

DOROTHY A. DE LONG
P.O. Box 502
Panaca, Nv 89042

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)ss
COUNTY OF CLARK)

DOROTHY A. DELONG, 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.

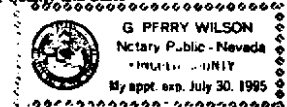
That affiant is _____ the person named as _____
DOROTHY A. DELONG, one of the grantees in that certain deed recorded November 7, 1983, as Document No. 78885 in Book 57, Page 369, of Official Records, in the office of the County Recorder of ~~Clark~~^{Lincoln} County, State of Nevada.

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

Dorothy A. De Long
DOROTHY A. DELONG

Subscribed and sworn to before me this
21st day of June, 1993

[Signature]
Notary Public in and for said County and State



100554
FILED AND RECORDED AT REQUEST OF
Dominick Belingheri
June 28, 1993
T 45 MINUTES EAST 9 O'CLOCK
A 106 BOOK 106 OF OFFICIAL
RECORDS, PAGE 275 LINCOLN
COUNTY, NEVADA.
Yuriko Setzer
By [Signature] COUNTY RECORDER
BOOK 106 PAGE 275

STATE OF NEVADA
 DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH
 VITAL STATISTICS

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1. Earl Francis DE LONG		2. Feb. 28, 1990		3. Lincoln			
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not author, give street and number)		SEX			
	4. Caliente		5. Grover C. Dils Medical Center		6. Male			
IF DEATH OCCURRED IN INSTITUTION OR HOSPITAL, RECORD COMPLETION OF RESIDUE TIME	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Deceased at Hospital, Clinic? Specify () yes & No if yes, specify location, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
	7. White		8. No		9. 70		10. Feb. 27, 1914	
IF DEATH OCCURRED IN INSTITUTION OR HOSPITAL, RECORD COMPLETION OF RESIDUE TIME	CITY OF BIRTH (If not in this country)		CITIZEN OF WHAT COUNTRY		DECEDENT'S EDUCATION—Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify if married)	
	11. Michigan		12. U.S.A.		13. High School		14. Dorothy Mayor	
L	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
	15. [Redacted]		16. Air Conditioning		17. Refrigeration			
PARENTS	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	18. Nevada		19. Lincoln		20. Panaca		21. 629 Centry Rd.	
DISPOSITION	FATHER—NAME		MOTHER—Maiden Name		BURNED		INSIDE CITY LIMITS (Specify Yes or No)	
	22. LeRoy DeLong		23. Matilde Burnask		24. No		25. Yes	
CERTIFIER	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or P.O. No., City or Town, State, Zip)		BURNAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
	26. Dorothy DeLong (Wife)		27. P.O. Box 502 Panaca, Nevada 89042		28. Cremation		29. Paradise Valley Memorial Gardens Las Vegas Nevada	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (If Permanent or Spec)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	30. [Signature]		31. 15		32. Lincoln County Mortuary Box 236 Caliente, Nevada			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21a. Is the death of this knowledge, if not occurred at the time, date and place and due to the causes listed (Signature and Title)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes and manner stated. (Signature and Title)	
	33. [Signature]		34. March 2, 1990		35. 9:37 P.M.		36. [Signature]	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
	37. Joseph B. Wilkin M.D. P.O. Box 72 Panaca, Nv. 89042		38. [Signature]		39. [Signature]		40. [Signature]	
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	41. Joseph B. Wilkin M.D. P.O. Box 72 Panaca, Nv. 89042		42. 3849		43. [Signature]		44. March 2, 1990	
INJURY AT WORK (Specify Yes or No)	24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE	
	45. Coronary artery disease		46. Coronary artery disease		47. Coronary artery disease		48. [Signature]	
DATE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause (as in Part I)		PART II		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	49. Atherosclerotic Vascular Disease		50. Atherosclerotic Vascular Disease		51. No		52. No	
INJURY AT WORK (Specify Yes or No)	25. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	53. [Redacted]		54. [Redacted]		55. [Redacted]		56. [Redacted]	
INJURY AT WORK (Specify Yes or No)	26. INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(at home, farm, store, factory, office building, etc.) (Specify)		LOCATION		STREET OR P.O. No. CITY OR TOWN STATE	
	57. [Redacted]		58. [Redacted]		59. [Redacted]		60. [Redacted]	

STATE REGISTRAR

By:

[Signature] 10581
 Deputy Registrar

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

Date issued:

MAR 21 1990

Deputy Registrar



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