

AFFIDAVIT IN RE JOSEPH DELBERT WILKIN, DECEASED

TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA)
) SS
COUNTY OF WHITE PINE)

SUSANNE C. WILKIN, being first duly sworn, deposes and says:

That affiant is the wife of JOSEPH DELBERT WILKIN, Deceased. That Decedent died on the 5th day of February, 1997. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein JOSEPH D. WILKIN and SUSANNE C. WILKIN were the Grantees. That under the laws of the State of Nevada, upon the death of JOSEPH D. WILKIN, the title and ownership of said real property became vested in SUSANNE C. WILKIN as the surviving joint tenant. That said real property was acquired by a Deed dated 12th day of June, 1992, wherein JOSEPH WILKIN was the Grantor, and JOSEPH D. WILKIN and SUSANNE C. WILKIN were the Grantees.

That said Deed was recorded on June 18, 1992, in Book 101, Page 447, Lincoln County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

A parcel of land situate in the Northwest corner of Section 8, Township 2 South, Range 68 East, M.D.B. & M., being further described as follows:

Beginning at the Northwest corner (1) from which the Quarter (1/4) corner common to Sections 7 and 8 of said subdivision bears South 0 deg. 22' 12" East a distance of 237 feet; thence South 85 deg. 35' 42" East to the Northeast corner (2) 113 feet; thence along the right of way of Nevada State Highway 93, bearing South 2 deg. 58' 30" West (bearing established from Highway Dept. Map) to the Southeast corner (3) a distance of 392 feet; thence South 89 deg. 53' 36" West to the

32 . . .

LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
482 FIFTH STREET - P.O. BOX 8
ELY, NEVADA 89501
(702) 289-4422

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

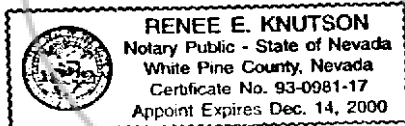
Southwest corner (4) a distance of 89 feet;
thence North 0 deg. 22' 12" West to the point
of beginning a distance of 400 feet.
APN - 12-170-03

That by reason of the foregoing, affiant hereby declares
that the title and interest of JOSEPH D. WILKIN, Deceased in the
above-described real property has vested in SUSANNE C. WILKIN, in
fee simple, and that SUSANNE C. WILKIN is the sole and absolute
owner thereof, together with the tenements, hereditaments, and
appurtenances, thereunto belonging or appertaining, and the
reversion and reversions, remainder and remainders, rents, issues
and profits thereof.

Susanne C. Wilkin
SUSANNE C. WILKIN

Subscribed and sworn to before me
this 8th day of May 1998.

Renee E. Knutson
NOTARY PUBLIC



LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
402 FIFTH STREET, P. O. BOX 8
ELY, NEVADA 89301
(702) 289-4422

NO. 110935

FILED AND RECORDED AT REQUEST OF
Gary Fairman
May 8, 1998

AT 01 MINUTES PAST 10 O'CLOCK
AM IN BOOK 134 OF OFFICIAL
RECORDS PAGE 288 (UNCLERK)

SUNNY, NEVADA
Yuriko Setzer
COUNTY CLERK

by *John Toucher*, deput.

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

97 001506

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	1 DECEASED—NAME First Middle Last Joseph Delbert WILKIN		2 DATE OF DEATH (Month, Day, Year) February 5, 1997	
DECEDENT	3a CITY, TOWN, OR LOCATION OF DEATH Caliente		3b HOSPITAL OR OTHER INSTITUTION—Name (If not center, give street and number) Grover C. Dils Medical Center	
	4 RACE—e.g., White, Black, American (Specify) White		5 SEX Male	
PARENTS	6 Was Decedent of Hispanic Origin? Specify: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> (Specify Mexican, Cuban, Puerto Rican, etc.)		7a AGE—Last Birthday (years) 62	
	7b UNDER 1 YEAR MOS : DAYS		7c UNDER 1 DAY HOURS : MINS	
DISPOSITION	8 STATE OF BIRTH (If not U.S.A., name country) Nevada		9a CITIZEN OF WHAT COUNTRY U.S.A.	
	9b Decedent's Education: Specify highest grade completed 21		10 MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify) Married	
CERTIFIER	11 SOCIAL SECURITY NUMBER [REDACTED]		12 SURVIVING SP/USE (If wife, give maiden name) Susanne B. Clay	
	13 USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Medical Doctor		14a KIND OF BUSINESS OR INDUSTRY Medicine	
CAUSE OF DEATH	15a RESIDENCE—STATE Nevada		15b COUNTY Lincoln	
	15c CITY, TOWN, OR LOCATION Panaca		15d STREET AND NUMBER P.O. Box 466	
CAUSE OF DEATH	16 FATHER—NAME First Middle Last Robert David Wilkin		17 MOTHER—MAIDEN NAME First Middle Last Della White	
	18a INFORMANT—NAME (Type or Print) Betina McCrosky		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 181 Pioche, Nevada 89043	
CAUSE OF DEATH	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY—NAME Pioche Cemetery	
	19c LOCATION Pioche, Nevada		20a FUNERAL DIRECTOR—SIGNATURE (If Person Other Than Son) <i>[Signature]</i>	
CAUSE OF DEATH	20b FUNERAL DIRECTOR LICENSE NUMBER 15		20c NAME AND ADDRESS OF FACILITY Wiscombe Funeral Home	
	20d P.O. Box 994 Caliente, Nevada 89008		21a On the basis of my knowledge, death occurred at the time, date and place and due to the causes stated: (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 2-7-97	
CAUSE OF DEATH	21b NAME OF ATTENDING PHYSICIAN (If Other Than Certifier, Type or Print) Earl Plunkett, M.D.; P.O. Box 30 Caliente, Nevada 89008		21c HOUR OF DEATH 1250	
	22a ON		22b AT	
CAUSE OF DEATH	23a REGISTERAR <i>[Signature]</i>		23b LICENSE NUMBER 4798	
	24a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 2-7-97		24b DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, AND 1c) Cardiopulmonary Arrest		25b Interval between onset and death Immediate	
	25b DUE TO OR AS A CONSEQUENCE OF Liver Failure		25c Interval between onset and death None	
CAUSE OF DEATH	25c DUE TO OR AS A CONSEQUENCE OF Metastatic Cancer		25d Interval between onset and death Yes	
	26 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		27 AUTOPSY (Specify Yes or No) No	
CAUSE OF DEATH	28a ACC. SUICIDE, HOW, UNDER, OR PENNING INVEST (Specify)		28b DATE OF INJURY (Mo., Day, Yr.)	
	28c HOURS OF INJURY M 28c		28d DESCRIBE HOW INJURY OCCURRED	
CAUSE OF DEATH	28e INJURY AT WORK (Specify Yes or No)		28f PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	
	28g LOCATION		28h STREET OR R.F.D. No.	
CAUSE OF DEATH	28i CITY OR TOWN		28j STATE	



STATE REGISTRAR

No. 103587

Birth Cert. #34-552

[Signature]
 BOOK 134 PAGE 290
 State Registrar

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

Date issued **SEP 23 1997**