STATE OF UTAH - DEPARTMENT OF HEALTH

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT: NORMA JEAN BENSON POLLITT	2. SEX: Female	3. RACE: White	4. DATE OF BIRTH: August 9, 1983
	5. WAS DECEDENT OF SPANISH ORIGIN? NO	6. DATE OF BIRTH (Month, Day, Year): December 31, 1941	7. AGE (Last Birthday): 41	8. IF UNDER 1 YEAR: NO
	9. BIRTHPLACE (State or Foreign Country): Utah	10. CITIZENSHIP of what country: USA	11. EDUCATION: 16+	12. SOCIAL SECURITY NUMBER: [REDACTED]
	13. USUAL OCCUPATION: Teacher	14. KIND OF BUSINESS OR INDUSTRY: Education	15. NAME OF SURVIVING RELATIVE (if, wife, other maiden name): James M. Pollitt, Jr.	
USUAL RESIDENCE	16. NAME OF FATHER: LaMont Benson	17. NAME OF MOTHER: Zoella Palmer	18. (Has decedent ever in U.S. Armed Forces?) NO	
	19. USUAL RESIDENCE: Box 447, Panaca, Lincoln, Nevada 89042	20. NAME, RELATIONSHIP AND MAILING ADDRESS OF SPOUSE: James M. Pollitt - Husband, Box 447, Panaca, Nevada 89042		
PLACE OF DEATH	21. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WHERE DEATH OCCURRED (if outside an institution, give street address or location): LDS Hospital		22. CITY OR TOWN: Salt Lake City	23. COUNTY: Salt Lake
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION	24. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances.		25. SIGNATURE OF PHYSICIAN: <i>[Signature]</i>	26. TIME OF DEATH (M, A, P): 1706
	27. SPECIAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I feel sure the decedent died on the hour, date and place stated above.		28. SIGNATURE OF SPECIAL EXAMINER: <i>[Signature]</i>	29. TIME OF DEATH (M, A, P): Aug. 10, 1983
FUNERAL DIRECTOR AND LOCAL REGISTRAR	30. DATE: Aug. 13, 1983	31. SIGNATURE OF FUNERAL DIRECTOR: <i>[Signature]</i>	32. NAME AND ADDRESS OF FUNERAL HOME: Spillsbury & Graft, Cedar City, Utah	
	33. NAME AND LOCATION OF CEMETERY OR CREMATORY: Cedar City Cemetery, Cedar City, Utah		34. DATE OF BURIAL: August 10, 1983	
CAUSE OF DEATH	35. PRIMARY DEATH WAS CAUSED BY: Myocardial Infarction		36. (If more than one cause per use for 1A and 1B)	
	37. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE: (A) STATE THE IMMEDIATE CAUSE LAST.		38. (B) STATE THE CAUSE OF DEATH.	
INJURY INFORMATION	39. PARTS: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART 1.		40. IF YES, state through channels in appropriate column of injury.	
	41. ACCIDENT: <input type="checkbox"/> Pending Investigation: <input type="checkbox"/> DATE OF INJURY (Month, Day, Year):		42. TIME OF INJURY (24 Hour Clock):	43. INJURY BY: HEART
44. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN:		45. DISTANCE FROM PLACE OF INJURY TO HOME RESIDENCE (Miles):	46. HOW LONG BEFORE DEATH DID INJURY OCCUR? (Hours, Minutes):	47. WORK NECESSARY WHEN DEATH OCCURRED?
48. DESCRIBE HOW INJURY OCCURRED (under signature of person who reported the injury, NATURE OF INJURY SHOULD BE ENTERED IN PART 1)		49. (If death was in accident, specify in decedent's report, duration of accident, or other pertinent information.)		50. (If death was in accident, specify in decedent's report, duration of accident, or other pertinent information.)

THIS IS TO CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF THIS RECORD AS IT READS
IN THIS OFFICE.

H. S. ...
Registrar City-County Vital Statistics
Mary Lee J. Mackay
Chief Deputy Registrar Vital Statistics

AUG 11 1983

No. 78776

FILED AND RECORDED AT REQUEST OF

James Allitt

September 28, 1983

AT 58 MINUTES PAST 3 O'CLOCK

P.M. IN BOOK 57 OF OFFICIAL

RECORDS, PAGE 133 LINCOLN

COUNTY, NEVADA.

YURIKO SETZER

Edith ...
COUNTY RECORDER