

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 wherein BARBARA A. SEVERANCE, Trustee f/b/o BARBARA A. SEVERANCE UTD: 12/36/80, and replaced by the Barbara A. Severance Revocable Trust of August 9, 1991 was the Grantor, and JOSEPH D. WILKIN and SUSANNE C. WILKIN were the Grantees

That said Deed was recorded on October 17, 1995, in Book 115, Page 405, Lincoln County Records.

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

Parcels 1, 2, 3 and 4 of Wilkin 5 Acre Parcel Map recorded December 4, 1996, Book 8, Page 11, of Parcel Map, Document No. 106572.

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

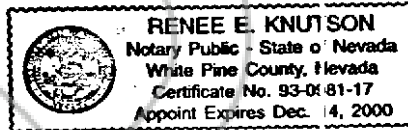
LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
432 FIFTH STREET - P. O. BOX 5
ELY, NEVADA 89301
(702) 289-4422

1 reversion and reversions, remainder and remainders, rents, issues
2 and profits thereof.

3 Susanne C. Wilkin
4 SUSANNE C. WILKIN

5 Subscribed and sworn to before me
6 this 8th day of March 1998.

7 Renee E. Knutson
8 NOTARY PUBLIC



14 LAW OFFICES
15 GARY D. FAIRMAN
16 A PROFESSIONAL CORPORATION
17 482 FIFTH STREET - P. O. BOX 8
18 ELY, NEVADA 89301
19 (702) 389-4422

20 NO. 110936

21 INDEXED AND RECORDED AT REQUEST OF

22 Gary Fairman

23 May 8, 1998

24 AT 01 MINUTES PAST 10 O'CLOCK

25 AM IN BOOK 134 OF OFFICIAL

26 RECORDS PAGE 291 LINCOLN

27 COUNTY, NEVADA.

28 Yuriko Setzer
29 COUNTY RECORDER

30 by Leslie Berche, deputy

31
32

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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		Joseph Delbert WILKIN		February 5, 1997		Lincoln	
1 CITY, TOWN, OR LOCATION OF DEATH		2 HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		3 If INPATIENT or NOT INPATIENT (Specify)		4 SEX	
Caliente		Grover C. Dils Medical Center		Inpatient		Male	
5 RACE—e.g. White, Black, American Indian, etc. (Specify)		6 Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7 AGE—Last Birthday (Years, Months, Days)		8 DATE OF BIRTH (Mo., Day, Yr.)	
White				62		12-13-1934	
9 STATE OF BIRTH (If not U.S.A., name country)		10 CITIZEN OF WHAT COUNTRY		11 Decedent's Education: Specify highest grade completed.		12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Nevada		U.S.A.		21		Married	
13 SOCIAL SECURITY NUMBER		14a USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired.)		14b KIND OF BUSINESS OR INDUSTRY		15 SURVIVING SPouse (If wife, give maiden name)	
		Medical Doctor		Medicine		Susanne B. Clay	
16 RESIDENCE—STATE		17 COUNTY		18 CITY, TOWN, OR LOCATION		19 STREET AND NUMBER	
Nevada		Lincoln		Panaca		P.O. Box 466	
20 INSIDE CITY LIMITS (Specify Yes or No)		21 FATHER—NAME		22 MOTHER—MAIDEN NAME		23	
Yes		Robert David Wilkin		Della White			
24 INFORMANT—NAME (Type or Print)		25 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
Betina McCrosky		P.O. Box 181 Pioche, Nevada 89043					
26 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		27 CEMETERY OR CREMATORY—NAME		28 LOCATION City or Town State			
Burial		Pioche Cemetery		Pioche, Nevada			
29 FUNERAL DIRECTOR—SIGNATURE (If Person Acting As Such)		30 FUNERAL DIRECTOR LICENSE NUMBER		31 NAME AND ADDRESS OF FACILITY			
<i>[Signature]</i>		15		Wiscombe Funeral Home P.O. Box 994 Caliente, Nevada 89008			
32a To be completed by CITY HEALTH PHYSICIAN		32b To be completed by CHIEF OF HEALTH DEPARTMENT		33 On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) as follows:			
34 DATE SIGNED (Mo., Day, Yr.)		35 HOUR OF DEATH		36 DATE SIGNED (Mo., Day, Yr.)		37 HOUR OF DEATH	
2-7-97		1250					
38 NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, OR CORONER) (Type or Print)		39 LICENSE NUMBER		40			
Earl Plunkett, M.D.; P.O. Box 30 Caliente, Nevada 89008		798					
41 REGISTRAR		42 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		43 DEATH DUE TO COMMUNICABLE DISEASE			
<i>[Signature]</i>		2-7-97		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
44 IMMEDIATE CAUSE (Specify only one cause per line for a, b, and c)		45 Interval between onset and death		46			
PART I (a) Cardiopulmonary Arrest		Immediate					
(b) Liver Failure		12-13-1934					
(c) Metastatic Cancer		12-13-1934					
47 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		48 AUTOPSY (Specify Yes or No)		49 WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		No		No			
50 ACC. SUICIDE, HON. UNDET. OR PENDING INVEST (Specify)		51 DATE OF INJURY (Mo., Day, Yr.)		52 HOUR OF INJURY		53 DESCRIBE HOW INJURY OCCURRED	
54 INJURY AT WORK (Specify Yes or No)		55 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		56 LOCATION		57 STREET OR R.F.D. No. CITY OR TOWN STATE	



No. 103587
 Birth Cert. #34-552
Gyonna Sylva
 BOOK 134 PAGE 293
 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