

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)
COUNTY OF LINCOLN) ss.

Doris Donnell, wife, 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 Doris Donnell, the person named as Doris Donnell, one of the grantees in that certain deed recorded November 3, 1988, as Document No. 90250 in book 83, of Official Records, in the office of the County Recorder of Lincoln County, State of Nevada.

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

Doris Donnell
AFFIANT

STATE OF NEVADA)
)
COUNTY OF LINCOLN) ss.

On this 23rd day of April, 1998, personally appeared before me, a Notary Public in and for said County of Lincoln, State of Nevada, Doris Donnell, known to me to be the persons described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.



Trista Fogliani
NOTARY PUBLIC

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEDENT	1. Ralph Warren DONNELL		2. September 11, 1996	
	CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
	3a. Pioche		3b. Lincoln	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
	3c. 59 Main Street		4. Male	
	RACE—Is c. White, Black, American Indian, etc. (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. 11-01-1930		
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		
9a. Iowa		9b. U.S.A.		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)		
13. [REDACTED]		14a. Bar Owner		
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		
15a. Nevada		15b. Lincoln		
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
16. [REDACTED]		17. Sybil Donnell		
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Doris B. Donnell		18b. P.O. Box 475 Pioche, Nevada 89043		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		
19a. Cremation		19b. Desert Memorial		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. Wiscombe Funeral Home		
20c. 15		20d. 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.		22a. 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) and manner stated.		
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21b. 9-11-96		21c. 1340		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		
21d. [REDACTED]		22b. [REDACTED]		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER		
21f. Earl Plunkett M.D.; P.O. Box 30 Caliente, Nevada 89043		22c. 4798		
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
24a. [Signature]		24b. 9-11-96		
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death		
PART I (a) Blunt force trauma		Immediate		
(b) Pulmonary infection		Interval between onset and death		
(c) Muscular weakness from Axonal polyneuropathy		1 week		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death		
26. [REDACTED]		2 yrs		
26. ACC. SUICIDE, HOMICIDE, UNDET. OR HOMICIDE INVEST. (Specify)		ARTOPSY (Specify Yes or No)		
27a. [REDACTED]		27. Yes		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—If home, farm, street, factory, office building, etc. (Specify)		
28. [REDACTED]		28a. [REDACTED]		
28b. [REDACTED]		28c. [REDACTED]		
28d. [REDACTED]		28e. [REDACTED]		
28f. [REDACTED]		28g. [REDACTED]		

I hereby certify that the above is a true and correct copy of the original as recorded in the files of the Registrar.

ISSUED: **SEP 23 1996**

By: *Doranne Sylva* No. 091862
 Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR REMOVE THIS DOCUMENT

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COPY

NO. 111171

FILED AND RECORDED AT REQUEST OF:

TOM DILL

JUNE 18, 1998

AT 40 MINUTES PAST 2 O'CLOCK

PM IN BOOK 135 OF OFFICIAL

RECORDS PAGE 307 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

BY *Yuriko Setzer* COUNTY RECORDER, DEPUTY