

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF KENTUCKY)
COUNTY OF JEFFERSON)

ss.

FRANCES S. HEYBURN, does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. FRANCES S. HEYBURN is the surviving spouse of HENRY R. HEYBURN, deceased.
2. HENRY R. HEYBURN died in the City of Louisville, County of Jefferson, State of Kentucky, on October 3, 1991. A certified copy of the Death Certificate of HENRY R. HEYBURN is attached to this Affidavit, marked Exhibit "A".
3. On September 6, 1967 the undersigned and HENRY R. HEYBURN acquired title as joint tenants to a parcel of real property situated in Lincoln County, Nevada, by Deed recorded in Book "N-1 of Real Estate Deeds, Page 240, of the Official Records of Lincoln County, Nevada. The legal description of the real property is

as follows:

- Lots 51, 52, 53 and 54 Block 23 - APN 01-122-21
- Lots 59, 60, 61, 62, 63 and 64 Block 23 - APN 01-122-23
- Lots 31, 32, 33, 34, 35 and 36 Block 34 - APN 01-074-01
- Lots 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 Block 45 - APN 01-052-03
- Lots 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39 and 40 Block 45 - APN 01-052-05

4. At the time of death of HENRY R. HEYBURN title to the real property described in paragraph e. above continued to be held by HENRY R. HEYBURN and FRANCES S. HEYBURN, as joint tenants. As a result of the death of HENRY R. HEYBURN and the joint tenancy form of title, the real property described in paragraph 3. above is now owned by FRANCES S. HEYBURN.

DATED this 15th day of September, 1995.

Frances S. Heyburn
Frances S. Heyburn
3918 Leland Road
Louisville, Kentucky 40207

STATE OF KENTUCKY)
) ss.
COUNTY OF JEFFERSON)

Subscribed and sworn before me this
15 day of September, 1995.

Phillip K. Conrath 113-97
Notary Public in and for the above
mentioned County and State

104107

RECORDED AT 10:00 AM
DON WINTER
OCTOBER 20, 1995
22 MINUTES PAGE 910
A 115 OF 1
432
YURIKO SETZER
BY Lili Boucher, DEPUT

Exhibit "A"

Registrar of Vital Statistics
Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

91 25774

FORM VS NO. 14
Rev. 9/88

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

118

AMENDED 10-21-91 sub

CERTIFICATE OF DEATH

024730

1. DECEDENT'S NAME (Last, Middle, First) HEATY Ruster Heyburn		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 3, 1991
4. SOCIAL SECURITY NO. [REDACTED]	5a. UNDER 1 YEAR 71	5b. UNDER 1 DAY [REDACTED]	6. DATE OF BIRTH (Month, Day, Year) JUL 15, 1920
8. HAD DECEDENT EVER IN U.S. ARMED FORCES? Yes		7. BIRTHPLACE (Country or Foreign Country) Boston, MA	
9. FACILITY NAME at time of death, give street and number Norton Hospital 23		10. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other	
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If with girl, include maiden name) Frances Powell Starks	12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during week of death. Do not use retired.) Attorney
13a. RESIDENCE (State) Kentucky		13b. CITY, TOWN, OR LOCATION Jefferson 256	13c. STREET AND NUMBER 1918 Leland Road
14. MARRIAGE CITY (File or No) Yes	15. ZIP CODE 40207	16. RACE White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (16 or 17)
18. FATHER'S NAME (Last, Middle, First) John G. Heyburn		19. MOTHER'S NAME (Last, Middle, Initial, Maiden) Nartha Ruster	
20. INFORMANT'S NAME (Type/print) Frances S. Heyburn		21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1918 Leland Road, Louisville, Kentucky 40207	
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other		23. PLACE OF DEPOSITION (Name of cemetery, church, or other place) Cave Hill Cemetery	24. LOCATION (City, town or State) Louisville
25. SIGNATURE OF FUNERAL SERVICE LICENSEE (Type/print) [Signature]		26. NAME AND ADDRESS OF FACILITY Pearson Funeral Home 149 Breckenridge Lane Louisville, KY 40207	
27. SIGNATURE AND TITLE [Signature]		28. DATE SIGNED (Month, Day, Year) 10-7-91	
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 29 (Type/print) KEVIN L CURRAN, M.D., 20 E GRAY ST #100 LOUISVILLE, KY 40202			
30. TIME OF DEATH 10:00 A	31. DATE PROLONGED DEAD (Month, Day, Year) 10-3-91	32. WAS CASE REFERRED TO MEDICAL EXAMINER/PROSECUTOR? (Yes or No) NO	
33. PART 1: Under this heading, provide a comprehensive list of causes of death. Do not group the results of injury, such as gunshot or vehicular crash, under "Heart Failure." List only one cause on each line.			
IMMEDIATE CAUSE (Final disease or condition immediately preceding death) 775			
a. GASTROINTESTINAL HEMORRAGE WITH			
b. BOWEL INFARCTION			
c. [REDACTED]			
d. [REDACTED]			
PART 2: Other significant conditions contributing to death but not resulting in the underlying cause of death (Specify only highest grade completed) SEVERE ISCHEMIC CARDIOMYOPATHY HE OF CAUSTIC BURNING			
34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Hanging <input type="checkbox"/> Suffocation <input type="checkbox"/> Poisoning <input type="checkbox"/> Drowning <input type="checkbox"/> Fire <input type="checkbox"/> Other	35. DATE OF INJURY (Month, Day, Year)	36. TIME OF INJURY (File or No)	37. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH FILE? (File or No) YES
38. PLACE OF INJURY (At home, farm, street, factory, office building, etc. Specify)	39. LOCATION (Street and Number or Rural Route Number, City or Town)		
30. REGISTRAR'S SIGNATURE Robert N. Hunter		32. DATE FILED (Month, Day, Year) OCT 10 1991	

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 17th day of July, 1995

Barbara F. White
Barbara F. White, State Registrar