

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA UTAH )  
 )SS:  
COUNTY OF CLARK SALT LAKE )

The undersigned, being first duly sworn upon oath, deposes and says:

1. That affiant is over the age of eighteen (18) years, makes this Affidavit upon personal knowledge and belief and is competent to testify to the matters set forth herein before a court of law.

2. That MIRIAM P. ANDREWS, one of the grantees named in that instrument recorded on the 26th day of February, 1980 in Book 35 at page 496 of the Official Records of Lincoln County, Nevada as Document 67529, died on or about the 19th day of December, 1982 in Salt Lake City, Utah as evidenced by the attached Certified Death Certificate copy.

3. That the real property described in said recorded instrument, which is herein incorporated by reference, was held in joint tenancy with right of survivorship by the said decedent together with the other grantees named therein as of the time of said death.

4. That the relationship of your affiant to the said decedent is that of surviving spouse.

*Max S. Andrews*  
MAX S. ANDREWS

SUBSCRIBED and SWORN to before me this

3rd day of April, 1984.

*Aaron McMillin*  
NOTARY PUBLIC in and for  
said County and State *Salt Lake County Utah*

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

B. R. SHINEHOUSE, ESQUIRE  
Wright Shinehouse & Stewart  
302 E. Carson Avenue  
Suite 620  
Las Vegas, NV 89101

STATE OF UTAH  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH  
STATE OF UTAH - DEPARTMENT OF HEALTH

18-4281

NAME OF DECEASED <b>MIRIAN PARTRIDGE ANDREWS</b>		SEX <b>Female</b>	RACE <b>White</b>	DATE OF BIRTH (Month, Day, Year) <b>December 20, 1982</b>
DATE OF DEATH (Month, Day, Year) <b>February 22, 1916</b>		AGE (Years, Months, Days) <b>66</b>	EDUCATION (Specify only highest grade completed) <b>12 Years</b>	SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
PLACE OF BIRTH (State or foreign country) <b>Orem, Utah</b>	COUNTRY OF BIRTH <b>U.S.A.</b>	US BIRTH CITIZENSHIP <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Naturalized <input type="checkbox"/> Other <input type="checkbox"/> None	EDUCATION (Specify only highest grade completed) <b>12 Years</b>	SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
OCCUPATION (Specify kind of work done during week of death) <b>Homemaker</b>		TYPE OF HOME <b>Own Home</b>	NAME OF MARITAL PARTNER (Last, first, middle name) <b>Max Sidney Andrews</b>	
PREVIOUS NAME OF DECEASED <b>Raymond Edward Partridge</b>		PREVIOUS NAME OF PARTNER <b>Kaude Wentz</b>		THIS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ADDRESS (Street address or location) <b>6543 South 1580 East</b>		NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>Max S. Andrews - Husband 6543 South 1580 East Salt Lake City, Utah 84121</b>		
CITY OR TOWN <b>Salt Lake City, Utah</b>	STATE AND ZIP CODE <b>Utah 84121</b>	CITY OR TOWN <b>Murray</b>	COUNTY <b>Salt Lake</b>	
PLACE OF DEATH (Name of institution, nursing home, or other institution where death occurred) <b>Cottonwood Hospital</b>		ICD-9 CODE <b>0005</b>	DATE <b>12/20/82</b>	
SIGNATURE OF PHYSICIAN (Type and print name) <b>Chai S. Choi</b>		DATE SIGNED (Month, Day, Year) <b>Dec. 20, 1982</b>		PHYSICIAN'S ADDRESS AND PHONE NUMBER <b>Medical Examiner's Office 44 Medical Drive, SLC, UT 84113</b>
DATE OF BURIAL (Month, Day, Year) <b>12/22/82</b>		NAME OF FUNERAL HOME <b>Memorial Estates Mortuary #101</b>		ADDRESS AND PHONE NUMBER OF FUNERAL HOME <b>5850 S. 900 E., Murray, Utah</b>
PLACE OF BURIAL (Name of cemetery) <b>Salt Lake City Cemetery</b>		CITY OR TOWN <b>Salt Lake, Utah</b>		DATE OF BURIAL (Month, Day, Year) <b>Dec. 21, 1982</b>
CAUSE OF DEATH (Specify cause of death) <b>CRANIOCEREBRAL INJURIES</b>				
MANNER OF DEATH (Specify manner of death) <b>Fall down stairs at home</b>				

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

Date Issued: **OCT 12 1983**

County **SALT LAKE**

Registrar **John E. Brockert**  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS

By **Mary Kay Mackay**



COPY

No. 79925

FILED AND RECORDED AT REQUEST OF  
Wright, Shinehouse, & Stewart  
May 10, 1984

AT 1 MINUTES PAST 1 O'CLOCK

P M IN BOOK 59 OF OFFICIAL

RECORDS, PAGE 572 LINCOLN

COUNTY, NEVADA.

YURIKO SETZER

COUNTY RECORDER

By Mara Corrie, Deputy