

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 RACHEL 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 RACHEL BALLOW as the surviving joint tenant. That said real property was acquired by a Deed dated January 29, 1993, wherein JOE C. BALLOW, was the Grantor, and JOHN BALLOW and RACHEL BALLOW, husband and wife, were the Grantees.

That said Deed was recorded on February 11, 1993, in Book 104, Page 623, Lincoln County Records.

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

That certain parcel of land situate in the City of Caliente, County of Lincoln, State of Nevada, and being that portion of the E1/2 of the E1/2 of the NW1/4 of Section 8, Township 4 South, Range 67 East, M.D.B. & M., more particularly described as follows:

Commencing at the center of said Section 8; thence north along the east line of said NE1/4, 596.40 feet thence west at right angles to said east line 514.50 feet to the True Point of Beginning; thence north, parallel with said east line, 54.04 feet; thence west at right angles, 121.00 feet; thence south 54.04 feet along a line parallel with and distant east 24.50 feet, measured at right angles from the west line of said 24.50 feet, measured at right angles from the west line of

...

GARY L. FAIRMAN  
A PROFESSIONAL CORPORATION  
488 FIFTH STREET - P. O. BOX 8  
ELY, NEVADA 89301  
(702) 280-4422

1 said E1/2 of the E1/2 of the NW1/4; thence  
2 east at right angles to said parallel line  
3 121.00 feet to the True Point of Beginning.

4 That by reason of the foregoing, affiant hereby declares  
5 that the title and interest of JOHN BALLOW, Deceased in the above-  
6 described real property has vested in RACHEL BALLOW, in fee simple,  
7 and that RACHEL BALLOW is the sole and absolute owner thereof,  
8 together with the tenements, hereditaments, and appurtenances,  
9 thereunto belonging or appertaining, and the reversion and  
10 reversions, remainder and remainders, rents, issues and profits  
11 thereof.

12 Lee Brooks Ballow  
13 LEE BROOKS BALLOW

14 Subscribed and sworn to before me  
15 this 6<sup>th</sup> day of September, 1994.

16 Tonya T. Smith  
17 NOTARY PUBLIC



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

22 JANE L. FALANIAN  
23 A PROFESSIONAL CORPORATION  
24 448 PINE STREET - P. O. BOX 8  
25 ELI, NEVADA 89301  
26 (702) 289-4422

27 102376

28 FILED AND RECORDED AT REQUEST OF  
29 Lee Ballow

30 September 8, 1994

31 30 MINUTES PAST 4 O'CLOCK

32 P IN BOOK 110 OF OFFICIAL

33 RECORDS, PAGE 668 LINCOLN

34 COUNTY, NEVADA.

35 Yuriko Setzer

36 By Yuriko Setzer COUNTY OFFICIAL

37 Deputy

**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER 17-62 STATE FILE NUMBER

1. NAME OF DECEDENT FIRST JOHN MIDDLE BALLOW LAST BALLOW 7. SEX Male 3a. DATE OF DEATH (Mo. Day, Yr) Dec. 8, 1993 3b. TIME OF DEATH (Mo. Day, Yr) 23:45

4. DATE OF BIRTH (Mo. Day, Yr) May 19, 1921 5. AGE (Last birthday) 72 6. BIRTH PLACE (For a State or Foreign Country) Mexico 7. SOCIAL SECURITY NUMBER

8. PLACE OF DEATH (Check only one)  
 Hospital  Prison  DCA  Nursing Home  Residence  Other Central Valley Medical Center  
 9a. CITY, TOWN OR LOCATION OF DEATH Nephi 9b. COUNTY OF DEATH Juab 9c. 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  
 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Section Foreman 12b. KIND OF BUSINESS OR INDUSTRY Railroad

13a. RESIDENCE - STREET AND NUMBER Calliente 13b. CITY, TOWN OR COMMUNITY Lincoln 13c. COUNTY Neu. 13d. STATE Neu.

14. WAS DECEDENT OF HISPANIC ORIGIN?  Yes  No 15. RACE - Black, White, Am. Indian (Enter race by ancestry, Japanese, etc. (Specify)) White 16. EDUCATION (Specify only highest grade completed: Elementary or Secondary (8-12); 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 APOURANT Pete Ballow (Brother) P.O. Box 129 Levan, Utah 84639

20. MANNER OF DEPOSITION  Burial  Cremation  Removal  Other Dec. 11, 1993 Levan City Cemetery Levan, Utah

21. SIGNATURE OF FUNERAL SERVICE LICENSEE Stewart H. Erickson 21a. LICENSE NUMBER 516 21b. FUNERAL HOME (Name, address and phone number) Anderson Funeral Home 94 West 300 North Nephi, Utah 84648 1508044

22. DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 10/8/93 23. If not certified by regular examiner, was death reported to M.E.?  Yes  No If yes, enter the date and hour reported: M.E. Case No. 1508044

24. CERTIFYING PHYSICIAN  CERTIFYING PHYSICIAN (To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.)  MEDICAL EXAMINER (LAW ENFORCEMENT OFFICIAL) (On the basis of examination and investigation, at the location, death occurred at the time, date, place, and due to the cause(s) and manner as stated.)  
 25. SIGNATURE AND TITLE OF PHYSICIAN James M. Besendorfer MD 25a. LICENSE NUMBER 7756 25b. DATE SIGNED (Mo., Day, Yr.) December 9, 1993

26. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (If different from certifying physician)  
Dr. James Besendorfer 7396 East 600 North Nephi, Utah 84648

27. REGISTRAR SIGNATURE Kathy K. Rice 27a. DATE FILED (Mo., Day, Yr.) December 9, 1993

28. IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia 28a. DUE TO OR AS A CONSEQUENCE OF 10 days

29. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (cause of injury that triggered events resulting in death) LAST  
Chronic Disease

30. IF YOUR OPINION, TOBACCO USE BY THE DECEDENT  
 Probably contributory to the cause of death  
 Was the underlying cause of death  
 Did not contribute to the cause of death  
 Not sufficient in relation to the cause of death  
 UNKNOWN

31. WERE AUTOPSY TECHNIQUES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  
 Yes  No

32. DATE OF BIRTH (Mo., Day, Yr.) May 19, 1921 32a. TIME OF BIRTH (24 Hour Clock) 32b. BIRTH AT HOME?  Yes  No 32c. PLACE OF BIRTH (As home, farm, school, factory, ship, building, etc. (Specify))

33. LOCATION (Street or rural route number, city or town, county and state) 34. DESCRIBE HOW INJURY OCCURRED (enter sequence 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 28-2-22 of the Utah Code Annotated, 1953 As Amended.

Date issued: DEC 10 1993  
County Central Utah Health Dept  
Registrar

John E. Brockert  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS

By Lynelle Joyner BOOK 110 PAGE 667  
LP 210220

