


AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
 )  
 ) ss.  
COUNTY OF LINCOLN )

Valerie Culverwell, daughter of deceased, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

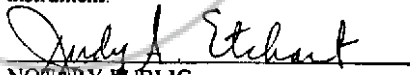
That affiant is Valerie Culverwell the person named as Joint Tenant, one of the grantees in that certain deed recorded 18 of Nov 1997 as Document No. 116129, in Book 131 page 438 of Official Records in the office of the County Recorder of Lincoln County, State of Nevada.

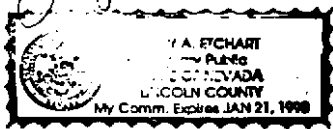
That Beth C. Haley was one of the grantees named in said deed and was the identical person named as Joint Tenant, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

  
VALERIE CULVERWELL  
Affiant

STATE OF NEVADA )  
 )  
 ) ss.  
COUNTY OF LINCOLN )

On this 18<sup>th</sup> day of November, 1997, personally appeared before me, a Notary Public, VALERIE CULVERWELL, who acknowledged that she executed the above instrument.

  
NOTARY PUBLIC



**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		DECEASED—NAME Afton Beth HALEY		DATE OF DEATH (Month, Day, Year) 2 May 17, 1996	STATE FILE NUMBER	COUNTY OF DEATH Lincoln
CITY, TOWN, OR LOCATION OF DEATH Caliente		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 155 Culverwell Street		IF HUNG OR HAD INCURABLE D.D.A. OF OTHER INJURY (Specify)	SEX Female	
RACE—(a) g. White, Black, American Indian, etc. (Specify) White		Was Decedent of Hispanic Origin? (Specify) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, specify Mexican, Cuban, Puerto Rican, etc.)		AGE—Last Birthday (Years) 72 69	UNDER YEAR MOB : DAYS	UNDER DAY HOURS : MINS
DATE OF BIRTH 12-13-1926		CITIZEN OF WHAT COUNTRY U.S.A.		Decedent's Education. Specify highest grade completed. 12		MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED
STATE OF BIRTH (If not U.S.A., name country) Utah		CITIZEN OF WHAT COUNTRY U.S.A.		Decedent's Education. Specify highest grade completed. 12		SURVIVING SPOUSE (if wife, give maiden name)
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Group Supervisor		KIND OF BUSINESS OR INDUSTRY Youth Correctional Facility		
RESIDENCE—STATE Nevada		COUNTY Lincoln		CITY, TOWN, OR LOCATION Caliente		STREET AND NUMBER 155 Culverwell St
INSIDE CITY LIMITS (Specify Yes or No) Yes		FATHER—NAME Walter A. Thomas		MOTHER—MAIDEN NAME Anna Price Roe		
INFORMANT—NAME (Type or Print) Sandra Webster		MAILING ADDRESS 8863 Blake Alan Ave. Las Vegas, Nevada 89117				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—NAME Conaway Memorial Veterans		LOCATION Caliente, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Register No. if as Signer) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 15		NAME AND ADDRESS OF FACILITY P.O. Box 994 Caliente, Nevada 89008		
21a. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 5-17-96		21c. HOUR OF DEATH 1120		22a. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH
21b. NAME OF ATTENDING PHYSICIAN (Type or Print) Joseph Wilkin MD; P.O. Box 472 Panaca, Nevada 89042		21d. ON		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. AT
23a. REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 5-17-96		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE PART I (a) <i>Cardiovascular Arrest</i>		PART II (b) <i>Massive CVA</i>		(c) <i>Atherosclerotic Vascular Dis.</i>		Interval between onset and death <i>Minutes</i>
26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I <i>Previous CVA's</i>		27. AUTOPSY (Specify Yes or No) No		27. CASE REFERRED TO CORONER (Specify Yes or No) Yes		Interval between onset and death <i>Days</i>
28a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. 28b. INJURY AT WORK (Specify Yes or No)		28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		Interval between onset and death <i>Years</i>

No. 091857

STATE REGISTRAR

By: *[Signature]*  
Deputy Registrar

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

Date Issued: **MAY 23 1996**

**WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.**

*[Large, faint, stylized watermark text, possibly reading "COPY", is visible across the page.]*

NO. 110141

FILED AND RECORDED AT REQUEST OF

VALERIE CULVERWELL

NOVEMBER 18, 1997

AT 27 MINUTES PAST 2 O'CLOCK

PM IN BOOK 131 OF OFFICIAL

RECORDS PAGE 445 LINCOLN

COUNTY, NEVADA.

YURIKO SETZER

COUNTY RECORDER

BY Leslie Berches, DEPUTY