

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA )  
                          ) ss:  
COUNTY OF CLARK )

BOYD L. ALEXANDER, being first duly sworn, deposes and says that affiant is over the age of twenty-one years and competent to be a witness to the matter hereinafter stated.

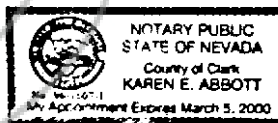
That affiant is the person named as one of the grantees in that certain deed recorded May 21, 1993, at Document No. 100396, in Book 106 of Official Records, Page 36, in the office of the County Recorder of Lincoln County, State of Nevada.

That DOROTHY J. ALEXANDER was one of the grantees named in said deed and was the identical person named as DOROTHY J. ALEXANDER, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. Decedent died on the 1st day of February, 1997, in the City of Las Vegas, County of Clark, State of Nevada.

  
BOYD L. ALEXANDER

Subscribed and Sworn to before me  
this 24 day of March, 1997.

  
NOTARY PUBLIC



After Recording, Mail to:

Boyd L. Alexander  
P.O. Box 591  
Panaca, NV 89042-0591

NO. 103393  
Filed And Recorded At Request Of  
Boyd L. Alexander  
March 24, 1997  
At 35 Minutes Past 1 O'Clock  
P M In Book 126 Of Official Records  
Page 399 Lincoln County Nevada.

Yuriko Setzer  
County Recorder

by Zulie Bouches, deputy.

Lincoln County

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

TYPE OR REPORT ON PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last <b>Dorothy J. ALEXANDER</b>		DATE OF DEATH (Month, Day, Year) <b>February 1, 1997</b>	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		COUNTY OF DEATH <b>Clark</b>	
	HOSPITAL OR OTHER INSTITUTION—Name if not other, give street and number <b>Nathan Adelson Hospice</b>		SEX <b>Female</b>	
IF DEATH OCCURRED IN A HOME, SET HEREON REASON FOR COMPLETION OF RESIDENCE (Type or Print)	RACE—(a) White (Black, American Indian, etc.) (Specify) <b>White</b>		DATE OF BIRTH (Mo., Day, Yr.) <b>Jan 10, 1937</b>	
	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify Mexican, Cuban, Puerto Rican, etc.)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
L	STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		SUPPORTING SPOUSE (If wife, give maiden name) <b>Boyd L. Alexander</b>	
	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		EDUCATION (Specify highest grade completed) <b>12</b>	
PARENTS	SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		KIND OF BUSINESS OR INDUSTRY <b>Coaching</b>	
	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life. Even if Retired) <b>Bingo Manager / Retired</b>		RESIDENCE—STATE <b>Nevada</b>	
DISPOSITION	RESIDENCE—CITY, TOWN, OR LOCATION <b>Lincoln</b>		STREET AND NUMBER <b>6th &amp; Phillips</b>	
	RESIDENCE—CITY, TOWN, OR LOCATION <b>Las Vegas</b>		RESIDENCE CITY LIMITS (Specify Yes or No) <b>No</b>	
CERTIFIER	FATHER—NAME First Middle Last <b>Joe C. Osbon</b>		MOTHER—NAME First Middle Last <b>Opal Barker</b>	
	MARRIAGE—NAME (Type or Print) <b>Boyd L. Alexander - Husband</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P. O. Box 591 Las Vegas Nevada 89642</b>	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		CEMETERY OR CREMATORY—NAME <b>Pain Crematory</b>	
	FURNAL DIRECTION OF PERSONS (Specify) <b>Edwin Kingsley</b>		FURNAL DIRECTION LICENSE NUMBER <b>50</b>	
STATE REGISTRAR	LOCATION <b>Las Vegas, Nevada</b>		NAME AND ADDRESS OF FACILITY <b>Pain Hortuary - Henderson</b>	
	DATE SIGNED (Mo., Day, Yr.) <b>2/6/97</b>		HOUR OF DEATH <b>10:30 PM</b>	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Edwin Kingsley, M.D. 3920 South Eastern Avenue Las Vegas Nevada 89109</b>		LICENSE NUMBER <b>5708</b>	
	REGISTRAR (Signature) <b>Ken Pasick</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>FEB 07 1997</b>	
CLARK COUNTY HEALTH DISTRICT	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>COLON CANCER</b>		DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	PART 1 (a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
CLARK COUNTY HEALTH DISTRICT	PART 2 (b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
	PART 3 (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1		AUTOPSY (Specify Yes or No) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLARK COUNTY HEALTH DISTRICT	ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST (Specify) <b>[REDACTED]</b>		DATE OF INJURY (Mo., Day, Yr.) <b>[REDACTED]</b>	
	HOUR OF INJURY <b>[REDACTED]</b>		DESCRIBE HOW INJURY OCCURRED <b>[REDACTED]</b>	
CLARK COUNTY HEALTH DISTRICT	PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>[REDACTED]</b>		LOCATION <b>[REDACTED]</b>	
	STREET OR R.F.D. No. <b>[REDACTED]</b>		CITY OR TOWN STATE <b>[REDACTED]</b>	

STATE REGISTRAR

No. 105578

"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: FEB 11 1997

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

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