

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

I, Sherry Kizer Wright, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That Christopher Brian Wright, the decedent
(Decedent Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as
Christopher B. Wright
(Decedent Name as shown on Deed)

named as one of the parties in that certain Grant, Bargain, Sale Deed
(Type of Document)

dated on the 8th day of August, 19 94, and executed by
G.Perry Wilson and Cheryl C. Wilson, known as "Grantor(s)"
to Christopher B. Wright and Sherry K. Wright, known
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 102120, on the
24th day of March, 19 95, in book 112, of Official
Records of 561 Lincoln County, Nevada, covering the following described property situated in the City of
Caliente, County of Lincoln, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Lots Numbered 2, 3, and 4 in Block Numbered 2 in the Modern
Townsite Addition to the City of Caliente, County of Lincoln,
State of Nevada

ASSESSOR'S PARCEL NO. (APN#) 03-174-16

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed
the sum of \$ 93,000.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 30th day of October, 19 97

Sherry K. Wright
(Signature)

Sherry Kizer Wright
(Signature)

Sherry Kizer Wright
(Print or type name here)

Sherry Kizer Wright
(Print or type name here)

STATE OF NEVADA
COUNTY OF LINCOLN

On this 30th day of October, 19 97
personally appeared before me, a Notary Public

Sherry K. Wright

personally known to me to be the person whose name(s) is subscribed
to the above instrument who acknowledged that 2 he executed
the instrument.

Kristi Burgess
(Notary Public)



RECORDING REQUESTED BY AND MAIL TO

NAME Sherry K. Wright
ADDRESS P.O. Box X152
CITY/STATE/ZIP Caliente, NV 89008

If applicable mail tax statements to

NAME
ADDRESS
CITY/STATE/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

No. 110235
FILED AND RECORDED AT REQUEST OF
Sherry Wright
December 17, 1997
AT 01 MINUTES PAST 10 O'CLOCK
P. M. IN BOOK 132 OF OFFICIAL
RECORDS PAGE 30 LINCOLN
COUNTY, NEVADA

BOOK 132 PAGE 30

Yuriko Setzer
COUNTY RECORDER
by Julie Boucher deputy

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		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1 Christopher Brian WRIGHT		2 September 23, 1997		3a Lincoln			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name if not other, give street and number)		If Hold of Inter. indicate ICA, DPE, Emal. Rm. Inpatient (Specify)		SEX	
3b Caliente		3c 170 Culverwell Street				4 Male	
RACE—(1) White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Origin? (Specify) (2) Yes (3) No (4) If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR NOS : DAYS	
5 White				7a 65		UNDER 1 DAY HOURS : MINS	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education (Specify highest grade completed)		DATE OF BIRTH (Mo., Day, Yr.)	
8a Australia		9c U.S.A.		10 16		11 April 18, 1932	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SLEEVING SPOUSE (If wife, give maiden name)	
13 [Redacted]		14a Mechanical Engineer		14b Construction		12 Sherry Lee Kizer	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Nevada		15b Lincoln		15c Caliente		15d 170 Culverwell St 15e Yes	
FATHER—NAME		MOTHER—MAIDEN NAME		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
16 Charles Edward Last		17 Mary Barbara Sturges		18a Sherry K. Wright		18b P.O. Box 152 Caliente, Nevada 89008	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
19a Cremation		19b Desert Memorial		19c Las Vegas, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Personal Agent's Sign.)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		20c P.O. Box 994 Caliente, Nevada 89008	
20a [Signature]		20b 15		20d Wiscombe Funeral Home			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b 9-23-97		21c 1900		22a [Signature and Title]		22b	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c		22d		22e	
21d		22b ON		22c AT		22d	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER (Type or Print)		LICENSE NUMBER		REGISTRAR		DEATH DUE TO COMMUNICABLE DISEASE	
23a Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		23b 4798		24a [Signature]		24c 9-23-97	
24b IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d		24e	
PART 1 (a) Pneumonia		Interval between onset and death		1 day			
(b) Small Cell lung carcinoma		Interval between onset and death		11 months			
(c) Smoking tobacco		Interval between onset and death		40 years			
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1		AUTOPSY (Specify Yes or No)		27. Yes		27. No	
25a Congestive Heart Failure		26. NO		27. Yes			
ACC. SUICIDE, FROM UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a		28b		28c		28d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(If home, farm, street, factory, office, building, etc. Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a		29b		29c		29d	

STATE REGISTRAR No. 103600

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

Date Issued: **SEP 30 1997**

Sylvia
 BOOK 132 PAGE 31
 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT