

AFFIDAVIT - TERMINATION OF JOINT TENANCY

I, DONALD O. TAYLOR being of legal age, and being first duly sworn, deposes and says:

That FRANCES LAURETTA BOSWORTH TAYLOR, the decedent mentioned in the attached certified copy Certificate of death, is the same person as FRANCES L. TAYLOR named as one of the parties in that certain Grant Bargain Sale Deed dated October 21, 1989, and executed by Joe A. McQuiston and Ella C. McQuiston, known as "Grantors" to FRANCES L. TAYLOR and DONALD O. TAYLOR, mother and son, as community property with right of survivorship, known as "Grantees", as joint tenants, and recorded as instrument numbered 92562, on the 23rd day of October, 1989, in book 87 page 576, of the official records of Lincoln County, Nevada covering the following property situated in the city of Caliente, County of Lincoln, State of Nevada.

All the real property situate in the County of Lincoln, State of Nevada, described as follows:

A portion of the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) and the Northeast Quarter (NE1/4) of the Southeast Quarter (SE1/4) of Section 7, Township 4 South, Range 67 East, M.D.B. & M., described as follows:

Lot numbered four (4) in Block B of the JAMES H. GOTTFREDSON ADDITION to the City of Caliente, Lincoln County, Nevada, as shown on the map thereof recorded August 9, 1963, as document No. 40599, Lincoln County, Nevada, records

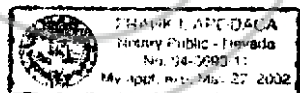
In Witness Whereof I have hereunto set my hand this 24 day of JUNE, 1998

Donald O. Taylor
DONALD O. TAYLOR

State of Nevada)
County of Lincoln)

On this 24 day of June 1998
Personally appeared before me, a Notary Public
Donald O. Taylor, personally known to me to
Be the person whose name is subscribed to the
Above instrument who acknowledged that he
Executed the instrument

[Signature]
notary public



RECORDING REQUESTED BY AND MAIL TO

Donald O. Taylor
P.O. Box 724
Caliente, Nevada 89008

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-235 STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST 2. SEX 3A. DATE OF DEATH (Mo., Day, Yr.) 3B. TIME OF DEATH (24-hr clock)
Frances Lauretta Bosworth TAYLOR Female **May 1, 1998** 0130

4. DATE OF BIRTH (Mo., Day, Yr.) 5. AGE - Last Birthday 6. BIRTH-PLACE (City & State or Foreign Country) 7. SOCIAL SECURITY NUMBER
June 6, 1915 82 **Preston, Idaho**

8A. PLACE OF DEATH (Check only one) 8B. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a hospital give street address of location)
 1. Hospital 2. Euthanasia 3. ODA 4. Nursing Home 5. Residence 7. Other **St. George Care Center**

9A. CITY, TOWN OR LOCATION OF DEATH 9B. COUNTY OF DEATH 9. SURVIVING SPOUSE (If none, give nearest relative)
St. George **Washington**

10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? 11. MARITAL STATUS 12A. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) 12B. KIND OF BUSINESS OR INDUSTRY
 1. Yes 2. No 1. Never Married 2. Married 3. Widowed 4. Divorced **Homemaker** **Housewife**

13A. RESIDENCE - STREET AND NUMBER 13B. CITY, TOWN OR COMMUNITY 13C. COUNTY 13D. STATE
1032 East 100 South **St. George** **Washington** **Utah**

14. INSIDE CITY LIMITS? 15. ZIP CODE 16. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) 17. RACE (Race may be entered, Japanese, etc. (Specify)) 18. EDUCATION (Specify only highest grade completed) (Elementary or Secondary (9-12) College (13-16 or 17+))
 Yes No **84770** 1. Mexican 2. Cuban 3. Puerto Rican 4. Other (Specify) **White** **12**

19. FATHER'S NAME (First, Middle, Last) 18. MAIDEN NAME OF MOTHER (First, Middle, Last)
John William Bosworth **Annie Lauretta Larsen**

18. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT
Donald Oral Taylor (son) P.O. Box 724 Caliente, Nevada 89008

20. METHOD OF DISPOSITION 21A. DATE OF DISPOSITION 21B. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 21C. LOCATION - City or Town, State
 1. Entombment 2. Donation 3. Other **May 7, 1998** **Preston City Cemetery** **Preston, Idaho**

22. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. LICENSE NUMBER 24. FUNERAL HOME (Name, address and licensed territory)
Donald G. Spillars **112551** **Spillsbury & Beard Mortuary 102834**
110 South Bluff Street
St. George, Utah 84770

25. DATE DECEASED WAS LAST ATTENDED BY (CERTIFYING PHYSICIAN) 26. If not certified by medical examiner, was death reported to M.E.? (If yes, date and hour reported; if E. Case No.)
Sept 31, 98 Yes No

27A. CERTIFY: 1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
 2. MEDICAL EXAMINER - LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.

27B. SIGNATURE AND TITLE OF CERTIFIER 27C. LICENSE NUMBER 27D. DATE SIGNED (Mo., Day, Yr.)
R. Joe Murdock, M.D. **4561** **5-4-98**

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Form 311) (Type/print)
Dr. R. Joe Murdock, M.D., 736 South 900 East St. George, Utah 84790

29. REGISTRAR'S SIGNATURE 30A. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) 30B. DATE FILED (Mo., Day, Yr.)
Ray L. Edwards **MAY 08 1998**

31. PART 1 - ENTER THE DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Approximate means: Sudden, Chills and Fever.
 IMMEDIATE CAUSE (If cause of death)
 A. **Asystole**
 DUE TO OR AS A CONSEQUENCE OF:
 B. **Comparative Heart Failure** **5 yrs**
 DUE TO OR AS A CONSEQUENCE OF:
 C. _____
 DUE TO OR AS A CONSEQUENCE OF:
 D. _____
 E. _____
 F. _____
 G. _____
 H. _____
 I. _____
 J. _____
 K. _____
 L. _____
 M. _____
 N. _____
 O. _____
 P. _____
 Q. _____
 R. _____
 S. _____
 T. _____
 U. _____
 V. _____
 W. _____
 X. _____
 Y. _____
 Z. _____

31. PART 2 - Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1

32. IN YOUR OPINION TO BE USED BY THE DECEDENT 33A. WAS AN AUTOPSY PERFORMED? 33B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
 1. PREVIOUSLY CONTROVERSIAL TO THE CAUSE OF DEATH 5. NON-USER 1. Yes 2. No 2. No 3. Yes 4. Unknown 6. UNKNOWN IF USER 1. Yes 2. No

34. MANNER OF DEATH 35A. DATE OF INJURY (Mo., Day, Yr.) 35B. TIME OF INJURY (24-hour clock) 35C. INJURY AT WORK? 35D. PLACE OF INJURY - At home, farm, school, factory, office, outdoors, etc. (Specify)
 1. Natural 2. Accidental 3. Suicide 4. Homicide 5. Unintentional 6. Pending if report incomplete

36. LOCATION (Street or rural route number, city or town, county and state) 37. If motor vehicle, if accident, identify if decedent was driver, passenger or pedestrian

38. DESCRIBE HOW INJURY OCCURRED (When applicable, list events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN PART 1)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **MAY 08 1998**
 County: **Washington**
 Registrar: **Barry E. Nangle**
Barry E. Nangle
 DIRECTOR OF VITAL RECORDS
 By: *Ray L. Edwards*
LL519334 *00539334*



COPY

NO. 111207

FILED AND RECORDED AT REQUEST OF
DONALD O. TAYLOR
JUNE 26, 1998

AT 10 MINUTES PAST 1 O'CLOCK
PM IN BOOK 135 OF OFFICIAL
RECORDS PAGE 395 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

COUNTY RECORDER
BY *Julie K. ...* DEPUTY

135 395

BOOK 135 397