

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

GERALD GRIBBLE, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is GERALD DENNIS GRIBBLE the person named as

GERALD DENNIS GRIBBLE, one of the grantees in that certain deed recorded Oct. 20, 1980 / June 10, 1983 as Document No. 70078/77965 1 May 1972 51573 in Book 40,4,55, Page 167,142,405 of Official Records in the office of the County Recorder of Lincoln Clark County, State of Nevada.

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

Gerald Gribble
Gerald Gribble

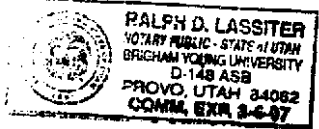
Subscribed and sworn to before me this 2nd day of JANUARY, 19 96

Ralph D. Lassiter
Notary Public in and for said County and State

104681
FILED AND RECORDED AT REQUEST OF
Cow County Title
January 24, 1996
02 MINUTES FAST 6 O' CLOCKS
IN BOOK 117 OF OFFICIAL
RECORDS, PAGE 161 LINCOLN
COUNTY, NEVADA.

Yuriko Setzer
By Julie Boucher deputy

BOOK **117** PAGE **161**



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
		1. Mary GRIBBLE			2. Feb. 9, 1988	3. Lincoln
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name if not other, give street and number		INSIDE CITY LIMITS (Specify Yes or No)	If Held, or Incl. indicate DOA, OP/Emar, Res. Inpatient (Specify)
	2. Caliente		3. Grover C. Dils Medical Center		3a. Yes	3b. Emar, Rm. 2
IF BEEN SCISSOR IN INSTITUTION BE BARBROOK READING COMPLETION OF RESIDENCE ITEMS	4. White	ETHNIC	AGE—Last Birthday (Years) Mo. : Da. : 79	UNDER 1 YEAR HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	SEX
					1. May 6, 1908	7. Fem.
15. [Redacted]	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		SURVIVING SPOUSE (if wife, give maiden name)	
	8. Utah	9. U.S.A.	10. Widowed		11. [Redacted]	
15. [Redacted]	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
			13a. School Teacher		13b. Elementary School	
15. [Redacted]	RESIDENCE—STATE		CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15b. Lincoln	15c. Panaca	15d. 3rd, Street	
PARENTS	FATHER—NAME First Middle Last		MOTHER—NAME First Middle Last		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	16. Heber Barron		17. Nancy Louisa Pearce		18. Mary Lou Dietrick (Daughter) P.O. Box 194 Panaca, Nevada 89042	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Burial		19b. Panaca Cemetery		19c. Panaca Nevada	
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Surety)		NAME AND ADDRESS OF FACILITY			
	20a. [Signature]		20b. Lincoln County Mortuary P.O. Box 236 Caliente, Nevada 89008			
21a. [Redacted]	21b. Feb. 11, 1988		21c. 4:36 P.M.		22a. [Redacted]	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. ON		23b. AT	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)				24. DEATH DUE TO COMMUNICABLE DISEASE	
	23. Andrew S. Lubas M.D. P.O. Box 305 Caliente, Nevada 89008				24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL, IN AND IN)	
	24a. [Signature]		Feb 12, 1988		PART (a) Cardiomyopathy arrest	
25. IMMEDIATE CAUSE	PART (b) acute pulmonary edema		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
	25b. [Redacted]		26. NO			
26. [Redacted]	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	27a. [Redacted]		27b. [Redacted]		27c. [Redacted]	
27. [Redacted]	PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN, STATE	
	27d. [Redacted]		27e. [Redacted]		27f. [Redacted]	

VITAL RECORDS

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

Date issued: **APR 07 1988**

Deputy Registrar

