

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss.
COUNTY OF LINCOLN)

LEROY LUTY, husband of deceased, 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 LEROY LUTY the person named as LEROY LUTY, one of the grantees in that certain deed recorded July 9, 1973, as Document No. 53089 in Book 7 Page 548, of Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.

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

Leroy Luty

LEROY LUTY

STATE OF NEVADA)
 : ss.
COUNTY OF LINCOLN)

On this 29 day of May, 1996, personally appeared before me, a Notary Public in and for said Lincoln County, LEROY LUTY, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

Marjorie Davis

NOTARY PUBLIC, in and for said
County and State



MARJORIE DAVIS
Notary Public - Nevada
Lincoln County
My appt. exp. July 25, 1998

Lincoln County

005026

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
Alice Louise LUTLEY		August 3, 1995		Clark			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name of institution, give street and number		Inpatient (Specify)		SEX	
Las Vegas		Valley Hospital		Inpatient		Female	
RACE—(a) White, Black, American Indian, etc. (Specify)		AGE—Last birthday (Years)		UNDER 1 YEAR		DATE OF BIRTH (Mo., Day, Yr.)	
White		78		MOS : DAYS		July 27, 1917	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If not, give maiden name)	
Wyoming		U.S.A.		Married		Leroy Lutley	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
		Homemaker		Own Home			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
Nevada		Lincoln		Alamo		328 North Main	
FATHER—NAME		MOTHER—MAIDEN NAME		INFORMANT—NAME (Type or Print)		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
Norman Beatley Jones		Mare		Leroy Lutley - Husband		1st P.O. Box 302, Alamo, NV 89001	
BURNAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town	
Removal		Alamo Cemetery		Alamo Nevada			
FUNERAL DIRECTOR—SIGNATURE (If removed or buried)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		City or Town	
[Signature]		27		Pain Mortuary		1325 W. Main St., Las Vegas, Nevada 89101	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
8/7/95		10:41 AM					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER			
		Calvin Maestro, M.D. 2031 McDaniel St. North Las Vegas, Nevada 89030		279		2906	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
[Signature]		AUG 07 1995		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH					
PART I		1 week					
(a) Immediate cause		INTERVAL BETWEEN ONSET AND DEATH					
(1) Primary cause of death		2 days					
(2) Secondary cause of death							
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
				No		No	
ADDITIONAL INFORMATION		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, school, factory, office, building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 79796

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

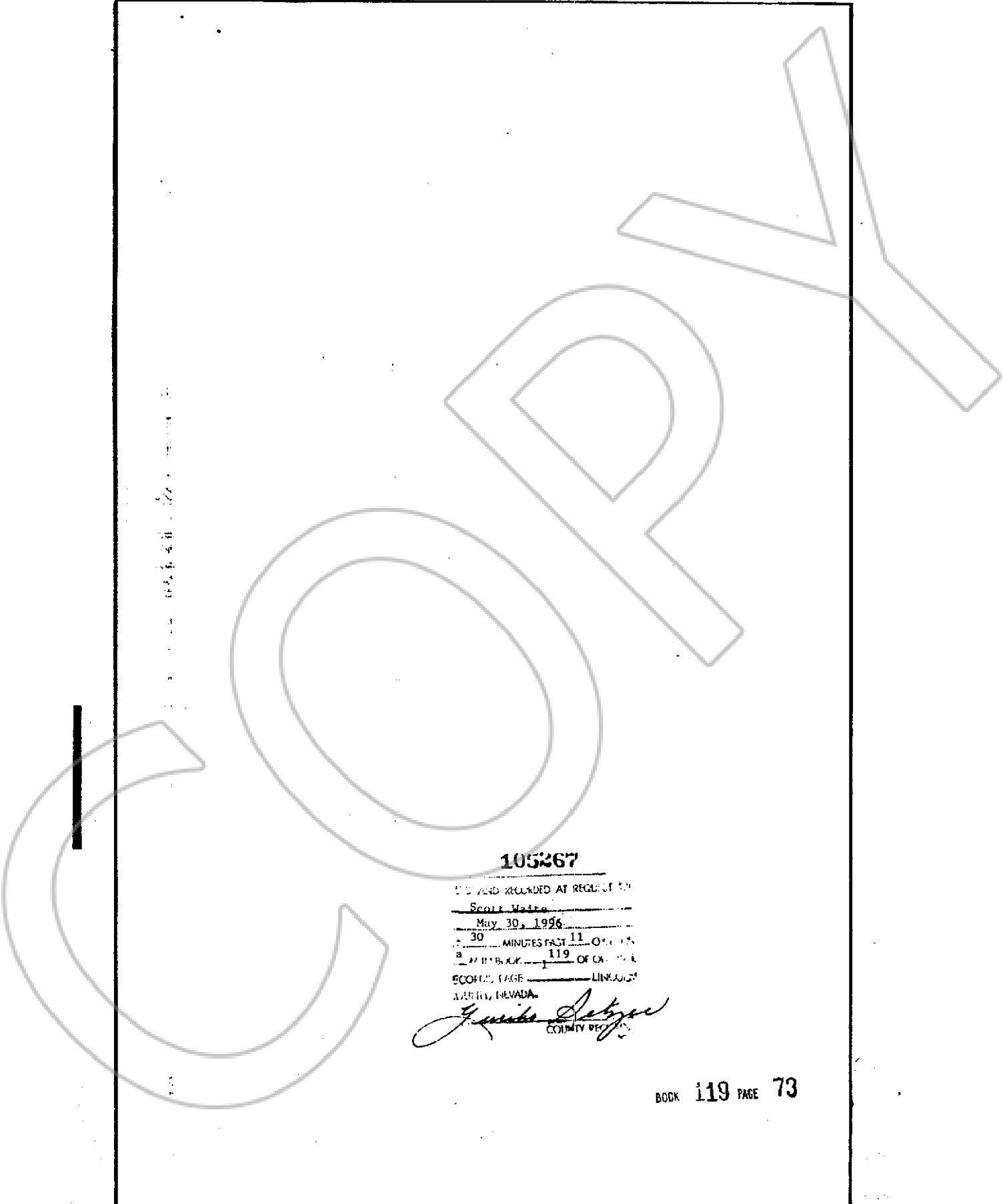
OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By [Signature]

Date Issued AUG 08 1995

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

BOOK 119 PAGE 72



105267

THIS WED RECORDED AT REGISTERS

Scott Matto

May 30, 1996

30 MINUTES PAST 11 O'CLOCK

A.M. BOOK 119 OF COUNTY

RECORDS, PAGE LINCOLN

CLERK, NEVADA

Janice Setzer
COUNTY CLERK