

Lincoln County

AFFIDAVIT
TERMINATION OF JOINT TENANCY

Charles R. Singleton, of legal age, being first duly sworn, deposes and says:

That Mary Singleton, the decedent mentioned in the attached certified copy, Certificate of Death, is the same person as Mary Singleton, a widow, named as one of the grantees in that certain Grant, Bargain, Sale Deed, dated the 17th day of November, 1961, executed by Robert F. Price and Nancy J. Price, to Mary Singleton, a widow, and Willis Max Singleton, a married man, as Joint Tenants, recorded as Instrument No. 38921, on December 18, 1961, in Book L-1 of Real Estate Deeds, page 435, Lincoln County, Nevada Records, covering the following described property situated in the City of Caliente, Lincoln County, Nevada.

Lot Two (2) of Amended Plat of Lincoln Park Addition, Caliente, Nevada, According to the official plat thereof on file in the Office of the County Recorder of Lincoln County, Nevada.

ASSESSORS PARCEL NO. 3-092-13

That the total value of real estate owned by decedent as of the date of her death including the full value of the above described property, is less than \$100,000.00.

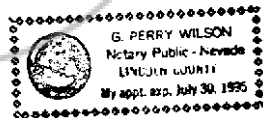
That the surviving Joint Tenant, William Max Singleton, is now fee owner of said described real estate as his sole and separate property.

IN WITNESS WHEREOF, I have set my hand this 15th day of March, 1994.

Charles R. Singleton
Charles R. Singleton

State of Nevada)
County of Lincoln) ss:
Subscribed and Sworn to before
me this 15th day of March, 1994

G. Perry Wilson
Notary Public



/ Mail Instrument and Tax to
/ William Max Singleton # 88
/ 19903 Santa Teresitas
/ La Merced, Calif 90038

Recorders Stamp

101632

FILED AND RECORDED AT REQUEST OF
Charles Singleton
March 17, 1994

50 MINUTES PAST 11 O'CLOCK

LINCOLN COUNTY, NEVADA
Charles R. Singleton
COUNTY CLERK

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 First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		Mary SINGLETON		February 10, 1994	Lincoln
	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—(Name if not other, give street and number)		SEX	
DECEDENT		Caliente 550 Lincoln Street		7	Female
	RACE—(1) White, (2) Black, (3) American Indian, (4) Spanish, (5) Other	White		AGE—Last (Specify Years)	78
FEDERAL RECORDS SECTION REPORTING DIVISION OF RESIDENCE FOR	STATE OF BIRTH (If not U.S.A., give country)	CITIZEN OF NEVADA COUNTRY	Decedent's Education (Specify highest grade completed)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	DATE OF BIRTH (Mo., Day, Yr.)
	Utah	U.S.A.	8	Widowed	9-10-11
	SOCIAL SECURITY NUMBER	U.S. OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
		435 Waitress		400 Union Pacific Railroad	
PARENTS	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	POSTAL CITY LIMITS (Specify Yes or No)
	Nevada	Lincoln	Caliente	550 Lincoln	Yes
	FATHER—NAME First Middle Last	MOTHER—Maiden Name First Middle Last			
	Richard Kemp		Francetta Elmira Meyers		
	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	Charles Singleton	P.O. Box 56 Caliente, Nevada 89008			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	Burial	Caliente City Cemetery		Caliente, Nevada	
	FUNERAL DIRECTION—SIGNATURE (If Person Acting as Such)	GENERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
		15	Lincoln County Mortuary P.O. Box 236 Caliente, Nevada 89008		
CERTIFIER	21a. On the date of my certification, death occurred at the time, place and cause stated (See 15.1.065 NRS).		22a. On the date of pronouncement, no emergency or other condition occurred at the time, place and cause stated (See 15.1.065 NRS).		
	21b. Date Signed (Mo., Day, Yr.)		22b. Date Signed (Mo., Day, Yr.)		
	21c. 2-14-94		22c. 2-14-94		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		
	21e. Earl Plunkett MD, P.O. Box 30 Caliente, Nevada 89008		22e. AT		
CONDITIONS THAT SHOULD BE REPORTED TO THE CAUSE OF DEATH SECTION	23a. NEAREST PERSON TO SIGNATURE (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	Kathleen Crockett County Reg		2-14-94		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	23b. APPROPRIATE CAUSE (ENTER ONLY ONE CAUSE PER PART 1 AND 2)		PART 1		Immediate
CAUSE OF DEATH	23c. Cardiac pulmonary arrest		PART 2		months
	23d. Coronary Heart Failure		OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not resulting in the underlying cause given in Part 1)		
	ACCIDENT HOW INJURY OCCURRED (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
	PLACE OF INJURY—(If Home, Give Street, Room, Other Building No.) (Specify)		LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE

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

Date issued: FEB 24 1994

STATE REG. No. 052978
 Joanne [Signature]
 Deputy Registrar

