

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

I, JULL MCFARLAND, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That NEIL A. MCFARLAND, the decedent
(Decedent Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as NEIL MCFARLAND

(Decedent Name as shown on Deed)
named as one of the parties in that certain GRANT, BARGAIN, SALE DEED
(Type of Document)

dated on the 6th day of AUGUST, 19 94, and executed by RICHARD D.
ALFANO AND LOIS A. ALFANO, known as "Grantor(s)"

to NEIL AND JULL MCFARLAND, HUSBAND AND WIFE, known
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 102364, on the
6th day of SEPTEMBER, 19 94, in book 110, of Official

Records of LINCOLN County, Nevada, covering the following described property situated in the City of
PIOCHE, County of LINCOLN, State of Nevada.

(Set forth legal description and commonly known street address, if known)

A PARCEL OF LAND SITUATED IN THE S1/2 OF SW1/4 OF SECTION 34, T.5 N. R.67E
MDM. LINCOLN COUNTY, NEVADA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:
PARCEL 1 OF FILE PLAT A, PAGE 384, OF MAPS AS RECORDED IN THE OFFICIAL RECORDS
OF THE LINCOLN COUNTY RECORDER. PARCEL CONTAINING 4.984 ACRES.

ASSESSOR'S PARCEL NO. (APN#) _____

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed
the sum of \$ 110,000.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 11 day of JULY, 19 96

Jull McFarland
(Signature)
JULL MCFARLAND
(Print or type name here)

(Signature)

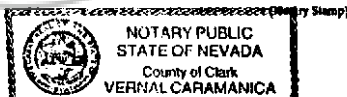
(Print or type name here)

STATE OF NEVADA)
COUNTY OF CLARK)

On this 11 day of JULY, 19 96
personally appeared before me, a Notary Public
JULL MCFARLAND

personally known to me to be the person whose name(s) is subscribed
to the above instrument who acknowledged that he executed
the instrument.

Vernal Caramanica
(Notary Public)



Nevada Legal Form No. 100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000

RECORDING REQUESTED BY AND MAIL TO

NAME JULL MCFARLAND
ADDRESS P.O. 178
CITY/ST/ZIP PIOCHE, NV. 89043-0178

If applicable mail tax statements to

NAME (SAME)
ADDRESS (SAME)
CITY/ST/ZIP (SAME)

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

105446
SEARCHED AT REQUEST OF
JULL MCFARLAND
JULY 12, 1996
17 MINUTES PAST 11 O'CLOCK
LINCOLN COUNTY NEVADA, RECORDER
YURIKO SETZER

BY Jolie Boucher DEPUTY
BOOK 119 PAGE 456

Lincoln County

004085

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	
1st Neil		Middle A. McFARLAND		2 June 9, 1996		3a Clark	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not entry, give street and number)		If Hosp. or inst. indicate DOA, OP/EMer (See legend) (Specify)		SEX	
2b Las Vegas		3c 4908 Evergreen Glen Dr.		3d		4 Male	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Specify Mexican, Cuban, Puerto Rican, etc.)		AGE—Last (Birthday) (Years)		UNDER 1 YEAR UNDER 1 DAY	
5 White		6		7a 57		7b 7c	
STATE OF BIRTH (If not U.S.A. name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education—Specify highest grade completed		DATE OF BIRTH (Mo., Day, Yr.)	
8a California		9a U.S.A.		10 9		11 Aug. 1, 1938	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If valid, give maiden name)	
13		14a Truck driver		12 Married		12a Jull Y. Cook	
RESURF.—STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Nevada		15b Clark		15c Las Vegas		15d 4908 Evergreen	
FATHER—NAME		MOTHER—MAIDEN NAME		CITY, TOWN OR LOCATION		STREET AND NUMBER	
16a Cornelius A. McFarland		17a Nelda M. Rich		15c Las Vegas		15d 4908 Evergreen	
SURVIVANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		CITY, TOWN OR LOCATION		STREET AND NUMBER	
18a Jull Y. McFarland		18b 4908 Evergreen Glen Dr., Las Vegas, Nevada 89130		15c Las Vegas		15d 4908 Evergreen	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
19a Burial		19b Memory Gardens Cemetery		19c Las Vegas		19d Nevada	
FUNERAL DIRECTOR—SIGNATURE (If Person, Print Name)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		CITY, TOWN OR LOCATION	
20a [Signature]		20b 2		20c Bunker Mortuary		20d 925 Las Vegas Blvd. No. Las Vegas, Nevada 89101	
21a To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title)		21b DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH		21d DATE SIGNED (Mo., Day, Yr.)	
21a [Signature]		21b 6/9/96		21c 5:30am		21d	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f		21g		21h	
21e		21f		21g		21h	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
22a HEATHER ALLEN, M.D., 2920 S. EASTERN, 2ND LAS VEGAS, NV 89102		22b 4389		22c JUN 11 1996		22d YES <input type="checkbox"/> NO <input type="checkbox"/>	
23a (Specify)		23b		23c		23d	
23a SMALL CELL LUNG CANCER		23b		23c		23d	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF		PART I (b) DUE TO, OR AS A CONSEQUENCE OF		PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		PART II (a) ALTOPSY (Specify Yes or No)	
(a)		(b)		(c)		(a) No	
(a)		(b)		(c)		(b) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ACC. SUICIDE, HOMICIDE, OR PENDING INQUIRY (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
24a		24b		24c		24d	
24a		24b		24c		24d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—Alcohol, term, street, highway, other, building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
25c		25b		25c		25d	

STATE REGISTRAR

No. 093631

"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: JUN 13 1996

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

BDDK 119 PAGE 457