

APN: 11-180-02

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss.
County of Lincoln)

TARRY HAY, 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 TARRY HAY the person named as TARRY HAY, one of the grantees in that certain deed recorded MARCH 28, 1977, as Document No. 59276 in Book 19, Page 639 Official Records in the Office of the County Recorder of Lincoln, State of Nevada.

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

Terry A. Hay
TARRY HAY

Subscribed and sworn to before me this 19th day of June, 1977.

Notary Public in and for said County and State
Shelby - State of Tennessee

MY COMMISSION EXPIRES OCT 12 1980

Escrow No. 97-42-6307-KH

When Recorded Mail To:

CLARIFICATION DOCUMENT

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TARRY HAY

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public in and for said
County and State

Escrow No. 97-42-6307-KH

When Recorded Mail To:

NO. **109157**
Filed And Recorded At Request Of
COW COUNTY TITLE
JUNE 30, 1997
At 50 Minutes Past 4 O'Clock
P M In Book 128 Of Official Records
Page 479 Lincoln County Nevada.

YURIKO SETZER
County Recorder
BY Leslie Boucher DEPUTY

BOOK 128 PAGE 480

STATE OF NEVADA

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Ralph Lester RAY		2. DATE OF DEATH (Month, Day, Year) January 8, 1997	
3. CITY, TOWN, OR LOCATION OF DEATH Alamo		4. COUNTY OF DEATH Lincoln	
5. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Alamo Canyon Road #300		6. SEX Male	
7. RACE—(1) White, Black, American Indian, etc. (Specify) White		8. AGE—Last birthday (Years, Months, Days) 75	
9. STATE OF BIRTH (If not U.S.A., name country) Colorado		10. DATE OF BIRTH (Mo., Day, Yr.) 9-26-1911	
11. CITIZENSHIP OF DEATH COUNTRY U.S.A.		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	
13. SOCIAL SECURITY NUMBER [REDACTED]		14. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Mechanic	
15. RESIDENCE—STATE COUNTY Nevada Lincoln		16. RESIDENCE—STREET AND NUMBER 300 Canyon Road	
17. FATHER—NAME First Middle Last Glen Lee Ray		18. MOTHER—MARRIAGE NAME First Middle Last Minnie Pearl Brown	
19. INFORMANT—NAME (Type or Print) Stanley Lee Ray		20. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 600 Anita St., #17 Chula Vista, California 91911	
21. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		22. CEMETERY OR CREMATORY—NAME LOCATION Desert Memorial Las Vegas, Nevada	
23. FUNERAL DIRECTOR—SIGNATURE (Or Paraphrase of Signature) <i>[Signature]</i>		24. NAME AND ADDRESS OF FACILITY Wiscombe Funeral Home 09 P.O. Box 994 Caliente, Nevada 89008	
25. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. DATE SIGNED (Mo., Day, Yr.) 1-16-97		26. On the basis of examination and/or investigation in my professional death occurred at the time, date and place and due to the cause(s) stated. DATE SIGNED (Mo., Day, Yr.) 1-16-97	
27. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gary L. Davis; P.O. Box 390 Alamo, Nevada 89001		28. HOUR OF DEATH Before 1848	
29. REGISTRAR <i>[Signature]</i>		30. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 1-17-97	
31. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART 1 (a) Gunshot Wound to Neck DUE TO, OR AS A CONSEQUENCE OF PART 2 (b) Self Infliction DUE TO, OR AS A CONSEQUENCE OF PART 3 (c) Coronary Artery Disease, Prostate Enlargement		32. INTERVAL BETWEEN ONSET AND DEATH Immediate	
33. ACCIDENT, SUICIDE, HOW, UNDER, OR PENDING INVEST. (Specify) Suicide		34. DATE OF INJURY (Mo., Day, Yr.) Before 1848	
35. INJURY AT WORK (Specify Yes or No) Residence		36. DESCRIBE HOW INJURY OCCURRED Self inflicted gunshot to right side of neck	
37. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Residence		38. LOCATION—STREET OR R.F.D. No. CITY OR TOWN STATE 300 Canyon Road Alamo, Nevada	

STATE REGISTRAR

No. 091878

BOOK 128 PAGE 481

[Signature]

State Registrar

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: MAR 05 1997