

AFFIDAVIT TERMINATING JOINT TENANCY

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

Ronal T. Young, husband, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is Ronal T. Young the person named as Ronal T. Young, one of the grantees in that certain deed recorded November 16, 1977, as Document No. 60869 in Book 23, of Official Records, in the office of the County Recorder of Lincoln County, State of Nevada.

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

Ronal Young  
Affiant

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

On this 30th day of March, 1998, personally appeared before me, a Notary Public in and for Said County of Lincoln, State of Nevada, Ronal T. Young, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.



Trista Fogliani  
NOTARY PUBLIC  
No. 110758  
FILED AND RECORDED AT REQUEST OF  
Ronal T. Young  
March 30, 1998  
AT 59 MINUTES PAST 10 O'CLOCK  
A.M. IN BOOK 133 OF OFFICIAL  
RECORDS, PAGE 454 LINCOLN  
COUNTY, NEVADA.

Yuriko Setzer  
COUNTY RECORDER  
by Julie Boucher deputy  
BOOK 133 PAGE 454

**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 First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		1. Betty Lorraine YOUNG		2. March 16, 1998		3. Lincoln	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. include D.O.A. OPERATOR, Reg. Registrar (Specify)		SEX	
4. Caliente		5. 301 Cemetery Road				6. Female	
RACE—As S., White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Origin? Specify if yes (Specify race, Puerto Rican, etc.)		AGE—Last Birthday (Year, Mo., Day)		UNDER 1 YEAR UNDER 1 DAY	
7. White		8. X		9. 69		10. 11	
STATE OF BIRTH (If not U.S.A., name country)		COUNTRY OF WHAT COUNTRY		Decedent's Education, Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
11. Nevada		12. U.S.A.		13. 12		14. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		FOND OF BUSINESS OR INDUSTRY		MARRIED SPOUSE (If male, give maiden name)	
15. [Redacted]		16. Housewife		17. Homemaker		18. Ronald Theo Young	
RESIDENCE—STATE		COUNTRY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
19. Nevada		20. Lincoln		21. Caliente		22. 301 Cemetery Rd.	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		23. Yes	
24. Byron Abner Ercanbrack		25. Minnie Emma Merryweather					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
26. Ronald T. Young		27. P.O. Box 95 Caliente, Nevada 89008					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
28. Burial		29. Caliente City Cemetery		30. Caliente, Nevada			
FUNERAL DIRECTOR—SIGNATURE (If not U.S.A., name country)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
31. [Signature]		32. 15		33. P.O. Box 994 Caliente, Nevada 89008			
21a. To the best of my knowledge, death occurred on the time, date and place and due to the causes stated.		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.		21c. (Signature and Title)		21d. (Signature and Title)	
21e. DATE SIGNED (Mo., Day, Yr.)		21f. HOUR OF DEATH		21g. DATE SIGNED (Mo., Day, Yr.)		21h. HOUR OF DEATH	
21i. 3-18-98		21j. 0700		21k. PRONOUNCED DEAD (Mo., Day, Yr.)		21l. PRONOUNCED DEAD (Hour)	
21m. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21n. ON		21o. AT			
21p. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21q. LICENSE NUMBER					
21r. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		21s. 4798					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
22a. (Signature)		22b. 3-18-98		22c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
22d. IMMEDIATE CAUSE—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		PART 1		PART 2		INTERVAL BETWEEN CRUET AND DEATH	
22e. Cardiorespiratory arrest		22f. DUE TO, OR AS A CONSEQUENCE OF:		22g. Cardiorespiratory		22h. Immediate	
22i. DUE TO, OR AS A CONSEQUENCE OF:		22j. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		22k. AUTOPSY (Specify Yes or No)		22l. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
22m. ACC. SUICIDE, NON UNDET., OR PENDING INVEST. (Specify)		22n. DATE OF INJURY (Mo., Day, Yr.)		22o. HOUR OF INJURY		22p. DESCRIBE HOW INJURY OCCURRED	
22q. INJURY AT WORK (Specify Yes or No)		22r. PLACE OF INJURY—As home, farm, street, factory, office building, etc. (Specify)		22s. LOCATION		22t. STREET OR R.F.D. No. CITY OR TOWN STATE	
22u. [Redacted]		22v. [Redacted]		22w. [Redacted]		22x. [Redacted]	

STATE REGISTRAR No. 103715

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

Date Issued: **MAR 20 1998** By *Sylvia* BCC# 133 REC 455 State Registrar

WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT