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AFFIDAVIT TERMINAT	ING JOINT TENANCY
	ING COMMITTENANCI
am i am	/ \ \
STATE OF NEVADA }	\ \
} ss.	\
COUNTY OF LINCOLN	
	\ / /
Florence L. My	les
deposes and says that the affiant is over the age	being first duly sworn,
witness as to the matters hereinafter stated.	oiyears and competent to be a
- Tribution statement	
That the affiant is Florence L	Myles
That the affiant is Florence L  Florence L  certain deed recorded Jun 25, 1990 in Book 89 Page 167 + 168	nu les en of the american in that
certain deed recorded Jun 25 , 1990	os Document No. 233 (A)
in Book 99 Page 167 + 1/68	of Official Pocards
in the office of the County Recorder of Lincoln	County State of Novada
, and an or mileton	County, State of Nevada,
Carran 0 120/10	1 1
That	
That. Gect qe A. My les in said deed and was the identical person named the decedent, in that certain Peoch Configuration	as GEOLGEA MULES
and deconcert in this contain Death Cellingale.	certified copy of which is annexed hereto
and made a part hereof.	/ /
	· /
	1
	Flower & M. (a)
	Florence & Moles
	l V
Surbourihad and any and but	
Subscribed and sworn to before me this	
199/	
/ /	CALLE STEVER
Č / a./	NOTATY PUBLIC - STATE OF METALON
Callie M. Stever	Lincoln County - Novode APPT, EXP, April 1, 1369
Notary Public in and for said	·
County and State	No. 109442
	filed and recorded at request of

