

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
                          ) ss  
COUNTY OF CLARK )

SIDNEY DELANEY PICKARD, 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 THE SON OF \* \* \* \* \* the person named as ROSE PICKARD, one of the grantees in that certain deed recorded June 17, 1969, as Document No. 47739 in Book N-1, Page 410 ~~47739~~, of Realstate Deeds, in the office of the County Recorder of LINCOLN County, State of Nevada.

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

[Signature]  
SIDNEY DELANEY PICKARD

Subscribed and sworn to before me this 13th day of May, 19 96



EARLENE F. GORDON  
Notary Public - Nevada  
Clark County  
My appt. exp. Aug. 10, 1998

[Signature]  
Notary Public in and for said County and State

Return to: Sidney Delaney Pickard  
832 San Gabriel  
Henderson, Nevada 89015

NO. 105841  
FILED AND RECORDED AT REQUEST OF  
Cow County Title  
August 30, 1996  
AT 50 MINUTES PAST 3 O'CLOCK  
P M IN BOOK 120 OF OFFICIAL  
RECORDS, PAGE 501, LINCOLN COUNTY  
NEVADA.

YUIRKO SETZER  
COUNTY RECORDER  
by [Signature], deputy

BOOK 120 PAGE 501

Lincoln County

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	First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH	
	1	Rose PICKARD		2 May 30, 1987	3a Clark		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR DINER INSTITUTION—Name (If not enter, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	If Hosp or Inst indicate OOA OP/Emo. Rm. Inpatient (Specify)	
	3a Henderson		3a 6 E. Texas		3a Yes		
IF DEATH OCCURRED IN INSTITUTION SET HANDBOOK REGARDING CONTENTS OF RESOURCES ITEMS	RACE—In g. White, Black, American Indian, (NCL) (Specify)	ETHNIC	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS * DAYS	UNDER 1 DAY HOURS * MINS	DATE OF BIRTH (Mo., Day, Yr.)	SEX
	4a White	4b	5a 80	5b	5c	6 August 13, 1906	7 Female
FATHER—NAME First Middle Last	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If male, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
	11a New Mexico	9 USA	10 Married	11 George E. Pickard		12 No	
MOTHER—MAIDEN NAME First Middle Last	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired)	KIND OF BUSINESS OR INDUSTRY				
	13	14a Telegrapher	14b Telegraphy				
FATHER—NAME First Middle Last	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
	15a Nevada	15b Clark	15c Henderson	15d 6 E. Texas		15e Yes	
MOTHER—MAIDEN NAME First Middle Last	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last				
	16 Nick C.D. Baca		17 Bell Stevens				
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a Sidney Pickard		18b 832 San Gabriel, Henderson, Nev. 89015				
FURNERAL DIRECTOR (Type or Print) (If Person Acting as Such)	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State				
	19a Burial		19b Palm Memorial Park		19c Henderson Nevada		
To be Completed by Certifying Physician	NAME AND ADDRESS OF FACILITY		20a <i>H. Board</i>				
	20b Palm Mortuary, 800 S. Boulder Hy., Henderson, Nev. 89015						
To be Completed by Certifying Physician	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH		22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		
	21b 5-30-87		21c 9:15 AM		22b PRONOUNCED DEAD (Mo., Day, Yr.)		
To be Completed by Certifying Physician	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		22c ON		22d AT		
	23 Byron Kilpatrick MD., 110 E. Lake Mead Dr., Henderson, Nev. 89015		22c ON		22d AT		
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE				
	24a <i>Jan Brati, Nevada</i>		24b JUN 03 1987		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PLEASE FORMS (a), (b), AND (c))		Interval between onset and death				
	PART (a) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death				
CAUSE OF DEATH	PART (b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death				
	PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		
PART (c)		26 No		27 Yes			
AGE SINCE BORN UNDER OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
	28a	28b	28c	M 28d			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY (At home, farm, store, factory, office, building, etc. (Specify))	LOCATION	STREET OR R.F.D. No.		CITY OR TOWN	STATE	
	28e	28f	28g		28h		

N#65011

VITAL RECORDS

"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 8 1987

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

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