

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }  
COUNTY OF CLARK }

OTTO CHRISTMAN being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

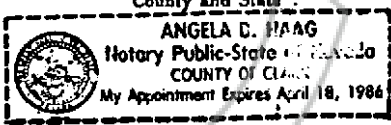
That affiant is OTTO CHRISTMAN the person named as OTTO CHRISTMAN one of the grantees in that certain deed recorded July 9, 1970 as Document No. 49222 in Book 0-1 Page 68 of Real Estate Deeds in the office of the County Recorder of Lincoln County, State of Nevada.

That ELVA CHRISTMAN was one of the grantees named in said deed and was the identical person named as ELVA ALICE CHRISTMAN the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

*Otto Christman*

Subscribed and sworn to before me this 6th day of March, 1984

*Angela B. Haag*  
Notary Public in and for said County and State



No. 80487  
FILED AND RECORDED AT REQUEST OF  
Otto Christman  
July 27, 1984  
AT 25 MINUTES PAST 11 O'CLOCK  
A M IN BOOK 60 OF OFFICIAL  
RECORDS, PAGE 666 LINCOLN  
COUNTY, NEVADA.  
*Heidi Sigurdson*  
COUNTY RECORDER

BOOK 60 PAGE 664



DEPARTMENT OF HUMAN RESOURCES  
STATE OF NEVADA  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

|                                  |  |  |  |  |  |   |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|---|--|--|--|--|--|
| LOCAL FILE NUMBER                |  | DECLASED - NAME  |  | Maiden   |  | Last  |  | DATE OF DEATH (Month, Day, Year)       |  | STATE FILE NUMBER                                |  |
| 1                                |  | Elva Alice   |  | CHRISTMAN  |  |   |  | February 3, 1984                       |  | Lincoln  |  |
| CITY, TOWN, OR LOCATION OF DEATH |  | HOSPITAL OR OTHER INSTITUTION - Name (if not within five street and number)        |  | INSIDE CITY LIMITS (Specify Yes or No)                                     |  | COUNTY OF DEATH   |  | INSIDE CITY LIMITS (Specify Yes or No) |  | COUNTY OF DEATH                                  |  |
| 2                                |  | Pioche   |  |  |  | 9   |  |  |  | 9  |  |
| 3                                |  | Pioche   |  |  |  |   |  |  |  |  |  |
| 4a                               |  | Race - In U.S.A. (Specify Yes or No)   |  | American   |  | AGE - Last Birthday (Years)                                 |  | 68                                     |  | DATE OF BIRTH (Month, Day, Year)                 |  |
| 4b                               |  | Race - Outside U.S.A. (Specify Yes or No)  |  | White  |  | AGE - Last Birthday (Years)                                 |  |  |  | Jan. 12, 1916                                    |  |
| 5                                |  | STATE OF BIRTH (If not U.S.A. Name Country)  |  | CITIZEN OF WHAT COUNTRY  |  | MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify Yes or No) |  | Married                                |  | SEX  |  |
| 6                                |  | Oklahoma   |  | U.S.A.   |  |   |  |  |  | Female   |  |
| 7                                |  | SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (Include kind of work done during week of 7/3/84)         |  | KIND OF BUSINESS OR INDUSTRY                                |  | Cook                                   |  | Cafe   |  |
| 8                                |  | RESIDENCE - STATE  |  | COUNTY   |  | CITY, TOWN OR LOCATION                                      |  | STREET AND NUMBER                      |  | INSIDE CITY LIMITS (Specify Yes or No)           |  |
| 9                                |  | Nevada   |  | Lincoln  |  | Pioche  |  |  |  |  |  |
| 10                               |  | FATHER - NAME  |  | MOTHER - MAIDEN NAME   |  | MAILING ADDRESS   |  | Nancy Alice Scobee                     |  | Scobee   |  |
| 11                               |  | Carl Robinson  |  |  |  | Box 05 Pioche, Nevada 89001                                 |  |  |  |  |  |
| 12                               |  | Pac Clement - Daughter   |  |  |  |   |  |  |  |  |  |
| 13                               |  | Burial   |  | CEMETERY OR CREMATORY - NAME   |  | LOCATION  |  | Odd Fellows Cemetery                   |  | Pioche, Nevada                                   |  |
| 14                               |  | Pain Mortuary 1325 N. Main St., Las Vegas, Nevada 89101                            |  |  |  |   |  |  |  |  |  |
| 15                               |  | 2:00 A.M.  |  | HOUR OF DEATH  |  | DATE SIGNED (Month, Day, Year)                              |  | 2/3/84                                 |  | TIME AT 06:30 A.M.                               |  |
| 16                               |  | E. R. Boylan, Lincoln County Coroner, P.O. Box 570, Pioche, NV 8904                |  | NAME AND ADDRESS OF PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) |  | DATE SIGNED (Month, Day, Year)                              |  | 2/3/84                                 |  | TIME AT 06:45 A.M.                               |  |
| 17                               |  | FEB 06 1984  |  | DATE REGISTERED BY REGISTRAR (Month, Day, Year)                            |  | DEATH DUE TO COMMUNICABLE DISEASE                           |  | YES                                    |  | NO   |  |
| 18                               |  | Coronary Arrest  |  | PART 18  |  | PART 19   |  | Cancer of the Colon                    |  | PART 20  |  |
| 19                               |  | Cancer of the Colon  |  | PART 19  |  | PART 20   |  |  |  |  |  |
| 20                               |  | OTHER SIGNIFICANT CONDITIONS   |  | CONDITIONS contributing to death but not related to cause given in PART 18 |  | AUTOPSY   |  | NO                                     |  | WAS CASE REFERRED TO CORONER (Specify Yes or No) |  |
| 21                               |  | DATE OF INJURY (Month, Day, Year)  |  | HOUR OF INJURY   |  | DESCRIBE HOW INJURY OCCURRED                                |  |  |  |  |  |
| 22                               |  |  |  |  |  |   |  |  |  |  |  |
| 23                               |  | PLACE OF INJURY - At home, farm, school, factory, office, building, etc. (Specify) |  | LOCATION   |  | STREET OR R.F.D. No.  |  | CITY OR TOWN                           |  | STATE  |  |
| 24                               |  |  |  |  |  |   |  |  |  |  |  |

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: MAR 7 1984 VITAL RECORDS

By: *William L. Mott* Deputy Registrar

WARNING: THIS IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT