

AFFIDAVIT IN RE JOHN BALLOW, DECEASED  
TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA                    )  
  ) SS  
COUNTY OF LINCOLN                )

LEE BROOKS BALLOW, being first duly sworn, deposes and says:

That affiant is the son of JOHN BALLOW, Deceased. That Decedent died on the 8th day of December, 1993. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein JOHN BALLOW and RACHAEL BALLOW, husband and wife, were Grantees. That under the laws of the State of Nevada, upon the death of JOHN BALLOW, the title and ownership of said real property became vested in RACHAEL BALLOW as the surviving joint tenant. That said real property was acquired by a Deed dated August 14, 1975, wherein JOSEPH R. WILLIS and MARY R. WILLIS, husband and wife, were the Grantor, and JOHN BALLOW and RACHAEL BALLOW, husband and wife, were the Grantees.

That said Deed was recorded on August 18, 1975, in Book 15, Page 128, Lincoln County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

Lot One (1) in Block Four (4) of the City of Caliente, County of Lincoln, State of Nevada.

That by reason of the foregoing, affiant hereby declares that the title and interest of JOHN BALLOW, Deceased in the above-described real property has vested in RACHAEL BALLOW, in fee simple, and that RACHAEL BALLOW is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues

...

GARY D. FAIRMAN  
A PROFESSIONAL CORPORATION  
488 FIFTH STREET - P. O. BOX 8  
ELY, NEVADA 89301  
(702) 389-4422

1 and profits thereof.

2 Lee Brooks Ballow  
3 LEE BROOKS BALLOW

4 Subscribed and sworn to before me

5 this 10<sup>th</sup> day of September, 1994.

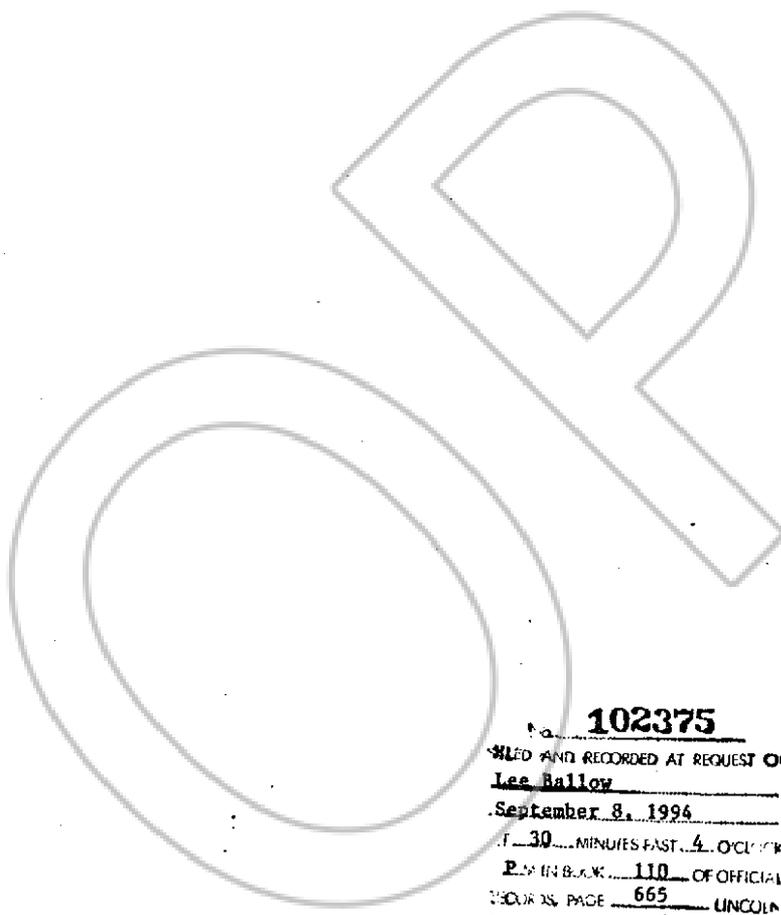
6 Tonya T. Smith  
7 NOTARY PUBLIC



TONYA T. SMITH  
Notary Public - Nevada  
Lincoln County  
My exp. exp. Jan. 18, 1998

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MARK L. FAIKMAN  
A PROFESSIONAL CORPORATION  
468 WEST SPRING ST. P. O. BOX 8  
ELI, NEVADA 89201  
(702) 388-4422



102375

FILED AND RECORDED AT REQUEST OF

Lee Ballow

September 8, 1994

AT 30 MINUTES PAST 4 O'CLOCK

P.M. IN B.O.M. 110 OF OFFICIAL

RECORDS PAGE 665 LINCOLN

COUNTY, NEVADA.

Yuriko Setzer

By Lellie Boucher Deputy

**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER 17-62 STATE FILE NUMBER \_\_\_\_\_

1. NAME OF DECEDENT: FIRST JOHN MIDDLE BALLOW LAST BALLOW 2. SEX Male 3. DATE OF DEATH (Mo., Day, Year) Dec. 8, 1993 20. TIME OF DEATH (Mo., Day, Year) 23:40

4. DATE OF BIRTH (Mo., Day, Year) May 19, 1921 5. AGE (Year, Month, Day) 72 6. BIRTH PLACE (City & State or Foreign Country) Mexico 7. SOCIAL SECURITY NUMBER \_\_\_\_\_

8. PLACE OF DEATH (Check only one):  
 HOSPITAL: Central Valley Medical Center  
 Other: \_\_\_\_\_  
 9. SURVIVING SPOUSE (If wife, give maiden name) Rachel Schlarman

10. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes  No  
 11. MARITAL STATUS:  Never Married  Married  Widowed  Divorced  
 12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Section Foreman  
 12a. KIND OF BUSINESS OR INDUSTRY: Railroad

13a. RESIDENCE - STREET AND NUMBER \_\_\_\_\_ 13b. CITY, TOWN, OR COMMUNITY Caliente 13c. COUNTY Lincoln 13d. STATE Nev.

14. INSIDE CITY LAWS?  Yes  No 14a. ZIP CODE 89008 14b. WAS DECEDENT OF HISPANIC ORIGIN?  Yes  No  
 15. RACE (Check one; check from (1) through (5) only)  White  Black  Other (Specify) \_\_\_\_\_ 16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (6-12); College (13-16 or 17+) 10

17. FATHER'S NAME (First, Middle, Last) John Franklin Ballow 18. MOTHER'S NAME (First, Middle, Last) Bitia Escamilla

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Pete Ballow (Brother) P.O. Box 129 Levan, Utah 84639

22. METHOD OF DEPOSITION:  Burial  Cremation  Other \_\_\_\_\_  
 23. DATE OF DEPOSITION: Dec. 11, 1993 24. CITY OF DEPOSITION: Levan City Cemetery 25. LOCATION: Levan, Utah

26. SIGNATURE OF FUNERAL SERVICE LICENSEE: Steven M. Anderson 26a. LICENSE NUMBER: 516 26b. FUNERAL HOME (Name, address and license number): Anderson Funeral Home, 94 West 300 North Nephi, Utah 84648, 1508044

28. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 10/3/93 29. If not certified by medical examiner, was death reported to M.E.?  Yes  No  
 30. SIGNATURE AND TITLE OF PHYSICIAN: Dr. James Alexander 30a. ADDRESS OF PHYSICIAN WHO CERTIFIES THE CAUSE OF DEATH (Other than home address): 735 East 800 North Nephi, Utah 84648

31. PART I: ENTIRE DISCUSS THE FACTS OR CIRCUMSTANCES THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  
 IMMEDIATE CAUSE (Final disease or condition resulting in death): Pneumonia  
 DUE TO OR AS A CONSEQUENCE OF: \_\_\_\_\_  
 REMOTE CAUSE (Underlying cause, error, underlying cause, disease or injury that related event resulting in death) LAST: \_\_\_\_\_

32. OTHER CAUSES: (Conditions contributing to death but not resulting in the underlying cause given in Part I) Myocardial Disease

33. WERE AUTOPSY SERVICES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  Yes  No

34. MANNER OF DEATH:  Natural  Accident  Suicide  Homicide  Undetermined (If injured, Purposely or Accidentally)

35. DATE OF INJURY (Month, Day, Year) \_\_\_\_\_ 35a. TIME OF INJURY (24 Hour Clock) \_\_\_\_\_ 35b. INJURY AT WORK?  Yes  No  
 36. LOCATION (Street or other route number, city or town, county and state) \_\_\_\_\_ 37. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

38. DESCRIBE HOW INJURY OCCURRED (Give sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

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 28-2-22 of the Utah Code Annotated, 1953 As Amended.

Date issued: Dec 10 1993  
 County: Central Utah  
 Registrar: John E. Brockert

John E. Brockert  
 John E. Brockert  
 DIRECTOR OF VITAL STATISTICS  
 By Lynne Johnson

17-210220 BOOK 110 PAGE 667

