

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
COUNTY OF LINCOLN )

ss.

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 July 19, 1974, as Document No. 54680 in Book 10, 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 T. Young  
Affiant

STATE OF NEVADA )  
COUNTY OF LINCOLN )

ss.

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. **110759**  
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 456 LINCOLN  
COUNTY, NEVADA

Yuriko Setzer  
COUNTY RECORDER  
by Leticia Boucher, deputy  
BOOK **133** PAGE **456**

**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 within, give street and number)		If Hosp. or Inst., indicate DOA, OP, Emer., Res. treatment (Specify)		SEX	
4. Caliente		5. 301 Cemetery Road		6.		7. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify (Yes or No) if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (month, Day, Yr.)	
8. White		9.		7a. 69		10. March 30, 1928	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN 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		SURVIVING SPOUSE (If wid, give maiden name)	
15.		16a. Housewife		17. Homemaker		18. Ronal Theo Young	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
19. Nevada		20. Lincoln		21. Caliente		22. 301 Cemetery Rd.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		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. Ronal 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 Person Addressed Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
31. <i>[Signature]</i>		32. 15		33. P.O. Box 994 Caliente, Nevada 89008			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (month, Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. <i>[Signature]</i>		21b. 3-18-98		21c. 0700		21d.	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER. (Type or Print.)		21f. ON		21g. AT		21h. LICENSE NUMBER	
21e. 24. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		21f.		21g.		21h. 4798	
REGISTRAR		DATE RECEIVED BY REGISTRAR (month, Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24. <i>[Signature]</i>		25. 3-18-98		26. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
27. IMMEDIATE CAUSE—(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I		INTERVAL BETWEEN CRASH AND DEATH		INTERVAL BETWEEN CRASH AND DEATH	
(a) <i>Cardiobulmonary arrest</i>		(a) <i>Immediate</i>		(a) <i>Immediate</i>			
(b) <i>Cardiomyopathy</i>		(b) <i>None</i>		(b) <i>None</i>			
(c)		(c)		(c)			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
27. No		28. No		29. Yes			
ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (month, Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
30.		31.		32.		33.	
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	
34.		35.		36.		37.	

STATE REGISTRAR No. 103715

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*Sylvia*

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**

BOOK 133 PAGE 455  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT