

AFFIDAVIT TERMINATING JOINT TENANCY

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STATE OF NEVADA)
COUNTY OF LINCOLN) ss:

DONNA MAE HARRISON, being first duly sworn, deposes and says:

1. That affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

2. That affiant is DONNA MAE HARRISON, the person named as DONNA MAE JOHNSON HARRISON, one of the grantees named in that certain Grant, Bargain, Sale Deed recorded as Instrument No. 83495 in Book 67, of Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, which property described therein is located in the County of Lincoln, State of Nevada, and which property is known and described as follows, to wit:

55 feet of the north portion of lot 5 in block 1 in the City of Caliente, Lincoln County, Nevada.

Starting from concrete warehouse on the south to Main Street on the North a distance of fifty five feet, (said lot being fifty feet wide) together with all improvements and appurtenances thereunto belonging and in any wise appurtenant.

That J. ROSS HARRISON was one of the grantees named in said deed and was the identical person named as J. ROSS HARRISON, the decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof, which person died on the 30th day of October, 1990, in Pinto, Washington

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1 County, Utah.
2

3 Donna Mae Harrison
4 DONNA MAE HARRISON

5 Subscribed and sworn to before me
6 this 19th day of November, 1992.

7 Margaret Conner
8 NOTARY PUBLIC, in and for said
9 County and State.



10 MARGARET CONNER
11 Notary (SEAL) of Nevada
12 LINCOLN COUNTY
13 My Appointment Expires July 13, 1998

14 WHEN RECORDED MAIL TO:
15 Donna Harrison
16 P.O. Box 97
17 Caliente, Nevada 89008

18 099638

19 FILED AND RECORDED AT REQUEST OF
20 Donna Mae Harrison
21 November 19, 1992

22 1 MINUTES PAST 3 O'CLOCK
23 P.M. IN BOOK 104 OF OFFICIAL
24 RECORDS, PAGE 166 LINCOLN
25 COUNTY, NEVADA.

26 YURIKO SETZER

27 COUNTY REC. CLERK

28 By Maria Conner, Deputy

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-374 STATE FILE NUMBER

NAME OF DECEDENT FIRST MIDDLE LAST
Joseph Ross Harrison SEX male DATE OF BIRTH (Mo., Day, Yr.) October 30, 1930 TIME OF BIRTH (Mo., Day, Yr.) 7:50

DATE OF BIRTH (Mo., Day, Yr.) May 18, 1913 AGE 75 BIRTHPLACE (City & State or Foreign Country) St. George, Utah SOCIAL SECURITY NUMBER

PLACE OF DEATH (Check only one)
 HOME HOSPITAL OTHER
 HOSPITAL: Mountain Cabin
 CITY, TOWN OR LOCATION OF BIRTH: Washington COUNTY OF BIRTH: Dorcas Mae Johnson

EDUCATION (Specify year, highest grade)
 None Elementary High School College University
 THE DECEASED'S STREET AND NUMBER: 424 McArthur Drive CITY, TOWN OR COUNTRYSIDE: Calliente COUNTY: Lincoln STATE: Nevada

14. MARITAL STATUS: Single Married Widowed Divorced
 15. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired): Owner 16. KIND OF BUSINESS OR INDUSTRY: Grocery Store

17. RACE: WHITE 18. EDUCATION (Specify year, highest grade, Do NOT include (1) or (2))
 19. SEX: Secondary (12)

20. RELATIONSHIP AND TAKING ADDRESS OF SPOUSAL PARTNER:
Dorcas J. Harrison, Wife 424 McArthur Drive Calliente, Nevada 89008

21. METHOD OF DEPOSITION: Autopsy Coroner Other
 DATE OF DEPOSITION: November 3, 1990 PLACE OF DEPOSITION (Name of city or locality, cemetery or other place): Calliente City Courthouse Calliente, Nevada

22. SIGNATURE OF PHYSICIAN OR LICENSEE: William J. Hoffman 23. LICENSE NUMBER: 547 24. PHYSICIAN HOME (Name, address and license number): Spillbury Desert Rose Mortuary #57
38 North 100 East St. George, Utah 84770

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 10/19/90
 26. IF NOT certified by medical profession, use death reported to M.C.P. Yes No

27. I, the certifier, certifying physician medical examiner / law enforcement official
 To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

28. SIGNATURE OF PHYSICIAN OR LICENSEE: William J. Hoffman 29. LICENSE NUMBER: 547 30. DATE DECEASED (Mo., Day, Yr.): 2 28th 90

31. NAME AND ADDRESS OF PERSON OR ENTITY IN THE CAUSALITY OF DEATH (If deceased): N. K. McGregor, N.D. 420 South 400 East St. George, Utah 84770
 32. SIGNATURE OF PERSON OR ENTITY: William J. Hoffman 33. DATE FILED (Mo., Day, Yr.): NOV 03 1990

34. IMMEDIATE CAUSE (Final disease or condition resulting in death): Respiratory failure
 35. UNDERLYING CAUSE (Immediate or final disease or condition resulting in death) LAST: Chronic obstructive pulmonary disease
secondary to smoking

36. FAMILIES: Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1: 37. IN YOUR OPINION TOBACCO USE BY THE DECEASED: Priority contributed to the cause of death Was the underlying cause of death Did not contribute to the cause of death A warning in relation to the cause of death NON USER

38. WAS AN AUTOPSY PERFORMED? Yes No 39. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

40. MANNER OF DEATH: Natural Accidental Suicide Homicide Undetermined Pending investigation

41. DATE OF INJURY (Month, Day, Year): 42. PLACE OF INJURY (Name of town, street, locality, office, building, etc.): 43. IF MORE THAN ONE ACCIDENT, INDICATE IF SPOUSAL PARTNER WAS INVOLVED IN ACCIDENT:

44. DESCRIBE HOW INJURY OCCURRED (Other instances of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 21):

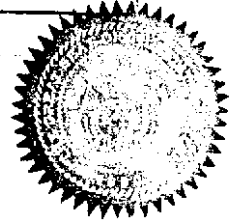
This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date issued: **NOV 03 1990**

County: Washington

Registrar: William J. Hoffman By John E. Brockert
 John E. Brockert
 DIRECTOR OF VITAL STATISTICS

L597840



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.