

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)ss
COUNTY OF CLARK)

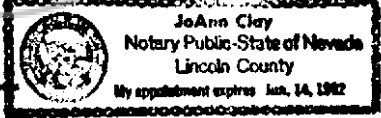
FREDA M. SCHOFIELD, being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is the person named as FREDA M. SCHOFIELD, one of the beneficiaries of trust that certain deed/recorded October 29, 1976, as Document No. 58702 in Book 18, Page 509, of Official Records, in the office of the County Recorder of Clark County, State of Nevada.

That WILLIAM U. SCHOFIELD was one of the beneficiaries named in said deed/ and was the identical person named as the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Subscribed and sworn to before me this 6th day of March, 1992

JoAnn Clary, Notary Public in and for said County and State



FREDA M. SCHOFIELD (signature)

098273
FILED AND RECORDED AT REQUEST OF Robert C. Lewis April 7, 1992 4:15 MINUTES PAST 3 O'CLOCK P.M. IN BOOK 100 OF OFFICIAL RECORDS, PAGE 581 LINCOLN COUNTY, NEVADA

County Recorder (signature) ROCK 100 PAGE 581

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

001810

LOCAL FILE NUMBER 001810		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1 William Udall SCHOFIELD, Jr.		DATE OF DEATH (Month, Day, Year) 2 April 8, 1991	
CITY, TOWN, OR LOCATION OF DEATH 3a Las Vegas		COUNTY OF DEATH 3b Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not author, give street and number) 3c University Medical Center		If Hosp. or Inst. indicate DOA, OPEmer, Rem. Inpatient (Specify) 3d Inpatient	
RACE (e.g., White, Black, American Indian, etc.) (Specify) 5 White		SEX 4 Male	
Was Decedent of Hispanic Origin? Specify (1) yes, (2) no. If yes, specify Mexican, Cuban, Puerto Rican, etc. 6		AGE—Last Birthday (Years) 7a 78	
CITIZEN OF WHAT COUNTRY 9a Nevada		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married	
CITIZEN'S EDUCATION—Specify Highest grade completed 10 13		DATE OF BIRTH (Mo., Day, Yr.) 12 March 29, 1913	
SOCIAL SECURITY NUMBER 13		SURVIVING SPOUSE (If wife, give maiden name) 12a Freeda Mathews	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Dairy Rancher		KIND OF BUSINESS OR INDUSTRY 14b Agriculture	
RESIDENCE—STATE 15a Nevada		CITY, TOWN, OR LOCATION 15c Hiko	
CITY, TOWN, OR LOCATION 15b Lincoln		STREET AND NUMBER 15d Quail Hollow	
INSIDE CITY LIMITS (Specify Yes or No) 15a Yes		FATHER—NAME First Middle Last 16 William Udall Schofield	
MOTHER—MAIDEN NAME First Middle Last 17 Josephine Olive Bean		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18a Box 24, Hiko, Nevada 89017	
DEATH OCCURRED IN SECTION OF HADRONIC RADIATION CAPTURE BY NEUTRONS 18b Freeda M. Schofield		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	
CEMETERY OR CREMATORY—NAME 19b Hiko-Schofield Cemetery		LOCATION—City or Town State 19c Hiko Nevada	
FUNERAL DIRECTOR, SIGNATURE (If Parish, give name) 20a		FUNERAL DIRECTOR, NAME AND ADDRESS OF FACILITY 20b Bunker Mortuary	
FUNERAL DIRECTOR, LICENSE NUMBER 20c		NAME AND ADDRESS OF FACILITY 20d 925 Las Vegas Blvd. N., Las Vegas, Nevada 89101	
21a To the best of my knowledge, which occurred at the time, date and place and due to the cause(s) stated: (Signature and Title) <i>W. Schofield</i> DATE SIGNED (Mo., Day, Yr.) 21b 4-9-91		21c On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated: (Signature and Title) <i>W. Schofield</i> DATE SIGNED (Mo., Day, Yr.) 21d	
21c HOUR OF DEATH 21c 3:30am		21e HOUR OF DEATH 21e	
21f NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21f		21g PRONOUNCED DEAD (Mo., Day, Yr.) 21g	
21h PRONOUNCED DEAD (Hour) 21h		21i AT 21i	
21j NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 21j William J. Schofield, M.D. 1701 W. Charleston Bl., Las Vegas, Nv. 89102		21k LICENSE NUMBER 21k 5891	
REGISTRAR 24a (Signature) <i>Alma Prusti, Deputy</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b APR 10 1991	
24c DEATH DUE TO COMMUNICABLE DISEASE 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <i>Cardiac arrest</i> (b) <i>Supraventricular tachycardia</i> (c) <i>* COPD *(Chronic Obstructive Pulmonary Disease)</i>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting as the underlying cause given in Part I		Interval between onset and death	
26 AUTOPSY (Specify Yes or No) 26 No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No	
28a SUICIDE, HOMICIDE, UNDET. OFFENDING INVEST. 28a		DATE OF INJURY (Mo., Day, Yr.) 28b	
28c HOUR OF INJURY 28c		DESCRIBE HOW INJURY OCCURRED 28d	
28e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28e		LOCATION 28f	
28g STREET OR R.F.D. No.		CITY OR TOWN	
28h STATE		28h	

STATE REGISTRAR

No. 026419

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

APR 16 1991
Date Issued.

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

BOOK 100 PAGE 582