Florence L. Myles
July 25, 1997

Yuriko Setzer

At <u>43</u> minutes past <u>1</u> 0'clock Lincoln County Nevada Recorder

COUNTY RECORD LR

Min, deputy

book 129 ruse 316

STATE FILE NUMBER

George  A. MYLES, Jr. M April 9, 1997  Scotal security Numbers St. Age. Las. St. Under 1 Year Sc. Under 1 Day (Month, Day Year)  68 Mas December Even in 98 PLACE OF DEATH (Check party order)  10 Set FACILITY NAME II TO 1 Institution, pive street and number)  10 Set FACILITY NAME II TO 1 Institution, pive street and number)  10 Set FACILITY NAME II TO 1 Institution, pive street and number)  10 Set FACILITY NAME II TO 1 Institution, pive street and number)  10 Set FACILITY NAME II TO 1 Institution, pive street and number)  10 Set FACILITY NAME II TO 1 Institution, pive street and number)  10 Set FACILITY NAME II TO 2 Institution, pive street and number)  10 Set FACILITY NAME II TO 2 Institution, pive street and number)  10 Set FACILITY NAME II TO 2 Institution, pive street and number)  10 Set FACILITY NAME II TO 2 Institution, pive street and number)  10 Set FACILITY NAME II TO 2 Institution, pive street and number)  10 Set FACILITY NAME II TO 2 Institution, pive street and number)  10 Set FACILITY NAME II TO 3 Institution, pive street and number)  10 Set FACILITY NAME II TO 3 Institution, pive street and number)  10 Set FACILITY NAME II TO 3 Institution, pive street and number and						-		
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Separature  28. DATE SIGNED (Monin, Day, Year)  29. DATE SIGNED (Monin, Day, Year)  20. DATE SIGNED (M		26. To the best of my knowledge the cause(s) and manner a	a, death occurred at the t	ime, date and place, and due to	27. On the bu	asis of examination and/or it e and place, and due to the	nvestigation, in my opinion death occurred at cause(s) and manner as stated.	
28. DATE SIGNED (Monin, Day, Year)  CLANUI O 1997  30. NAME: TITLE AND MAICH CADRESS OF CERTIFIER/CONCINENT/POWPHON  Paul Speidel M.D., 10350 E. Dakota Ave., Denver, CO zip 80231  31. NAME OF ATTENDING PHYSICIAN IF OTHER THAM CERTIFIER IT SOUPHOND  22. MANNER OF DEATH  Phonoing Investigation  Accident  O Suicide Dudals/mined  33a. DATE OF INJURY None, larm, sirest lactory, office  O Momocide  A Industry Cause (Enter Only One Cause PER LINE FOR (at. (0) AND (c)) Do not enter mode of dying (e.g. Cardian or Respiratory Arrest alona.  Interval Deliver on onset and death  DUE TO GRAS & CONSEQUENCE OF INJURY CAUSE PER LINE FOR (at. (0) AND (c)) Do not enter mode of dying (e.g. Cardian or Respiratory Arrest alona.  Interval Deliver on onset and death  DUE TO GRAS & CONSEQUENCE OF Injury Cause Per Line For (at. (0) AND (c)) Do not enter mode of dying (e.g. Cardian or Respiratory Arrest alona.  Interval Deliver on onset and death  DUE TO GRAS & CONSEQUENCE OF Injury Cause Per Line For (at. (0) AND (c)) Do not enter mode of dying (e.g. Cardian or Respiratory Arrest alona.  Interval Deliver on onset and death  DUE TO GRAS & CONSEQUENCE OF Injury Cause Per Line For (at. (0) AND (c)) Do not enter mode of dying (e.g. Cardian or Respiratory Arrest alona.  Interval Deliver on onset and death  DUE TO GRAS & CONSEQUENCE OF Injury Cause Per Line For (at. (0) AND (c)) Do not enter mode of dying (e.g. Cardian or Respiratory Arrest alona.  Interval Deliver on onset and death  No  STATE OF COLORADO, TRI-COUNTY HEALTH DEPARTHENT - United States of America  I hereby cretify this documentals a true and correct copy of the record in  H. H. Rohrer, H.D., Registrar  Adams, Arapahoe and Doughas Counties	ERTIFIER		00/20m	6. arus	Signatur	· <b>&gt;</b>		
PAUL Speidel M.D., 1030 E. Dakota Ave., Denver, CO zip 80231  31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IT SOMPTION  32. MANNER OF DEATH  33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IT SOMPTION  33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IT SOMPTION  33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IT SOMPTION  33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IT SOMPTION  33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IT SOMPTION  34. INJURY OF DEATH  35. PLACE OF INJURY A home, larm, birest lectory, office  34. INMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IAI. (B). AND (c).) Do not enter mode of dying (a.g. Cardiau or Respiratory Artest isons and death  34. INMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IAI. (B). AND (c).) Do not enter mode of dying (a.g. Cardiau or Respiratory Artest isons and death  34. INMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IAI. (B). AND (c).) Do not enter mode of dying (a.g. Cardiau or Respiratory Artest isons and death  34. INMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IAI. (B). AND (c).) Do not enter mode of dying (a.g. Cardiau or Respiratory Artest isons and death  35. AUTOPSY Jat. IF YES were findings considered and death  36. AUTOPSY Jat. IF YES were findings considered in determining cause of death?  36. AUTOPSY Jat. IF YES were findings considered in determining cause of death?  37. NAME OF COLORADO, TRI-COUNTY MEALTH DEPARTHENT - United States of America  38. AUTOPSY Jat. IF YES were findings considered in determining cause of death?  39. AUTOPSY Jat. IF YES were findings considered in determining cause of death?  39. AUTOPSY Jat. IF YES were findings considered in determining cause of death?  39. AUTOPSY Jat. IF YES were findings considered in determining cause of death?  39. AUTOPSY Jat. IF YES were findings considered in determining cause of death?  39. AUTOPSY Jat. IF YES were findings considered in determining cause of death?  39. AUTOPSY Jat. IF YES were findings considered in determining		28. DATE SIGNED IMONIO, Day	Years		29. DATE SI	GNED (Month, Day, Year)		
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32. MANNER OF DEATH  PARTY III DESCRIBE HOW INJURY OCCURRED  33. DATE OF INJURY 33. TIME OF INJURY AT 33. DESCRIBE HOW INJURY OCCURRED  PARTY III DESCRIBE HOW INJURY OCCURRED  33. DATE OF INJURY AT 33. DATE OF INJURY AT INJURY					Ave.,	Denver	, CO zip: 80231	
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CONDITIONS CONDITIONS CONDITIONS DETO OR AS ACONSEQUENCE OF DIATE OF COLORADO. TRICOUNTY HEALTH DEPARTHENT - United States of America I hereby certify this documentals at true and correct copy of the record in my custody. Issued this 1774 and of April 1997 A.D.  This is not valid unless prepared by blue basketweave paper and		34. IMMEDIATE CAUSE	ENTER ONLY ONE CAUS	E PER LINE FOR (a), (b), AND (c),) Do no	t unior made of dy	ing (a.g. Cardia); or Respira	tory Arrest sions. Interval between onset and death	
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STATE OF COURRADO, TRI-COUNTY HEALTH DEPARTMENT - United States of America I hereby certify this document; a true and correct copy of the record in my custody, issued this 17th day of April 1997 A.D.  This is not valid unless prepared by blue basketweave paper and	DEVANTA	IF ANY WHICH	all all and a second	_	010 -			
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STATE OF COTORAGO, TRI-COUNTY HEALTH DEPARTMENT - United States of America I hereby certify this document is a true and correct copy of the record in my custody, Issued this 17th day of April 1997 A.D.  This is not valid unless prepared by blue basketweave paper and		B PART I (u.g. alcohol abv	se obesity emoker).	•		(Vest or No)	in determining cause of death?	
STATE OF COTORAGO, TRI-COUNTY HEALTH DEPARTMENT - United States of America I hereby certify this document is a true and correct copy of the record in my custody, Issued this 17th day of April 1997 A.D.  This is not valid unless prepared by blue basketweave paper and	The same of the sa		- 12			No		
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another for deceptive use any vital statistics certificate. Lois S. Schnitt, Deputy Registry	P	ENALTY BY LAW IT any P	erson alters, us	es, attempts to use or fu	raishes to	Kande	Schmitt South	

P. S. S. P. S. S. P. S.