

AFIDAVIT 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.

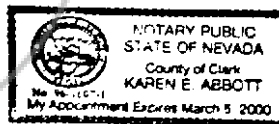
That affiant is the person named as one of the grantees in that certain deed recorded May 17, 1995, at Document No. 103488, in Book 113 of Official Records, Page 480, in the office of the County Recorder of Lincoln County, State of Nevada.

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
BOYD L. ALEXANDER

Subscribed and Sworn to before me this 17th day of March, 1997.

Karen E. Abbott
NOTARY PUBLIC



After Recording, Mail to:

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

NO. 10S394
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 401 Lincoln County Nevada.

Yuriko Setzer
County Recorder
by *Silvia Bruch*, deputy

BOOK - 126 PAGE 401

Lincoln County

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

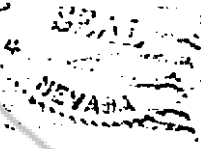
TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	1 DECEASED—NAME First Middle Last Dorothy J. ALEXANDER		2 DATE OF DEATH (Month, Day, Year) February 1, 1997	
DECEDENT	3 CITY, TOWN, OR LOCATION OF DEATH Las Vegas		4 HOSPITAL OR OTHER INSTITUTION—Name if not other, give street and number Nathan Adelson Hospice	
	5 RACE—(a) White Black American Indian (b) Specify White		6 SEX Female	
IF DEATH OCCURRED IN SECTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE THIS	7 STATE OF BIRTH (If not U.S.A. name country) Oklahoma		8 DATE OF BIRTH (Mo., Day, Yr.) Jan 10, 1937	
	9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED, NEVER MARRIED, DIVORCED (Specify) Married	
PARENTS	11 SOCIAL SECURITY NUMBER [REDACTED]		12 SURVIVING SPOUSE (If not, give maiden name) Boyd L. Alexander	
	13 USUAL OCCUPATION (Give kind of work done during last of Working Life Even if Retired) Bingo Manager / Retired		14a KIND OF BUSINESS OR INDUSTRY Gaming	
DISPOSITION	15a RESIDENCE—STATE Nevada		15b CITY, TOWN, OR LOCATION Lincoln	
	16 FATHER—NAME First Middle Last Joe C. Gabon		17 MOTHER—MAIDEN NAME First Middle Last Opal Barker	
CERTIFIER	18a FATHER—NAME First Middle Last Boyd L. Alexander - Husband		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. D. Box 591 Panaca Nevada 89042	
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b CEMETERY OR CREMATORY—NAME Palm Crematory	
CAUSE OF DEATH	20a FURNERAL DIRECTOR OR SIGNATURE FOR Preparation of Body <i>[Signature]</i>		20b NAME AND ADDRESS OF FACILITY Palm Mortuary - Henderson 800 S. Boulder Hwy., Henderson, Nevada 89015	
	21a On the basis of my knowledge, which occurred at the time, date and place and as in the certificate and <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 2/6/97		21b On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the causes and manner stated. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 2/6/97	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	22a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Edwin Kingsley, M.D. 3920 South Eastern Avenue Las Vegas Nevada 89109		22b LICENSE NUMBER 5208	
	23a REGISTRAR <i>[Signature]</i>		23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) FEB 07 1997	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not included in the underlying cause given in Part I	24a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) COLON CANCER		24b DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	25a INTERVAL BETWEEN ONSET AND DEATH		25b INTERVAL BETWEEN ONSET AND DEATH	
AUTOPSY	26a INTERVAL BETWEEN ONSET AND DEATH		26b INTERVAL BETWEEN ONSET AND DEATH	
	27a INTERVAL BETWEEN ONSET AND DEATH		27b INTERVAL BETWEEN ONSET AND DEATH	
WAS CASE REFERRED TO CORONER? (Specify Yes or No)	28a ACC. SUICIDE MOM. UNDET. OR PENDING INVEST (Specify) 28a		28b DATE OF INJURY (Mo., Day, Yr.) 28b	
	29a PLACE OF INJURY—(If home, farm, street, factory, office, building, etc. Specify) 29a		29b HOUR OF INJURY 29b	
30a LOCATION 30a		30b STREET OR R.F.D. No. 30b		
31a CITY OR TOWN 31a		31b STATE 31b		

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

BOOK 126 PAGE 402
BOOK 126 PAGE 402